

National Aboriginal and Torres Strait Islander Ageing and Aged Care Council

Submission

**The Transition of the Commonwealth
Home Support Program (CHSP) to
the Support at Home (SaH) Program**

January 2026



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Acknowledgement of Country

NATSIAACC acknowledges the Traditional Owners of the lands and waters on which we work, live and gather, as well as Country throughout Australia, and their enduring connections to land, sea and community. NATSIAACC acknowledges that these lands and waters were never ceded, and we acknowledge the sovereignty and self-determination of the Traditional Owners.

NATSIAACC pays its deepest respects to Elders past and present and recognise the continued cultural and spiritual connection to Country and/or Island Home, community, culture and knowledge.

NATSIAACC thanks them for their wisdom and courage, and for sharing their ways of knowing, being and doing, teachings that guide us to cherish and protect our Elders and Older People.

This always was and always will be Aboriginal Land.



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About

The National Aboriginal and Torres Strait Islander Ageing and Aged Care Council (NATSIAACC) is the national peak body for Aboriginal and Torres Strait Islander Ageing and Aged Care. NATSIAACC works to ensure that Aboriginal and Torres Strait Islander Elders and Older People can access support and care that is culturally safe, trauma aware and healing-informed recognising the importance of their connections to community, culture and Country and/or Island Home.

NATSIAACC's membership base includes:

- Aboriginal and Torres Strait Islander community-controlled Aged Care Providers of Ageing and Aged care, and
- Organisations committed to improving cultural safety and quality of life for Elders and Older People.

NATSIAACC's founding Directors are all leaders in Aboriginal and Torres Strait Islander Ageing and Aged Care provision.

Terminology Note: For the purposes of this submission, the term Aboriginal Community Controlled Organisation (ACCO) is used to refer to Aboriginal and Torres Strait Islander Community Controlled Service Providers, including Community-Controlled Health Organisations (ACCHOs).

Our Vision

All Aboriginal and Torres Strait Islander people are thriving, healthy, strong, with ongoing cultural connections in their older years.

Our Purpose

NATSIAACC supports Aboriginal and Torres Strait Islander older peoples, their families, and communities to identify, engage in, advocate for, and lead systemic reform to embed culturally safe practices across the Aged Care and Ageing sector.

With thanks

NATSIAACC thanks its members, stakeholders, and other peak bodies for their valuable contributions to this submission and for generously giving their time to support older Aboriginal and Torres Strait Islander People.

Funding

NATSIAACC is funded by the Commonwealth Government and works closely with the Department of Health, Disability and Ageing (the Department) in the context of current Ageing and Aged Care reforms. The organisation has been in operation since 2022.



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NATSIAACC Recommendations

The following recommendations are framed to support the Committee in developing clear, implementable findings. They are intended to be practical, evidence-based and capable of direct adoption as Committee recommendations to Government.

NATSIAACC recommends that the Committee prioritise three core safeguards to ensure the Support at Home (SaH) transition does not proportionately harm Aboriginal and Torres Strait Islander Elders and Older People:

1. A staged, opt-in transition for Aboriginal and Torres Strait Islander Elders and Older People.
2. Guaranteed continuity of Commonwealth Home Support Program (CHSP) equivalent supports during assessment and wait periods.
3. Funded culturally safe navigation and assessment pathways embedded within Aboriginal Community Controlled Organisations (ACCOs).

These safeguards are reflected in the details recommendations below, which set out the specific policy, funding, governance, and system design measures required to ensure a safe, culturally grounded, and equitable transition to Support at Home for Aboriginal and Torres Strait Islander Elders and Older People.

- To embed NATSIAACC's definition of Cultural Safety into the CHSP and SaH Programs.
- That the transition to SaH for Aboriginal and Torres Strait Islander Providers and communities be staged, opt-in, and place-based, rather than subject to a fixed, one-size-fits-all cutover date.
- That Aboriginal Community Controlled Organisations (ACCOs) retain access to CHSP-like entry-level supports until SaH pathways are demonstrably safe, trusted, and functional for Elders and Older People in their communities.
- That the Department publish, in partnership with Aboriginal and Torres Strait Islander representatives, a nationally harmonised but locally flexible transition schedule, with:
 - Clear readiness criteria.
 - Guaranteed transition funding.
 - Explicit provision for extensions where local readiness is not demonstrated, particularly in regional, remote, and thin markets.
- That continuity of CHSP-equivalent supports be guaranteed while Elders and Older People await assessment or package allocation under SaH, particularly in regional, remote, and culturally specific contexts.
- That the SaH assessment system preserve a practical, low-barrier, local entry pathway for low-level supports, rather than requiring all Elders and Older People to progress through a single, centralised assessment model.
- That culturally safe navigation and assessment supports, such as Aboriginal Navigator roles, be fully funded, embedded within ACCOs, and treated as core system infrastructure, not discretionary programs.
- That the \$15,000 lifetime cap on home modifications be adjusted to reflect higher costs and structural housing inequities experienced by Aboriginal and Torres Strait Islander Elders and Older People.
- That this adjustment include one or more of the following:
 - A remoteness loading for MMM 4–7 areas.
 - A dedicated freight, travel, and project management allowance.
 - Exemptions or cap flexibility for Aboriginal and Torres Strait Islander Elders and Older People where housing conditions require extensive or repeated modifications.



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- That home modifications be explicitly recognised as essential enablers of ageing on Country/Island Home, not discretionary or ancillary supports.
- That the End-of-Life (EoL) Pathway under SaH include flexibility in time limits and funding caps for Aboriginal and Torres Strait Islander Elders and Older People, informed by cultural practice, community need, and family-led decision-making, including recognition of the extended care, travel, kinship, and community obligations associated with culturally appropriate end-of-life care.
- That an automatic, culturally justified extension mechanism be introduced for reasons such as: Travel to Country/Island Home, Sorry Business, extended family and kinship obligations with clear guidance and non-bureaucratic approval processes.
- That clinical gatekeeping requirements (e.g. AKPS thresholds and prognostic certification) be reviewed to ensure they do not operate as culturally insensitive barriers to accessing end-of-life supports.
- That targeted investment be provided to:
 - Support Aboriginal and Torres Strait Islander workforce recruitment, retention, and supervision.
 - Address cultural load and burnout.
 - Maintain training pipelines, including Certificate III delivery and Indigenous Employment Program supports.
- That ACCOs receive dedicated digital capital funding to upgrade IT systems and safely meet new billing and reporting requirements prior to full transition.
- That block-funding or cashflow-stabilising mechanisms be retained or introduced during transition periods to mitigate risks associated with unit pricing, retrospective claims, and system integration failures, particularly in thin markets.
- That core entry-level supports, including meals, community transport domestic assistance, yard maintenance, social support, and hoarding and squalor assistance, remain block-funded or supported through a stable blended funding model, particularly in Aboriginal and Torres Strait Islander communities and thin-market contexts where individualised pricing models are not viable.
- That accountability for cultural safety be explicitly assigned, measured, reported and enforced including through mechanisms based on Elders' lived experience, and clear consequences for institutional and interpersonal racism within aged care systems.
- That the Department develop a single, culturally tailored "readiness roadmap" for First Nations aged care providers, clearly setting out expectations, milestones, supports, and safeguards across the transition period.

Executive Summary

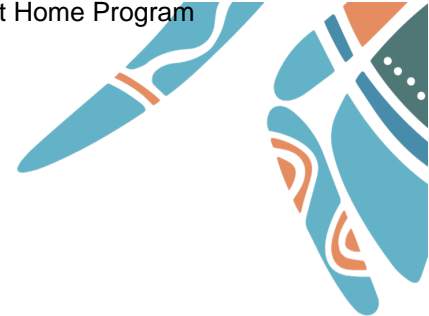
The National Aboriginal and Torres Strait Islander Ageing and Aged Care Council (NATSIAACC) welcomes the opportunity to contribute to the Senate Inquiry into the transition of the Commonwealth Home Support Programme (CHSP) to the Support at Home (SaH) Program. As the national peak body for Aboriginal and Torres Strait Islander Ageing and Aged Care, NATSIAACC advocates for reforms that embed cultural safety, uphold self-determination, and strengthen community-led service delivery.

NATSIAACC's vision is for all Aboriginal and Torres Strait Islander Elders and Older People to access culturally safe, trauma-aware and healing-informed care that is grounded in connection to Country/Island Home, community, culture and kin. Our policy and advocacy work is guided by *Our Care, Our Way, Our Future*, NATSIAACC's five-year strategic plan, which prioritises eight key reform areas to transform Aged Care outcomes for Aboriginal and Torres Strait Islander People. These priorities include expanding Aboriginal and



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Torres Strait Islander community-controlled services, growing the Aboriginal and Torres Strait Islander Aged Care Provider and workforce base, embedding trusted community-based navigators, and strengthening culturally appropriate assessment and access pathways.

In making this submission, NATSIAACC is acting in its role as the national peak body and system steward for Aboriginal and Torres Strait Islander Ageing and Aged Care. Our role is not limited to advocacy alone but extends to translating lived community experience into practical system design advice that supports Government to deliver reform that is equitable, effective and sustainable in practice. This submission is intended to assist the Committee to identify where current reform settings risk unintended harm, and to outline pragmatic safeguards that will enable the SaH Program to succeed for Aboriginal and Torres Strait Islander Elders and Older People.

This submission raises significant concerns about the risks posed to Aboriginal and Torres Strait Islander Elders and Older People by the proposed transition from CHSP to the SaH Program. While NATSIAACC supports the overarching objective of a simpler and more integrated Aged Care system, we caution that universal reform, when applied to systems marked by deep structural inequity, can entrench rather than resolve disadvantage. Reforms that do not account for unequal starting points will produce unequal outcomes.

Drawing on lived experience, member feedback, and the operational realities of Aboriginal Community Controlled Organisations (ACCOs), this submission highlights that CHSP is already under considerable strain. In practice, CHSP is currently performing a foundational system role that the SaH model is not yet designed or operationally ready to absorb, particularly in regional, remote and thin-market contexts. Although designed as an entry-level program, CHSP has, in practice, become a critical safety net for Aboriginal and Torres Strait Islander Elders and Older People with complex and escalating needs. This is not because CHSP is fit for this purpose, but because Elders and Older People cannot wait for delayed assessments or SaH Package approvals. In many communities, particularly in regional, remote and thin markets, CHSP is the only mechanism preventing complete withdrawal of support. Importantly, CHSP also plays a preventative role in sustaining Elders and Older Peoples' health, functional capacity and wellbeing, reducing deterioration and avoiding unnecessary hospitalisations or crisis-driven entry into acute and residential care.

CHSP's effectiveness for Aboriginal and Torres Strait Islander Elders and Older People lies in its low-barrier access, flexibility, and delivery through trusted local providers. These features have enabled Elders and Older People to remain independent, stay connected to Country/Island Home and community, and avoid crisis-driven engagement with health and Aged Care systems. For many Elders and Older People, CHSP is not a supplementary service but a foundational component of continuity and stability in care.

By contrast, the SaH model is predicated on assumptions of market choice, digital literacy, and competitive service availability. These assumptions do not reflect the realities faced by many Aboriginal and Torres Strait Islander Elders and Older People, particularly those living in regional and remote areas. The proposed shift away from block funding towards a transactional, fee-for-service model risks undermining trusted community-based Providers, destabilising service delivery, and reducing access for Elders and Older People most at risk of exclusion.

This submission does not oppose reform in principle. Rather, it calls for a staged, safeguarded and culturally responsive transition that is demonstrably safe for Aboriginal and Torres Strait Islander Elders and Older People and viable for community-controlled Providers. Evidence from Aboriginal and Torres Strait Islander



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communities demonstrates that block-funded, co-designed entry-level programs, such as CHSP, are effective in maintaining access, trust and continuity of care, particularly for Elders and Older People with complex needs and in thin-market contexts. The Committee is therefore encouraged to consider whether an alternative Aged Care model for entry-level supports is required for Aboriginal and Torres Strait Islander communities, rather than a full transition into individualised budget models under SaH.

NATSIAACC recommends that the Committee support a cautious and context-aware transition, including the retention of CHSP-style entry supports until SaH pathways are provide safe and trusted; greater flexibility in home modification caps and end-of-life timeframes and funding limits; guaranteed continuity of care during assessment and transition periods; and targeted investment in Aboriginal and Torres Strait Islander Provider sustainability and workforce retention. If SaH proceeds as the primary system, explicit safeguards must be introduced to ensure that Aboriginal and Torres Strait Islander Elders and Older People retain access to essential services, including meals, transport, domestic assistance and social support, regardless of individual budget allocations or capacity to make co-contributions.

The central message of this submission is clear: reforms that are not designed with Aboriginal and Torres Strait Islander contexts at their core risk eroding access, trust, and continuity of care. The transition to SaH must not proceed at the expense of the very Elders and Older People it is intended to support.

Introduction: Why This Matters for Aboriginal and Torres Strait Islander Elders and Older People

The Commonwealth Home Support Programme (CHSP) has played a critical and stabilising role in supporting Aboriginal and Torres Strait Islander Elders and Older People to remain safe, connected, and independent within their communities. For populations that have historically experienced exclusion, surveillance, and systemic harm within government systems, CHSP has functioned as a low-barrier, relationship-based entry point into Ageing and Aged Care. Its significance lies not only in the services it funds, but in the way those services are delivered, flexibly, preventatively, and through trusted local providers with deep knowledge of community, culture, and context.

For many Aboriginal and Torres Strait Islander Elders and Older People, CHSP supports day-to-day independence in ways that are culturally meaningful and protective. Access to transport, domestic assistance, meals, social support, and basic home maintenance enables Elders and Older People to remain on Country/Island Home, maintain strong connections to family, kin and community, and avoid crisis-driven interactions with Health and Aged Care systems. These supports often operate as early intervention mechanisms, preventing rapid functional decline, avoidable hospitalisation, and premature entry into Residential Aged Care. In this way, CHSP has acted as a stabilising foundation rather than a peripheral or supplementary program.

The proposed transition from CHSP to the SaH Program presents heightened and disproportionate risks for Aboriginal and Torres Strait Islander Elders and Older People. These risks are not theoretical. They arise from reform settings that assume a level of system readiness, service availability, digital access, and consumer confidence that is not experienced uniformly across the population. In contexts where Elders and Older



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People already face delayed assessments, thin or failing markets, workforce shortages, and limited access to culturally safe Providers, any disruption associated with reform is more likely to compound existing disadvantage rather than resolve it.

Universal reform does not deliver universal outcomes when systems begin from deeply unequal starting points. Without deliberate safeguards, staged implementation, and explicit recognition of Aboriginal and Torres Strait Islander realities, the transition risks undermining access, trust, and continuity of care for Aboriginal and Torres Strait Islander Elders and Older People. Such outcomes would directly contradict the stated objectives of Aged Care reform, including early intervention, equity of access, and person-centred care.

Accordingly, this submission is not confined to implementation logistics or administrative considerations. It draws on lived experience, community feedback, and the operational realities of ACCOs to identify where current reform settings create disproportionate risk for Aboriginal and Torres Strait Islander Elders and Older People. It also outlines critical considerations for the Committee to prevent avoidable harm and ensure that reform delivers equitable, culturally safe, and sustainable outcomes for those most reliant on the Aged Care system.

Grounding Policy in Lived Experience: What a “Good Day” Looks Like

For Aboriginal and Torres Strait Islander Elders and Older People supported under the CHSP Program, a “good day” is not defined by compliance, reporting, or administrative efficiency. It is defined by safety, dignity, trust, and continuity of care.

From the perspective of community-based Providers, a good day is one where the Elder or Older Person is physically present at home and able to engage safely; where the home environment is stable and culturally safe for both the Elder or Older Person and the worker; and where staff have access to timely, practical information rather than being burdened by retrospective or duplicative paperwork. It is also a day where services can respond flexibly to what is occurring in the home, without fear that adapting to immediate need will constitute a breach of rigid program rules. In some communities, a good day is as simple, and as precarious, as being able to reach the Elder or Older Person at all, given weather conditions, digital limitations, road access, and remoteness.

These realities underscore a fundamental truth: care delivery in Aboriginal and Torres Strait Islander communities is not linear, predictable, or transactional. It is relational, contextual, and deeply embedded in community dynamics. Any reform that fails to recognise this risks destabilising care rather than improving it.

What Must Not Be Lost in the Transition

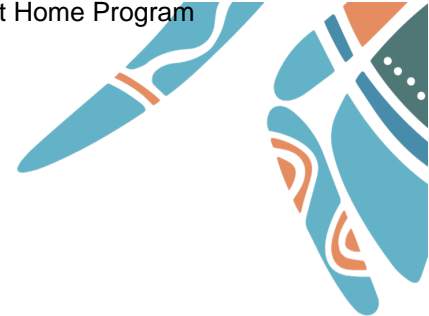
Providers were clear that certain foundations of care must be protected as reforms progress.

Community-controlled, holistic models of care are central to effective service delivery. Trust, time, and long-standing relationships underpin engagement. Elders and Older People are supported as whole people, not



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as collections of service outputs, with care guided by cultural protocols, local knowledge, and community authority.

Flexibility to respond to urgent and unmet need is equally critical. CHSP currently enables services to step in while Elders and Older People wait months, and in some cases years, for assessments or higher-level packages. The loss of this flexibility would leave many Elders and Older People without any support at all during prolonged transition or assessment periods, significantly increasing the risk of harm.

Proportionate and context-appropriate regulation is also essential. While Providers support high standards of care and accountability, they consistently report that the current regulatory environment is becoming increasingly litigious, resource-intensive, and disconnected from on-the-ground realities. Smaller ACCOs do not have corporate compliance units or dedicated policy teams. As regulatory complexity increases, the gap between “ideal” policy design and “real” service delivery continues to widen, placing disproportionate pressure on already constrained services.

Core Services at Risk of Being Lost

Providers consistently identified several CHSP-funded services as both fundamental to Elders and Older Peoples wellbeing and at high risk under the SaH model. These include Meals on Wheels, which for many Elders and Older People is the most reliable source of daily nutrition; yard maintenance and gardening, which are critical for physical safety, personal pride, and the ability to remain on Country/Island Home; and community transport, which underpins access to medical appointments, social connection, and cultural participation.

These services are not discretionary or ancillary. They are foundational supports that enable Elders and Older People to live safely at home and maintain connection to culture, family, kin and community. Any reform that destabilises their provision risks undermining the very outcomes that Aged Care reform seeks to achieve.

Addressing the Terms of Reference

a) The timeline for the transition of the Commonwealth Home Support Program to the Support at Home Program after 1 July 2027

The proposed transition timeline seeks to consolidate entry-level and packaged home care into a single, streamlined Support at Home system, with the stated aim of improving consistency, simplicity, and scalability across the Aged Care sector. However, this timeline is underpinned by a series of assumptions that do not reflect the operating realities of ACCOs or the lived experience of Aboriginal and Torres Strait Islander Elders and Older People.

The current reform settings assume that Providers are financially and operationally ready for transition, that the workforce is stable, that Elders and Older People understand and are prepared to navigate the new system, and that assessment and service pathways have the capacity to absorb increased complexity without disruption. These assumptions do not hold consistently, particularly in regional, remote, and thin market contexts and within Aboriginal and Torres Strait Islander communities.



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At present, many ACCOs and culturally specific Providers are operating across two distinct regulatory and funding regimes. This administrative “split” diverts already limited resources away from frontline care and into compliance, reporting, and system navigation. For Providers with limited to no financial reserves, high workforce turnover, and complex service delivery environments, the additional burden created by parallel systems significantly undermines transition readiness.

Elders and Older Peoples’ readiness for transition is equally constrained. Many Aboriginal and Torres Strait Islander Elders and Older People have limited awareness of the SaH Program and rely heavily on trusted CHSP Providers to interpret and navigate system changes. Members consistently reported that current transition timelines do not allow sufficient time to build Elder and Older Peoples’ understanding, confidence, and trust in new arrangements, particularly where digital access is limited or non-existent, and face-to-face support is essential.

A fixed or rushed transition poses a material risk of service withdrawal, provider exit, and widespread confusion for Elders and Older People who are comfortable with CHSP but wary of unfamiliar and complex systems. Loss of continuity during transition periods was repeatedly linked by Providers to Elders and Older People disengaging from services altogether, particularly where there is fear of losing familiar supports or being unable to navigate new requirements independently.

NATSIAACC Members described the proposed transition date as “a finish line or a hurdle” that many small and Community-Controlled Providers are not confident they can meet. The absence of a fixed, phased, and guarantee-backed transition framework beyond 1 July 2027 exacerbates uncertainty and risk. Providers require clarity, funding certainty, and a place-based transition approach that recognises regional and remote differences and allows extensions where local readiness has not been demonstrated.

A one-size-fits-all transition risks abrupt service loss in regional, rural, remote and thin markets, directly undermining access for Aboriginal and Torres Strait Islander Elders and Older People. NATSIAACC recommends that the Committee support a staged, opt-in transition for Aboriginal and Torres Strait Islander Providers, Elders, Older People and communities, with the option to retain CHSP-like entry supports until SaH pathways are demonstrably safe, trusted, and fully functional.

To support safe and equitable reform, the Department should, in partnership with Aboriginal and Torres Strait Islander representatives, publish a nationally harmonised but locally flexible transition schedule. This schedule must include funding certainty for transition years, clear readiness criteria, and explicit safeguards to prevent loss of service continuity for Elders and Older People during periods of system change.

b) the expected impact of this transition, including on:

i. Waiting periods for assessment and receipt of care

The SaH reform seeks to rationalise assessment and service allocation processes to improve efficiency, consistency, and equity across the Aged Care system. This approach assumes that assessment systems are timely, culturally safe, and trusted by Older People, and that any delays in assessment or allocation can be managed without significant adverse consequences.



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Feedback from NATSIAACC Members indicates that these assumptions do not reflect the lived experience of Aboriginal and Torres Strait Islander Elders and Older People. Members consistently reported that, for many in our communities, “the clock starts too late”. Long-standing cultural distrust of My Aged Care, combined with linguistic barriers and limited access to culturally safe assessment pathways, means that many Elders and Older People do not seek assistance until needs have escalated to crisis point.

NATSIAACC notes the absence of publicly available, disaggregated data on waiting times for Aboriginal and Torres Strait Islander Elders and Older People across My Aged Care, CHSP, and SaH. However, publicly reported figures show that nationwide there have been significant backlogs in Aged Care Access, with more than 121,000 people waiting for an initial assessment and more than 87,000 waiting for assessment supports at home, indicating a combined backlog exceeding 200,000 older Australians waiting assessment or care. NATSIAACC recommends that the Department publish regular, transparent data on assessment wait times, service commencement delays, and regional access disparities for Aboriginal and Torres Strait Islander People, to enable proper monitoring of reform impacts and early identification of harm.

In this context, a shift to a more centralised and potentially rigid SaH assessment model carries heightened risk. Members expressed concern that wait times may increase further if culturally appropriate navigation and assessment support, such as the Aboriginal Navigator program, are not fully funded, embedded, and delivered through ACCOs. Without these safeguards, the assessment process risks becoming a further point of exclusion rather than a gateway to timely care.

Members feedback confirmed that Elders and Older People already experience prolonged delays between initial contact, assessment, and commencement of services, particularly in regional, rural, and remote communities. These delays were repeatedly linked to deterioration in health and functional capacity, increased reliance on family carers, and avoidable escalation into acute or crisis-driven care. Distrust of assessment processes was also raised, particularly where assessors lacked cultural understanding, continuity, or local knowledge.

CHSP currently plays a critical role in mitigating these risks by providing interim, low-level supports while Elders and Older People wait for assessments or higher-level packages. Members emphasised that CHSP often functions as the only practical support during lengthy waiting periods. Moving all CHSP recipients through a single assessment pathway and into SaH, without first resolving assessment bottlenecks, risks lengthening wait times and creating a service gap in which Elders and Older People receive neither CHSP supports nor package-level care.

While co-contributions under CHSP have been framed as discretionary, NATSIAACC Members report that individual budget models, such as those proposed under SaH, create a high likelihood of out-of-pocket costs or service rationing. In practice, this operates as a de facto barrier to access for many Aboriginal and Torres Strait Islander Elders and Older People, particularly those on fixed or very low incomes. This reflects a key lesson from CHSP that should be explicitly evaluated in the design of SaH arrangements.

The observed consequence of such a gap is increased crisis-driven entry into Aged Care, preventable escalation of need, and greater pressure on families and acute health services. These outcomes are



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inconsistent with the stated objectives of Aged Care reform, including early intervention, prevention, and keeping older people well and supported at home.

NATSIAACC therefore strongly recommends that continuity of CHSP-equivalent supports be guaranteed while Elders and Older People await assessment or package allocation under SaH, particularly in regional, rural, remote, and culturally specific contexts. The SaH intake and assessment system must preserve a practical, local entry pathway for low-level supports, including guaranteed and fully funded non-digital access pathways such as face-to-face local entry points, supported registration, and community-based referral mechanisms, to prevent digital exclusion of Aboriginal and Torres Strait Islander Elders and Older People. This approach aligns with Closing the Gap Priority Reform Two, which commits governments to improving access to services through place-based, community-led, and culturally appropriate systems. Without a CHSP-like interim pathway, the reform risks creating a structural gap in the system, one that Aboriginal and Torres Strait Islander Elders and Older People are least equipped to navigate and most likely to fall through.

ii. The lifetime cap of \$15,000 on home modifications

The \$15,000 lifetime cap on home modifications under the SaH Program is intended to manage costs while supporting safety, accessibility, and independence for Older People living at home. This policy setting, however, is premised on assumptions that do not reflect the lived realities of many Aboriginal and Torres Strait Islander Elders and Older People.

The cap assumes that housing conditions are standard, that modification costs are predictable, and that modifications are largely one-off interventions. For many Aboriginal and Torres Strait Islander Elders and Older People, particularly those living in regional, rural, remote, and very remote communities, these assumptions do not hold. Housing is frequently overcrowded, ageing, or structurally unsuitable, and modifications are often essential, ongoing interventions that enable Elders and Older People to remain safely at home on Country/Island Home and connected to culture, community, kin and family.

NATSIAACC Members identified the home modification cap as a significant point of contention. In remote and very remote locations (Modified Monash Model 6–7), the \$15,000 cap was consistently described as grossly inadequate. Providers highlighted the impact of what is commonly referred to as the “remote tax”, whereby the transport of building materials, travel and accommodation for specialised trades, and project management costs can consume between 40 and 60 per cent of the available budget before any construction work commences.

Further compounding these costs is the prevalence of kinship and multi-generational living arrangements. Many Elders and Older People reside in high-traffic households where modifications must be more robust, durable, and fit for shared use. As a result, modifications often require greater scale, higher-quality materials, and, in some cases, repeated intervention over time.

Members reported that the cap is frequently exhausted very quickly, leaving Elders and Older People and their families to either absorb remaining costs, often beyond their financial capacity, or forgo necessary modifications altogether. Once the cap is reached, there is little flexibility within the system to respond to ongoing or emerging safety needs.



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The observed consequence of this policy setting is that Elders and Older People are left in unsafe or unsuitable housing or are forced to consider premature entry into Residential Aged Care, not because of clinical need, but because their home environment cannot be made safe within funding constraints. This outcome directly contradicts the stated objectives of the SaH reform, including prevention, independence, and ageing in place.

NATSIAACC recommends that the lifetime cap on home modifications be adjusted to recognise structural housing inequities and the higher costs of service delivery for Aboriginal and Torres Strait Islander Elders and Older People. At a minimum, this should include flexibility or exemptions for Aboriginal and Torres Strait Islander Elders and Older People, the application of a remoteness loading, or the introduction of a dedicated freight, travel, and project management allowance. Without such adjustments, the cap will continue to operate as a structural barrier rather than an enabler of safe ageing at home.

iii. the End-of-Life Pathway time limits

The End-of-Life (EoL) Pathway under the SaH Program is intended to provide timely and focused support during the final stage of life. However, the design of the pathway reflects assumptions that end-of-life trajectories are linear, clinically predictable, and that families can absorb care responsibilities once time-limited formal supports conclude. These assumptions do not align with the lived realities or cultural practices of Aboriginal and Torres Strait Islander Elders, Older People and their families.

End-of-life care in Aboriginal and Torres Strait Islander communities is relational, family-centred, and culturally grounded. It is guided by Elders, Older People, kinship systems, and cultural protocols, including *Sorry Business* and the importance of being on Country/Island Home at the end of life. Rigid, time-bound funding limits risk rushing Elders and Older People and families through deeply significant cultural and spiritual processes, placing undue pressure on Providers and undermining dignity at the end of life.

Our Members consistently described good end-of-life care as care that is led by Elders and Older People and families rather than constrained by inflexible system timelines. Members reported that the current time-limited pathway places pressure on families and providers to make rushed decisions about care arrangements, often at odds with cultural obligations and community expectations. Time-limited supports were seen to disrupt cultural practices, increase distress, and compromise the ability to provide culturally safe care during a profoundly important life stage.

Specific concerns were raised about the current 12-to-16-week limit for the EoL Pathway, which was viewed as reflecting a clinical, Western lens that does not align with Aboriginal and Torres Strait Islander understandings of dying, grieving, and transition. Members identified several structural barriers embedded in the pathway, including clinical gatekeeping requirements such as an Australia-modified Karnofsky Performance Status (AKPS) score of 40 or less and the need for a medical certificate indicating “three months to live.” These requirements were described as culturally insensitive and exclusionary, particularly for Elders and Older People who prefer community-based care, traditional healers, or who have limited engagement with hospital-led diagnostic systems.

Providers also highlighted that the EoL funding model does not account for the logistical and cultural realities associated with end-of-life care for Aboriginal and Torres Strait Islander Peoples. Travel to return to Country/Island Home, the involvement of escorts, flights, accommodation, and extended family gatherings



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are often integral to culturally appropriate end-of-life care and *Sorry Business*. These needs frequently extend beyond the current funding period, creating both moral and practical challenges for Providers operating under strict caps and time limits.

The observed consequence of these settings is increased distress for Elders and Older People and families, reduced capacity to provide culturally safe end-of-life care, and heightened pressure on families to shoulder care responsibilities without adequate support. These outcomes directly conflict with the intent of the EoL Pathway to provide compassionate, person-centred care at the end of life.

NATSIAACC recommends that the End-of-Life Pathway include flexibility in time limits for Aboriginal and Torres Strait Islander Elders and Older People, informed by cultural practice and community need. This should include the option to extend the pathway or provide an automatic, clinically endorsed extension mechanism for cultural reasons, such as travel to Country/Island Home and *Sorry Business*. Any extension process must be clearly guided, non-bureaucratic, and designed to minimise administrative burden for Elders, Older People, families, and Aboriginal Community Controlled Providers.

iv. Thin markets with a small number of aged care service providers

The transition to the SaH Program is underpinned by an assumption of market responsiveness and Provider adaptability. The reform model presumes the existence of multiple Providers operating within competitive markets, supported by an available workforce and meaningful consumer choice. However, this assumption does not reflect the lived reality of many Aboriginal and Torres Strait Islander communities.

In regional, rural, remote, and culturally specific contexts, communities often rely on a single, trusted ACCO or culturally specific Provider to deliver home support services. Workforce shortages, particularly of Aboriginal and Torres Strait Islander staff, are persistent and acute, limiting providers' capacity to scale, diversify, or rapidly adapt to new funding and administrative models. In these settings, "choice" is not between Providers, but between receiving culturally safe care or going without care altogether.

The introduction of a predominantly fee-for-service, unit-priced funding model under SaH presents a significant risk to the viability of small ACCOs operating in thin markets. These Providers are structurally unable to achieve the economies of scale required to absorb cashflow delays, manage increased administrative burden, or buffer against system failures. Members reported that reliance on retrospective claiming, combined with IT and system integration issues, has already resulted in extended periods of unpaid service delivery in some regions.

The consequences of Provider failure or market exit in these contexts are severe. Where a single ACCO becomes unviable or withdraws, there are often no culturally safe alternative Providers available. Elders and Older People expressed strong reluctance to accept services from unfamiliar, fly-in/fly-out, or non-community-controlled Providers, citing concerns about cultural safety, trust, and continuity of care. In practice, this results in a complete loss of access to culturally safe home support services, rather than a transition to an alternative Provider.

NATSIAACC emphasises that thin markets in Aboriginal and Torres Strait Islander contexts represent a predictable and recurring form of market failure, not a temporary implementation challenge. In these



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settings, standard market-based reform assumptions do not hold, and protective mechanisms such as block funding, continuity guarantees and transitional stabilisation measures represent orthodox responses to structural inequity rather than exceptions to reform.

Thin markets are therefore not resilient markets. They are fragile ecosystems, where the sustainability of one small Provider determines whether Elders and Older People can age safely on Country/Island Home. Market-based reform settings that fail to recognise this reality risk actively destabilising care arrangements that have taken decades to build.

Members consistently emphasised that they are not seeking exemptions from reform, but protective measures that recognise structural inequity and market failure. Participants recommended targeted transition supports to sustain local ACCOs throughout the reform period, including:

- Transitional block funding to stabilise cashflow.
- Business viability guarantees for sole Providers in thin markets.
- Interim “continuity of care” contracts to ensure services remain in place while longer-term funding arrangements are established.

Without these safeguards, the SaH reforms risk unintentionally dismantling the very services that currently provide safe, trusted, and culturally grounded care to Aboriginal and Torres Strait Islander Elders and Older People.

c) Aged Care Provider readiness for the transition, including their workforce

A sustainable Aboriginal and Torres Strait Islander Aged Care workforce is inseparable from Provider viability, continuity of care, and the effective functioning of thin markets. National Aboriginal and Torres Strait Islander workforce strategies consistently emphasise the importance of growing, valuing, and retaining an Aboriginal and Torres Strait Islander workforce that is community-based, culturally grounded, and supported through secure employment, training pathways, and appropriate remuneration. Feedback from NATSIAACC Members indicates that current reform settings risk moving in the opposite direction.

Continuity of familiar workers was identified as critical to Elder and Older Person safety, trust, and wellbeing. Stable care relationships, particularly with Aboriginal and Torres Strait Islander workers who understand local culture, kinship systems, and community dynamics, are central to culturally safe care. Persistent shortages of Aboriginal and Torres Strait Islander workers, combined with high turnover among non-Indigenous staff, were reported across regional, rural, and remote contexts. Workers are carrying significant cultural load, including informal advocacy, cultural brokerage, and emotional labour, often without adequate recognition, structured support, or job security. The observed consequence is disrupted care relationships and reduced quality and safety of services for Elders and Older People.

The transition to SaH assumes a workforce that is stable, digitally capable, and able to absorb increased administrative and compliance demands. However, ACCOs reported high levels of “reform fatigue,” with successive changes placing sustained pressure on organisations already operating in thin markets. Members consistently emphasised that reform will only succeed if it is grounded in the principle of “Mob caring for Mob,” supported by deliberate investment in Aboriginal and Torres Strait Islander workforce growth and retention.



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A critical gap identified through Yarning Circles is the lack of formal recognition and funding for Aboriginal and Torres Strait Islander Health Workers and Care Staff as “Care Partners” within the SaH system. National workforce strategies recognise these roles as central to culturally safe care, yet current funding and role definitions undervalue cultural expertise, relational care, and community navigation functions. Without recognition of these roles, ACCOs struggle to recruit, retain, and properly support the very workforce that enables safe service delivery in Aboriginal and Torres Strait Islander contexts.

Workforce sustainability is further undermined by digital readiness and funding model changes that directly affect provider viability. Many community-controlled Providers operate with limited administrative capacity and do not have dedicated policy, legal, or IT teams. The shift from block funding to unit pricing and retrospective claims creates significant cashflow risk, particularly when combined with system integration issues. Members reported instances where claims and IT failures resulted in months of unpaid service delivery, an unsustainable situation for small Providers operating in thin markets.

In remote and very remote areas, workforce supply is especially fragile. Providers rely heavily on local staff with cultural knowledge and are actively building training pipelines through Certificate III delivery, Indigenous Employment Program supports, and community-based mentoring models. These pipelines align with national workforce strategies but are highly sensitive to funding certainty. Members warned that the loss of training subsidies, wage supports, or transition funding would damage workforce pipelines and accelerate Provider withdrawal from already fragile markets.

The combined effect of workforce shortages, administrative burden, digital capability gaps, and funding uncertainty poses a direct risk to Provider viability in thin markets. Where a single ACCO may be the only culturally safe Provider in a region, workforce destabilisation does not result in market substitution, it results in service loss. This has immediate consequences for Elders and Older Peoples’ access to care and undermines the stated objectives of SaH reform.

Policy settings must therefore treat Aboriginal and Torres Strait Islander workforce sustainability as core infrastructure, not an adjunct consideration. Without targeted investment aligned to national Aboriginal and Torres Strait Islander workforce strategies, and without funding and regulatory settings that reflect thin-market realities, the SaH transition risks accelerating Provider exit, fragmenting care relationships, and reducing access for the Elders and Older People most reliant on the system.

Embedding Cultural Safety and Governance

The proposed SaH system does not embed cultural safety as a statutory principle, nor does it mandate Aboriginal and Torres Strait Islander co-design in rulemaking, regulatory mechanisms, market stewardship, or quality and performance reviews. This omission represents a significant structural gap. Without explicit legislative and governance safeguards, the reform risks perpetuating a mainstream Aged Care system that continues to marginalise Aboriginal and Torres Strait Islander Elders and Older People rather than redress long-standing inequities.

Cultural safety cannot be treated as an aspirational value or optional add-on. It is a foundational requirement for equitable access, quality, and trust in Aged Care for Aboriginal and Torres Strait Islander People. In the



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absence of statutory recognition and enforceable governance mechanisms, cultural safety remains vulnerable to inconsistent interpretation, uneven implementation, and weak accountability.

NATSIAACC was commissioned by the Department of Health, Disability and Aged Care to develop a nationally informed definition of Cultural Safety in Aged Care, following extensive consultation with Elders, Older People, communities, Aboriginal Community Controlled Organisations, and Aged Care Providers.

That definition states:

“Cultural safety in aged care for older Aboriginal and Torres Strait Islander people is understanding one’s own culture and the impact that your culture, thinking, and actions may have on the culture of others through ongoing critical self-reflection. Gaining such truthful insight about oneself is critical for ensuring access to a culturally safe, respectful, responsive, and racism-free aged care system providing for the optimal safety, autonomy, dignity, and absolute wellbeing of Aboriginal and/or Torres Strait Islander Elders and older people, and their families. Only the Aboriginal and/or Torres Strait Islander person who is the recipient of a service or interaction can determine whether it is culturally safe.”

Aged care service providers and workers must take responsibility for building trust and relationships with Aboriginal and/or Torres Strait Islander service users and their families, and for creating a new aged care system which centres on their lived experience, cultural, and ageing needs, as determined by Aboriginal and/or Torres Strait Islander service users themselves. The implementation of a trauma-aware, healing-informed approach to professional practice, and facilitating a greater understanding and respect for individual and collective cultures, histories, knowledges, traditions, stories, and values of Aboriginal and/or Torres Strait Islander service users and their families, will greatly support the delivery of a quality and culturally safe aged care system. Aged care service providers must also firmly commit to continuously measuring and improving the structures and behaviours necessary for cultural safety and quality support to remain embedded in the Australian aged care system.”

This definition makes clear that cultural safety is not determined by policy compliance, accreditation status, or provider intent. It is determined by Elders and Older People themselves, through their lived experience of care. It also establishes that responsibility for cultural safety sits squarely with systems, Providers, and regulators, not with Elders, Older People or communities.

Consistent with this definition, true cultural safety in Aged Care requires:

- Embedding Aboriginal and Torres Strait Islander governance and leadership at all levels of Aged Care design, implementation, regulation, and evaluation.
- Supporting cultural identity, self-determination, and community-led decision-making as core system principles.
- Employing, valuing, and empowering an Aboriginal and Torres Strait Islander workforce across care, assessment, navigation, and leadership roles.
- Ensuring services respond to cultural determinants of health, including kinship systems, spirituality, connection to Country/Island Home, and cultural practices such as *Sorry Business*.
- Actively identifying, addressing, and eliminating institutional and interpersonal racism within aged care systems and services.



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Cultural safety is essential to delivering equitable, high-quality Aged Care for Aboriginal and Torres Strait Islander Elders and Older People. It must be embedded in legislation, operationalised through governance and regulatory frameworks, and continuously measured through the voices and experiences of Elders and Older People themselves. Without strong accountability mechanisms, the intent of reform will not translate into meaningful change on the ground.

NATSIAACC recommends:

- To embed NATSIAACC's definition of Cultural Safety into the CHSP and SaH Programs.
- That the transition to SaH for Aboriginal and Torres Strait Islander Providers and communities be staged, opt-in, and place-based, rather than subject to a fixed, one-size-fits-all cutover date.
- That Aboriginal Community Controlled Organisations (ACCOs) retain access to CHSP-like entry-level supports until SaH pathways are demonstrably safe, trusted, and functional for Elders and Older People in their communities.
- That the Department publish, in partnership with Aboriginal and Torres Strait Islander representatives, a nationally harmonised but locally flexible transition schedule, with:
 - Clear readiness criteria.
 - Guaranteed transition funding.
 - Explicit provision for extensions where local readiness is not demonstrated, particularly in regional, remote, and thin markets.
- That continuity of CHSP-equivalent supports be guaranteed while Elders and Older People await assessment or package allocation under SaH, particularly in regional, remote, and culturally specific contexts.
- That the SaH assessment system preserve a practical, low-barrier, local entry pathway for low-level supports, rather than requiring all Elders and Older People to progress through a single, centralised assessment model.
- That culturally safe navigation and assessment supports, such as Aboriginal Navigator roles, be fully funded, embedded within ACCOs, and treated as core system infrastructure, not discretionary programs.
- That the \$15,000 lifetime cap on home modifications be adjusted to reflect higher costs and structural housing inequities experienced by Aboriginal and Torres Strait Islander Elders and Older People.
- That this adjustment include one or more of the following:
 - A remoteness loading for MMM 4–7 areas.
 - A dedicated freight, travel, and project management allowance.
 - Exemptions or cap flexibility for Aboriginal and Torres Strait Islander Elders and Older People where housing conditions require extensive or repeated modifications.
- That home modifications be explicitly recognised as essential enablers of ageing on Country/Island Home, not discretionary or ancillary supports.
- That the End-of-Life (EoL) Pathway under SaH include flexibility in time limits and funding caps for Aboriginal and Torres Strait Islander Elders and Older People, informed by cultural practice, community need, and family-led decision-making, including recognition of the extended care, travel, kinship, and community obligations associated with culturally appropriate end-of-life care.
- That an automatic, culturally justified extension mechanism be introduced for reasons such as: Travel to Country/Island Home, Sorry Business, extended family and kinship obligations with clear guidance and non-bureaucratic approval processes.



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- That clinical gatekeeping requirements (e.g. AKPS thresholds and prognostic certification) be reviewed to ensure they do not operate as culturally insensitive barriers to accessing end-of-life supports.
- That targeted investment be provided to:
 - Support Aboriginal and Torres Strait Islander workforce recruitment, retention, and supervision.
 - Address cultural load and burnout.
 - Maintain training pipelines, including Certificate III delivery and Indigenous Employment Program supports.
- That ACCOs receive dedicated digital capital funding to upgrade IT systems and safely meet new billing and reporting requirements prior to full transition.
- That block-funding or cashflow-stabilising mechanisms be retained or introduced during transition periods to mitigate risks associated with unit pricing, retrospective claims, and system integration failures, particularly in thin markets.
- That core entry-level supports, including meals, community transport domestic assistance, yard maintenance, social support, and hoarding and squalor assistance, remain block-funded or supported through a stable blended funding model, particularly in Aboriginal and Torres Strait Islander communities and thin-market contexts where individualised pricing models are not viable.
- That accountability for cultural safety be explicitly assigned, measured, reported and enforced including through mechanisms based on Elders' lived experience, and clear consequences for institutional and interpersonal racism within aged care systems.
- That the Department develop a single, culturally tailored "readiness roadmap" for First Nations aged care providers, clearly setting out expectations, milestones, supports, and safeguards across the transition period.

Conclusion

The transition from the Commonwealth Home Support Programme to the Support at Home Program represents one of the most significant structural reforms to In-Home Aged Care in a generation. While the intent to improve consistency, equity, and sustainability is acknowledged, evidence from Aboriginal and Torres Strait Islander communities and providers demonstrates that the current reform design risks entrenching existing inequities unless substantive changes are made.

Across all elements of the reform, home modification caps, end-of-life pathways, workforce arrangements, funding and payment mechanisms, digital readiness, and market design, there is a consistent pattern of assumptions that do not reflect Aboriginal and Torres Strait Islander realities.

The reforms presume standard housing conditions, predictable costs, workforce availability, competitive markets, and families' capacity to absorb care when formal supports end. These assumptions are misaligned with the lived experiences of Elders and Older People, particularly in regional, rural, remote, and very remote communities, where housing is often overcrowded or ageing, markets are thin, workforces are fragile, and care is deeply relational, cultural, and community led.

NATSIAACC Members were clear that they are not seeking exemptions from reform. Rather, they are seeking practical, proportionate, and culturally grounded support to enable safe and effective transition. This includes a single, culturally tailored readiness roadmap for Aboriginal and Torres Strait Islander Community



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Controlled Providers; guaranteed transition funding to stabilise services; Aged Care systems that function reliably before reforms go live; proportionate compliance expectations that reflect provider scale and context; and explicit recognition that Aboriginal Community Controlled Organisations operate in fundamentally different social, cultural, and market environments.

Critically, the reform framework does not yet embed cultural safety as a statutory principle, nor does it mandate Aboriginal and Torres Strait Islander governance, co-design, or leadership in decision-making, regulatory oversight, or quality assurance. This omission risks perpetuating a mainstream Aged Care system that continues to marginalise Elders and Older People, despite extensive evidence and established definitions of what Culturally Safe Aged Care requires. Cultural safety must be understood not as an adjunct to quality care, but as a core determinant of safety, dignity, and wellbeing for Aboriginal and Torres Strait Islander Elders and Older People.

Without targeted safeguards, flexibility, and structural supports, the SaH reforms risk destabilising community-controlled Providers, accelerating workforce burnout, and pushing Elders and Older People into unsafe housing or premature Residential Aged Care. In thin markets, Provider failure does not result in choice, it results in no care at all.

The Senate Inquiry presents a critical opportunity to ensure that the transition to SaH strengthens, rather than undermines, culturally safe ageing on Country/Island Home. A reform that genuinely supports Aboriginal and Torres Strait Islander Elders and Older People must be grounded in self-determination, recognise market failure where it exists, and invest in the long-term sustainability of Aboriginal Community Controlled Aged Care. Only then can the new system deliver on its stated promise of equity, dignity, and safety for all older Australians.

NATSIAACC stands ready to work with Government and the Committee to ensure that Aged Care reform delivers equity in practice, not just in principle, for Aboriginal and Torres Strait Islander Elders and Older People.



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