



## **Submission to the Senate Inquiry Transition from the Commonwealth Home Support Programme (CHSP) to Support at Home Ensuring the Ongoing Viability of Community Meal Services**

**Submitted by:** Sutherland Food Services  
**Program:** Commonwealth Home Support Programme (CHSP) – Meals  
**Date:** January 2026

### **1. Executive Summary (Relevant to all Terms of Reference)**

Sutherland Food Services welcomes the opportunity to provide this submission to the Senate Inquiry examining the transition from the Commonwealth Home Support Programme (CHSP) to the Support at Home program.

This submission addresses the Inquiry's Terms of Reference relating to:

- the design and implementation of the Support at Home program;
- impacts on access, equity, and continuity of aged care services;
- funding adequacy and sustainability;
- regulatory and administrative impacts on providers; and
- implications for the aged care workforce and volunteers.

We support the policy intent underpinning the Support at Home reforms, including improved consumer experience, strengthened rights-based frameworks, simplified program structures, and enhanced accountability under the Aged Care Act. However, without explicit policy safeguards, the transition poses material risks to the continuity, accessibility, and sustainability of essential low-intensity supports—particularly community meal services.

CHSP-funded meal services represent a highly effective early-intervention mechanism within the aged care continuum. They deliver demonstrable public value by supporting nutrition, independence, social connection, and functional capacity, while mitigating demand for more intensive and costly health and aged care services. It is therefore critical that meal services are clearly articulated, adequately funded, and preserved as a distinct and accessible service offering within the Support at Home program.

### **2. Provider Experience and Service Context (Terms of Reference: implementation impacts on providers)**

Sutherland Food Services is a community-based, not-for-profit organisation delivering subsidised meal services to older people living independently in the community. We operate under the CHSP Meals Program and provide services to consumers who typically present with low to moderate support needs and limited engagement with other formal aged care services.

Our operating model is characterised by:

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- Local, community-led service delivery
- Integration of paid staff and trained volunteers
- Strong compliance with food safety, work health and safety, and aged care regulatory requirements
- A preventative, consumer-centred approach aligned with current aged care policy objectives

### **3. Access, Equity and Early Intervention (Terms of Reference: access to services and consumer outcomes)**

Under the CHSP framework, meal services are appropriately positioned as an early-entry and preventative support. This positioning reflects both realistic evidence and operational experience.

Meal services:

- Support older Australians who do not yet meet eligibility thresholds for higher-level aged care programs
- Address malnutrition and dehydration, which are recognised risk factors for hospitalisation and functional decline
- Provide regular, informal monitoring, social connection and welfare contact
- Act as an entry point into the broader aged care system, facilitating timely escalation of supports when needs increase

From a policy perspective, community meal services are a low-cost intervention with high system-wide returns. Any reform that inadvertently restricts access to these services would be inconsistent with the stated objectives of preventative health, ageing in place, and fiscal sustainability.

### **4. Program Design and Transition Risks (Terms of Reference: program design, implementation and transition arrangements)**

#### **4.1 Dilution of Preventative and Early-Intervention Supports**

There is a significant risk that, under Support at Home, meal services may be incorporated within broader service categories or linked to higher assessment thresholds. Such an outcome would undermine the preventative intent of the reform agenda.

Policy settings that delay access to meal services until higher needs are established would:

- Increase avoidable hospital admissions and health system utilisation
- Accelerate entry into residential aged care
- Generate higher long-term costs to government

Clear policy direction is required to ensure that meal services remain accessible at the earliest point of need.

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#### **4.2 Funding Adequacy and Sustainability (Terms of Reference: funding and financial viability)**

Community meal services operate within constrained funding environments and are highly sensitive to cost escalation. Providers are currently experiencing sustained increases in:

- Food and ingredient costs
- Energy and utility expenses
- Fuel and transport costs
- Workforce and compliance-related costs

Without funding arrangements that reflect these realities, including appropriate indexation and recognition of indirect service costs, there is a material risk of service contraction or provider withdrawal—particularly among small and medium community organisations.

#### **4.3 Regulatory and Administrative Impacts (Terms of Reference: regulatory burden and compliance)**

The introduction of the Aged Care Act and the Support at Home program entails new compliance and reporting obligations. While robust governance is essential, regulatory frameworks must be proportionate to service type and risk profile.

Disproportionate administrative burden diverts limited resources away from direct service delivery and disproportionately impacts smaller, volunteer-supported providers.

#### **5. Contribution of Meal Services to Quality, Safety and Risk Mitigation**

Community meal services contribute directly to the achievement of quality and safety objectives under the aged care regulatory framework.

In addition to nutritional support, meal services:

- Enable regular engagement of consumers' physical and cognitive wellbeing
- Feedback to families and formal and informal supports
- Facilitate early identification of safeguarding concerns
- Reduce risks associated with isolation and neglect
- Support compliance with duty of care obligations

These functions, while often informal, represent a critical layer of risk mitigation within the aged care system.

#### **6. Workforce, Volunteers and Social Capital (Terms of Reference: workforce and volunteer implications)**

Community meal services delivered under CHSP generate significant social capital, primarily through their reliance on, and integration with, volunteers. This social capital represents an often under-recognised but critical public benefit within the aged care system.

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Volunteers involved in meal preparation, delivery, and consumer contact provide more than labour support. They contribute:

- trusted, consistent relationships with older people;
- informal social connection that mitigates loneliness and isolation;
- local knowledge and community intelligence;
- early identification of changes in wellbeing that may not be visible through formal assessments.

From a policy perspective, this volunteer-generated social capital:

- strengthens community resilience;
- enhances consumer trust in aged care services;
- reduces reliance on more expensive, formal service responses; and
- aligns with broader government objectives around community participation and ageing in place.

The volunteer model underpinning CHSP meal services delivers substantial value for money. However, this value is contingent on systems and regulatory settings that are compatible with volunteer participation.

As the aged care system transitions to Support at Home, it is essential that policy design:

- recognises social capital as a legitimate system asset;
- avoids compliance or administrative requirements that inadvertently deter volunteers;
- supports local, place-based delivery models that foster community connection;
- ensures that workforce reforms complement, rather than displace, volunteer contributions.

Failure to account for the social capital embedded in CHSP meal services risks weakening community-based supports and increasing pressure on the formal aged care workforce.

## **7. Recommendations to the Senate (Addressing all Terms of Reference)**

Sutherland Food Services recommends that the Senate Inquiry:

1. Explicitly recognise community meal services as a standalone, early-intervention support within the Support at Home program.
2. Ensure eligibility and assessment pathways enable timely access to meal services for older people with low to moderate needs.
3. Establish sustainable funding models, including appropriate indexation, that reflect the full cost of meal service delivery.
4. Apply proportionate regulatory and reporting requirements that are commensurate with service risk and scale.
5. Guarantee continuity of access and funding during the transition period, with no service disruption for existing consumers.
6. Engage community-based providers in co-design and implementation, recognising their operational expertise and local knowledge.

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## 8. Conclusion

Community meal services are a foundational element of Australia's aged care system. They deliver preventative outcomes, support ageing in place, and represent prudent public investment.

As the Commonwealth transitions from CHSP to Support at Home, it is imperative that policy and funding settings preserve and strengthen access to meal services. Failure to do so risks undermining the very objectives the reforms seek to achieve.

We thank the Senate for the opportunity to contribute to this inquiry and would welcome ongoing engagement as reforms progress.

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