



NATSIAACC

National Aboriginal & Torres Strait Islander
Ageing and Aged Care Council



Senate Inquiry Hearing Review Transition of CHSP to SAH NATSIAACC Responses

Question: Do members favour CHSP over SAH and what is working well in CHSP compared to SAH?

NATSIAACC supports the intent of the Support at Home reforms and the broader objective of creating a simpler and more responsive Aged Care system. Our evidence does not position CHSP as a preferred program but examines whether reform settings can deliver equitable outcomes in practice for Aboriginal and Torres Strait Islander Elders and Older People.

Across many regional, rural, remote and thin-market settings, several of the system assumptions underpinning the Support at Home model do not yet consistently hold. These include workforce availability, viable Provider markets, timely and culturally safe assessment pathways, and sustainable operating conditions for service delivery.

In this context, CHSP is currently performing a stabilising continuity-of-care function. While designed as an entry-level program, it provides foundational supports, including meals, transport, domestic assistance and outreach that sustain Elders and Older People while they await assessments, packages or workforce availability.

The principal system risk identified by NATSIAACC Members is therefore not reform itself, but the sequencing of reform. Where foundational CHSP supports are destabilised before replacement service pathways are demonstrably viable, continuity-of-care gaps may arise.

Members have identified that specific transition pressures may contribute to this risk. These include cashflow instability associated with retrospective claiming, assessment bottlenecks creating gaps between program transitions, and increased administrative burden associated with operating across parallel systems during transition. In thin markets, these pressures may undermine the viability of small Aboriginal Community Controlled Providers, increasing the likelihood of service withdrawal.

For Elders and Older People, continuity gaps translate into tangible impacts including missed meals, reduced transport to clinical care, increased reliance on informal carers and avoidable deterioration in health and functional capacity.

NATSIAACC also notes that while progress has been made through strengthened quality standards and the Aboriginal and Torres Strait Islander Aged Care Framework, cultural safety is not yet embedded as enforceable system infrastructure within Support at Home settings.

NATSIAACC's evidence is consistent with the broader evidence provided to the Committee that foundational supports should remain stable until Support at Home pathways are demonstrably ready to deliver equivalent continuity of care.



Question: If CHSP is the only type of service provider in some rural and remote regions, what types of services will be lost to Elders and Older people if transition to Support at Home occurs, and what regions/areas will be impacted?

NATSIAACC's evidence focuses on how transition operates in thin-market Aboriginal and Torres Strait Islander contexts where CHSP currently underpins Provider viability and service continuity.

Many regional, rural, remote and very remote communities operate within structurally constrained service markets, where a single Aboriginal Community Controlled Organisation may be the sole culturally safe Provider of Aged Care services. In these settings, competitive market substitution assumptions do not apply.

CHSP currently enables workforce retention, outreach and flexible service delivery across large geographic areas. Block-funded supports allow services to operate even where individualised fee-for-service arrangements would not sustain travel costs or workforce deployment.

Members have identified that transition risks including cashflow instability under retrospective claiming, assessment bottlenecks and administrative burden across parallel systems may affect Provider viability during transition.

Where Provider viability is weakened, foundational daily-living supports are most at risk. These include meals services, community transport, domestic assistance, yard maintenance and welfare-check outreach, supports that prevent deterioration and enable Elders and Older People to remain safely at home.

Mapping of CHSP-funded Aboriginal Community Controlled Organisations indicates that many of these services are delivered in MMM 4–7 locations including remote communities across the Northern Territory, northern Western Australia, far north Queensland, remote South Australia and parts of regional New South Wales and Victoria.

For Elders and Older People, the loss of these supports would result in reduced nutrition support, missed clinical appointments, increased social isolation, reduced home safety and greater pressure on families and acute health services.

In many Aboriginal and Torres Strait Islander communities, culturally safe service delivery is inseparable from the presence of a trusted ACCO. If Provider viability is undermined during transition, Elders and Older People may disengage from services altogether.

NATSIAACC's evidence is consistent with the broader evidence presented to the Committee that continuity safeguards should remain in place until replacement service pathways are demonstrably operational, culturally safe and viable in thin-market environments.