Submission to the Senate Community Affairs References Committee

Inquiry: The Transition of the Commonwealth Home Support Program to the Support at Home Program

Introduction and overview

Hornsby Ku-ring-gai and Central Coast Community Transport Service is a not-for-profit organisation with over 30 years' experience delivering supported and individualised transport solutions for community members who find themselves unable to access traditional transport services. Recently, we have expanded our service delivery area to include the Central Coast of NSW following the financial failure of the previously contracted provider. As such, we have seen firsthand the damage, fear and isolation that can be caused in a community when a service fails. We are also experienced in what it takes to re-build a service, to rebuild relationships, to reconnect with community and stakeholders, and to establish reliability and trust within the community. We bring this experience to our Submission and thank you for the opportunity to contribute to the inquiry into the Commonwealth Home Support Program (CHSP) transition to Support at Home.

It is our assertion that the CHSP needs attention, re-visioning and further investment but not amalgamation into Support at Home. Community transport sits in the care economy but adjacent to the commercial point to point passenger economy and it is clearly evident what amalgamation into the Support at Home Program will do for supported transport, especially for vulnerable and isolated people in our community. We explore our concerns more widely throughout our Submission, but our primary concern is threefold:

- The **loss of social capital** - those networks of relationships, trust, shared norms and mutual support that exist within communities. In the context of the CHSP, social capital is both **an input and an outcome** of service delivery.
- The **scale of the reform** for the cohort of clients that use our service.
- **Access to early intervention** and social services - Early and easy access to affordable 'low touch' supports have onward and positive impacts for health and wellbeing.

We recognise the need for reform of the CHSP, however amalgamating the Program into the Support at Home Program is not a viable option for the community transport industry or older Australians.

Positive reforms to CHSP might include:

- Explore how to implement a seamless journey for older Australians to be able to access appropriate services across both funding streams, for example CHSP transport to a SaH funded social group. Giving consideration to blending the Programs through administrative alignment.
- Explore how assessment and eligibility can be used to create a permeable interface between the two programs that targets individual need and stops trapping older Australians in one program or the other.
- Explore interoperability or a blended model that builds upon the strengths of each Program.

The CHSP remains the most successful and impactful Program within the aged care sector. It has many strengths: it can scale, it is flexible and it is community responsive. It provides in home care to almost 1 million Australians at a fraction of the cost to the individualised budgets programs. To a large degree, this is due to a sense of community responsibility. Social capital is a **foundational asset** of the CHSP. It strengthens outcomes for older Australians, improves system efficiency, and delivers long-term public value. Failure to understand the cultural shift required by this transition to the Support at Home Program risks replacing a proven, low-cost

community-based program with a significantly more expensive, administratively complex system, that commercialises care, places risk and cost pressure on providers, creates thin markets, undermines volunteer supported service models and eliminate social capital.

The CHSP is a valuable Program – It should not be discarded without serious consideration for the impact on older Australians and the network of providers who have been delivering these services across many years.

Our Position:

We acknowledge the objectives stated in the new Aged Care Act 2024, and support the intent, but in doing so, assert that the Commonwealth Home Support Program must remain a distinct Program, operating alongside the Support at Home Program, with different but complimentary goals.

Summary of Recommendations:

That the Government:

- *Maintain and expand the Commonwealth Home Support Program as a separate, but complimentary program to Support at Home.*
- *Invest in the CHSP by dedicating time to re-visioning the role that early intervention and prevention can play in the aged care framework. Including where the CHSP may interface with Support at Home to enhance client experience and promote efficiency through interoperability recognising and building upon the strengths inherent in each Program.*
- *Develop a clear policy for CHSP that can be incorporated into Aged Care in Australia, incorporated into the Aged Care Rules that clarifies the role of CHSP as a permanent feature of Aged Care in Australia, interoperable with, but separate to Support at Home (community care and early intervention model of care).*
- *Remove the requirement for assessment for community members requiring transport for access to social, early intervention or preventative services. This would truly invest in a wellness and reablement culture of ageing.*
- *Develop a new CHSP funding model that reflects the broader role and is delivered in a way that supports provider readiness for service delivery.*
- *Develop a new CHSP pricing approach that correlates cost and price, is able to be reviewed with transparent practices, recognises flexibility, financial hardship, and does not leave providers out of pocket.*
- *Undertake an in-depth fiscal analysis to determine the cost of transitioning CHSP to the Support at Home Program, including modelling of per-participant costs, aggregate budget exposure, and downstream health system impacts.*

Section 1: The transition of the Commonwealth Home Support Program to the Support at Home Program.

The final Support at Home model is yet to be disclosed, therefore it is difficult to discuss the transition of the CHSP into the Support at Home without some conjecture.

In late 2024, the Department of Health and Ageing released the Support at Home design outlining a two-part process:

i. **Single provider** – the initial framework for Support at Home to compensate for the decision to keep CHSP funded services standing alone.
ii. **Multi provider** – the proposed final state of Support at Home once CHSP services transition into it.

The multi provider model remains unexplained. Specifically, the structure, the timeline, how it might work with the current assessment wait times - when CHSP services currently provide back fill for Support at Home - and how invoicing against a budget or care management might work. This is a very important piece of the framework

for the future Support at Home Program. A multi provider landscape has the potential to severely disadvantage CHSP providers, many of whom are smaller, local, and community focused in nature. Like the NDIS, a multi provider, de-regulated but managed market sees small providers crippled under regulation and compliance that is not fit for purpose. The result is provider consolidation, diminished client choice, and the emergence of monopolies which create thin markets. Ultimately, the culture and values of community centred care and client choice are lost.

The role of price capping in the Support at Home Program is yet to be outlined. Without knowing the pricing framework for transport, it is not possible to plan a transition from the current CHSP client contribution model into to the Support at Home model without understanding the price capping requirement.

The current Client Contribution Framework for CHSP is problematic for transport providers because the CHSP subsidy is based upon a fixed unit, which is a trip. Trip cost varies based upon time, distance and complexity of care requirements. Yet the subsidy remains fixed, therefore the client contribution must be responsive to cost (where a client can afford to pay) and often falls outside of the Guidelines, especially for isolated clients or those who need individual care and attention, like wheelchair users.

Transitioning existing CHSP clients into Support at Home is an element of the transition that remains unclear. From our perspective, the nature of Grandfathering **existing CHSP clients** into Support at Home appears unrealistic and fraught. Specifically, because the two programs are structurally very different. The most obvious example is how a current CHSP client, currently block funded, will be allocated an individualised budget.

The CHSP cohort of clients are very different from the cohort who accessed Home Care Packages and grandfathered into Support at Home. CHSP client needs are generally more sporadic, episodic or social and not clinical in nature.

The average CHSP transport client might utilise the service once or twice, they might access our service for reablement transport following an episode requiring rehabilitation, or for a health and wellness program or to access social programs. While we deliver transport to regular clients such as people using wheelchairs, oncology patients and dialysis patients, many of our clients only use the service short term, or on occasion to fill an unmet need for transport. Support at Home and specifically the funding design for that program, is inflexible, with weighty administration, rigid access via lengthy assessments and approvals, and not geared for emergency or short term supports.

This is an example of a client outcome when short term reablement transport is implemented. Murray from Asquith writes:

“During the early part of 2025 I was accepted into My Aged Care which gave me access to transport services. When I was diagnosed with Prostate Cancer in June 2025 I was advised that I would require 8 weeks (Monday to Friday) of treatment at the SAN Hospital in Wahroonga. Being unable to drive during this time the services provided by HKCC Community Transport provided me with a vital lifeline – 40 return journeys. The treatment times varied from early morning to early afternoon and it was imperative that I was there on time. Community Transport provided that assurance.

This organisation is an integral part of the local community and I believe that many people have Community Transport and their wonderful staff to thank for their very lives; and I am one of those.”

The **timeline for transition** remains unclear. ‘No earlier that July 2027’ is the last piece of information received from the Department of Health, Ageing and Disability.

The past decade has been a tale of iterative change and reform for in home community care, and it has resulted in a drain of skilled, passionate and dedicated staff from the industry and the decimation of the volunteering

workforce. 'Kicking the can' can no longer be acceptable. The industry has been operating in stagnation for far too long. Despite this, the CHSP is well utilised by older Australians; efficient, productive and delivering a high and consistent quality of care. It is time to stop the vacillation and temporising. The CHSP is worthy of re-visioning, expansion and investment.

Recommendations:

We assert that the Commonwealth Home Support Program should remain a distinctly different but complimentary Program to Support at Home. And that the Commonwealth Government:

- *Stop making Iterative decisions about the future of the CHSP as they are inefficient and detrimental. It is time to recognise the strengths of the CHSP, and to invest in re-visioning it as a distinct community focused, in-home care program, that is permeable with Support at Home but targets* ***early intervention and prevention supports.***
- *Recognise that users of the CHSP should not be subjected to the same arduous assessment process as those needing an allocated budget for care. That there are efficiencies to be gained by adopting a fit for purpose eligibility process whereby older Australians can seamlessly access needed services for social and early intervention programs, like transport.*
- *Develop a clear policy for CHSP that can be incorporated into the Aged Care Rules that clarifies the role of CHSP as a permanent feature of Aged Care in Australia, interoperable with, but separate to Support at Home. (community care and early intervention model of care).*

Section 2: The expected impacts of the transition from Commonwealth Home Support Program to the Support at Home Program no earlier than 2027.

The most obvious impact **of the transition from Commonwealth Home Support Program to the Support at Home Program** will be faced by older Australians. Approximately 230,000 people have currently transitioned from the Home Care Package Program to Support at Home; it is proposed that in approximately 18 months almost 1 million people will join them. The scale of this proposed transition cannot be ignored; it remains the largest impediment to a successful transition but the best example of why the CHSP works. The CHSP is successful because, given the correct relevance and funding support, it can flex and adapt for scale quite easily.

Some other areas that must be considered very carefully:

- **Thin markets do not simply occur; they can also be caused by poor social policy.** The Department states that a **thin market** occurs when a gap arises between the needs of older people and services available, often in specific locations or across specialist services. Thin markets can also be caused by social policy that fundamentally misunderstands market forces or whenever the market deems a product or service to be unviable. To be clear, this is not location specific. It is a mistake to see this through the lens of metro vs rural. The Support at Home Program exists within a heavily managed and regulated market – not a free market.

  An example of a thin market created through policy is the wheelchair taxi service - A product deemed unviable in the point-to-point marketplace.

  Community Transport Client Patricia (80 years of age, Hamlyn Terrace) explains in her own words how community transport has been able to meet otherwise unmet needs:

  "I am a long-time client of Community Transport Central Coast. I have a disability and this is my only form of transport. I am 80 years old and live with an autoimmune disease; l cannot walk and l have to use a power wheelchair full time.

By using Community Transport, I can leave my house for social outings, visit shopping centres and am able to get to appointments without any worry of my mobility issues. The taxi service for disabled people on the Central Coast is almost Nil, so l rely heavily on Community Transport.

l have no other way to get out; my family live too far away, and they all have full time jobs.

This service has brought me great joy, something to look forward to, and a whole new world to explore, with new friends along the way. I feel safe in the Community Transport vehicles and am able to be independent and go where l want, when l want."

Support at Home will create a thin market for transport regardless of the location. Its design will de-regulate transport service offerings, opening more options for low needs clients, while diminishing choice for high needs, vulnerable, isolated people and wheelchair users. Supported community transport is about scale. Delivered via a community share model, with block or capacity funding, community transport can price level, making transport more affordable for all users as well as more efficient for Government.

The Support at Home funding design is not viable for a capital-intensive service, like transport.

Costs for service provision, specifically indirect costs like vehicle replacement, depot leasing, vehicle insurance, staff training, compliance and work cover insurance provide for a lumpy financial cycle and create liquidity issues under funding models like Support at Home.

On average, 70% of community transport costs relate to capacity and the remaining 30% to activity. Without a funding model that recognises the need for capacity funding, community transport will not be sustainable.

Any funding for a capital-intensive service, like transport, must include funding (block or capacity) to support the service stability and ensure service availability for vulnerable people within our community. Financial stability for services that provide low touch, early intervention, social and preventative health transport, is imperative to the quality of life and overall wellbeing of a community.

There is work to be done.

The current CHSP funding approach does not correlate price and cost, nor does it recognise the social impact of the activity. Transport is measured in a static output, as 'a trip'. Funding has not maintained parity with cost increases and feels largely 'set and forget', with providers left cost shifting to balance community need. Currently, the grant does not adequately fund the contracted requirement, leaving the industry under duress. An unviable and harsh outcome.

Community Transport client Dorothy (94 years of age, Wyee)

explains the impact subsidised and supported transport has had on her life:

"I am 94 years and have little sight and can no longer drive. I am picked up every fortnight for an appointment at Budgewoi. The Community Transport drivers are very courteous and helpful making sure I have my seat belt on and helping me in and out of the car. They are very friendly and I do enjoy talking to them. As I live by myself this social activity, it is very important to my health. The service gives me a little independence and allows me to still live in my own home. Without this service I would be living a very isolated and lonely life."

Recommendations:

We assert that the Commonwealth Home Support Program should remain a distinct Program. And that the Commonwealth Government:

- *Develop a new CHSP funding model that reflects the broader role of Community Transport as an early intervention and preventative health service and is delivered in a way that supports provider readiness for service delivery*
- *Develop a new CHSP pricing approach that correlates cost and price, is able to be reviewed with transparent practices and recognises flexibility, financial hardship, and does not leave providers out of pocket.*

Section 4: Other Considerations in the transition of the Commonwealth Home Support Program to the Support at Home Program

One of the stated goals of moving to a single aged care system is **efficiency and cost savings**. It is imperative that the Government undertake the relevant fiscal analysis to determine the cost of transitioning CHSP to the Support at Home Program. Including modelling of per-participant costs, aggregate budget exposure, and downstream health system impacts. The CHSP is an efficient approach to delivering service at scale: In 2018/19, CHSP transport was the third highest requested service nationally yet ranked 7th in the amount of funding received. The assertion that the Support at Home will deliver greater fiscal efficiencies must be tested before the CHSP program is dismantled.

Finally, and potentially most costly for older Australians, their quality of life and the health of our communities is the **elimination of social capital and relational care.**

The Support at Home Program design promotes a **commercial and transactional approach to care**. The result is cherry picking of services. As in any commercial market, the easier the service, the greater the margin with less risk. The Support at Home Program prescribes an environment where billable hours and minutes of care are measured, tracked and invoiced against. This might be acceptable where a person's needs are clinical and they have been allocated a specific package of care, however, **this is system over burden when considering sporadic, early intervention, wellbeing or community connection services, like transport.**

Support at Home is clinical in its approach to assessment and service focus, while **CHSP is relational**, focused on independence, socialisation and connection. It promotes outcomes aligned to hopefulness and happiness, which have been linked with social determinants of Health. Relational care is perfectly positioned for leveraging stakeholder collaborations aimed at promoting healthy ageing initiatives. In this respect the CHSP offers opportunity.

CHSP services are intentionally local, relational and community embedded. They rely on trusted relationships between clients, staff, volunteers and local organisations. These relationships enable services to reach people who might otherwise disengage from formal systems, particularly older Australians who are socially isolated, culturally diverse, or experiencing transport insecurity.

Community Transport client Bobby (Spencer NSW) shares how community transport supports her independence regardless of distance.

"I have mobility issues and live semi-rural and we have no public transport; supermarkets will not deliver here. I do not drive and the community transport service allows me the independence of being able to shop for myself.

This is not just a shopping service for us; it is also a social outing. Where we live there is not really a social life. The bus allows us to catch up every fortnight." The derision of services like community transport shreds the social fabric of a community.

Despite its central role, social capital is not well captured in current funding, pricing or performance frameworks. A narrow focus on unit costs and outputs risks undervaluing the relational and preventative benefits of CHSP services and may unintentionally undermine the very community connections that make the program effective.

Recommendations:

We assert that the Commonwealth Home Support Program should remain a distinct Program. And that the Commonwealth Government:

- *Undertake the relevant fiscal analysis to determine the cost of transitioning CHSP to the Support at Home Program. Including modelling of per-participant costs, aggregate budget exposure, and downstream health system impacts.*
- *Recognise social capital as a legitimate and measurable form of public value, support place-based, community-led service models, and avoid funding approaches that prioritise scale over local connection.*
- *Invest in activities that build and maintain community trust, participation and partnerships.*

Conclusion:

Hornsby Ku-ring-gai and Central Coast Community Transport Service is a local provider of supported transport. We employ local people and respond to local need. We believe that this is important. We have been clear in our submission that we do not believe that amalgamating the CHSP into Support at Home is responsible, particularly if you believe in the importance of relational, community led support systems built upon social capital.

We believe that the CHSP is a valuable Program that needs attention but there are sufficient strengths to warrant re-visioning, innovating and re-structuring; not dismantling.

The ideal state is a seamless journey for older Australians, one where they can access the right support at the correct time without having to navigate two administrative systems. A Program that specifically targets early intervention and preventative aging but that is permeable across the two Programs and can support a person's transport need throughout their aging journey.

We are extremely grateful for the opportunity to share our perspective with the Committee. We are very proud of the service that we provide and the strength in the relationships we foster. We are proud that our clients were willing to share their words as a part of our Submission and we thank you for reading it.

We hope that you will consider our recommendations and we welcome the opportunity to provide greater clarification or answer any questions. We are a willing partner in reform and invested on behalf of our community of travellers.

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