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APNA submission to Senate Community Affairs Committee inquiry in to the Transition of the Commonwealth Home Support Program to the Support at Home Program

Executive Summary

The Australian Primary Health Care Nurses Association welcomes the opportunity to provide a submission to the Senate Community Affairs References Committee inquiry into *The Transition of the Commonwealth Home Support Program to the Support at Home Program*.

This transition represents a critical window for the aged care sector to move beyond basic compliance and toward a model that fundamentally uplifts workforce capability and safety.

Currently, provider readiness remains variable, particularly concerning the nursing and care workforce. While residential settings benefit to some degree from built-in clinical governance and peer support, the in-home care workforce faces significant professional and geographic isolation, and therefore a unique set of challenges. These can, in part, be mitigated by ensuring that providers clearly articulate to staff, participants, and their families/carers the scopes of practice of nursing staff and formalising clinical oversight.

The sector's readiness is further complicated by the demographic composition of its workers, with many migrant staff facing unique vulnerability that requires a robust standard of psychological safety. Professionalising this workforce requires the government to progress the national registration scheme, as part of the Royal Commission into Aged Care Quality and Safety recommendations, and mandate minimum qualifications. Furthermore, for nurses to safely delegate tasks to care partners, specific leadership and supervision training must be provided. Investing in mentorship programs and expanding programs such as Transition to Practice Programs can enable providers to address retention concerns. Ensuring provider readiness requires a shift toward a psychologically safe environment where all nurses are empowered to exercise their right to safe work practices, to provide a high-quality standard of care to participants.

To provide an attractive, sustainable career path and workplace environment for aged care nurses working under the Support at Home Program, APNA makes the following recommendations:

- **Recommendation 1:** Clearly articulated scope of practice
- **Recommendation 2:** Ensuring work health and safety:

- *Standardised safety training when entering a participant's home*
- *Appropriate home modifications and equipment to ensure the participant's home meets safety standards*
- *Standardised risk assessment templates*
- **Recommendation 3:** Ensuring psychological safety
- **Recommendation 4:** Workforce development
 - *Progressing the national worker registration scheme*
 - *Mandatory training for nurses with supervisory responsibilities*
 - *Routine audits to ensure compliance*
- **Recommendation 5:** Improving access to clinical and professional support

About APNA

The Australian Primary Health Care Nurses Association (APNA) is the peak professional body for the 100,000+ nurses working in Primary Health Care (PHC). PHC nurses are the largest group of health care professionals working in the primary health care sector.

APNA champions the role of PHC nurses to advance professional recognition, ensure workforce sustainability, nurture leadership in health, and optimise the role of nurses in patient-centred care.

APNA is bold, vibrant and future-focused. We reflect the views of our membership and the broader profession by bringing together nurses from across Australia to represent, advocate, promote and celebrate the achievements of nurses in primary health care.

Introduction

A critical challenge is the distinct professional environment of community-based care compared to residential settings. For example, community care nurses, including aged care nurses who provide in-home care, face significant isolation barriers, such as being frequently geographically isolated while performing home visits, and are more susceptible to professional isolation due to the lack of immediate peer networks (Terry et al., 2015). Further aspects and structural difficulties in this professional environment are discussed under each heading below.

Despite these challenges, the Residential Aged Care Facility (RACF) model benefits to some extent from the “team nursing” approach, which provides a clinical governance structure, in-house training, and more consistent peer support opportunities. The transition of the Commonwealth Home Support Program to the Support at Home Program represents an opportunity for aged care providers to critically review and reform the in-home care work environment and elevate the professional standing of the community nursing workforce.

Moving toward a more transparency and person-centred funding model will allow the sector to enhance the clinical care service category from a task-based service focus to a more targeted approach to clinical care that prioritises safety for both the participant and the health practitioner. The readiness for this shift, however, remains variable across the sector.

It is APNA's view that, in order for the Support at Home program to succeed, the current transition to the Support at Home Program is a critical moment to incentivise and shift beyond simple service delivery model and actively replicate these professional support mechanisms within the in-home care model.

A recent survey of 4,425 older Australians, undertaken by National Seniors Australia, showed that:

older Australians consider aged care workers to be valuable contributors to society. Accordingly, the majority want to see workers' situation improve in terms of pay, conditions, career development, professionalisation, and public esteem – both for workers' own benefit and for the benefit of their clients.

(National Seniors Australia, 2025)

To provide an attractive, sustainable career path and workplace environment for aged care nurses working under the Support at Home Program, APNA makes a number of recommendations as set out below.

The in-home aged care nursing workforce

Nurses are the most trusted profession in Australia (Roy Morgan, 2021) and primary health care nurses providing in-home aged care are highly experienced and qualified, with two-thirds having over 10 years' experience in nursing (APNA, 2024). Results from APNA's annual *Workforce Survey* show that nurses who provide in-home aged care are also more likely to want to remain working in primary health care for the next 5 years (83%), compared to residential aged care nurses (73%) and other primary health nurses (65%) (APNA, 2024), which suggests that workforce retention may be less of a concern than for other nursing settings (APNA, 2024).

The *2023 Aged Care Provider Workforce Survey Report* noted that the direct care workers under the Commonwealth Home Support Programme comprised "an estimated 49 nurse practitioners, 4,100 registered nurses, 1,200 enrolled nurses, 50,000 personal care workers and 7,800 allied health professionals and assistants" and "For nursing staff in CHSP, 24% were employed in permanent full-time positions, 54% were employed in permanent part-time positions and 19% were employed in casual/fixed-term positions. The remaining 3% were

employed via an agency/labour hire or subcontractor" (Australian Institute of Health and Welfare, 2024).

Half of nurses who provide in-home aged care report regularly performing complex care (46.5%), alongside care planning (62%), wound care (65%) and medication management, administration and review (51%) (APNA, 2024).

Recommendation 1: Clearly articulated scope of practice

Clearly defined roles are a fundamental component of the Clinical Governance Standard (Standard 5) of the *Strengthened Quality Standards*, which requires providers to ensure a clinical governance framework is implemented and monitored, to deliver safe and quality care:

5.1.3 The provider implements processes to ensure aged care workers providing clinical care services are qualified, competent and work within their defined scope of practice or role.

5.1.4 The provider and health professionals agree on their respective roles, responsibilities and protocols for providing quality clinical care services.

(Aged Care Quality and Safety Commission, 2025)

Providers must clearly articulate the nursing scope of practice to all staff (including non-clinical staff), participants, and their families/carers. This is essential to ensure that nurses, particularly those working in isolation without immediate peer oversight, are not pressured into performing clinical tasks that sit outside their professional competency or their defined responsibilities.

Recommendation 2: Ensuring work health and safety

Aged care nurses who provide in-home support are considered to be remote or isolated workers, thereby facing additional physical and psychosocial hazards risks exacerbated by poor access to assistance (Safe Work Australia, 2022). For example, working in isolation may result in limited or no assistance to help with challenging tasks, alerting the worker to hazards, assisting with dangerous situations, or having a second opinion about how to safely do a task. However, in a number of key respects, current arrangements for aged care nurses do not adequately meet existing work health and safety standards.

Standardised safety training when entering a participant's home

Employers have a positive duty to manage the risks of remote and isolated work, including implementing measures to eliminate or minimise risks (Safe Work Australia, 2023).

Standardised work safety measures and training should therefore be mandatory for all clinicians whose work involves entering a participant's home. This training must extend beyond basic safety and include specific modules on navigating interpersonal conflict, de-escalation techniques, and clear, uniform procedures for staff to follow when they feel unsafe or encounter a dangerous situation. Standardising this training ensures a baseline of safety across the sector, regardless of provider size.

Appropriate home modifications and equipment to ensure the participant's home meets safety standards

Providers must be incentivised to proactively support participants in seeking and utilising funding for appropriate home modifications and equipment where there is an existing safety hazard. The Support at Home Assistive Technology and Home Modifications (AT-HM) Scheme should be leveraged to ensure the workplace (the participant's home) meets safety standards (Department of Health, Disability and Ageing, 2025). For example, installing hoists, non-slip flooring, or regulatory compliant ramps is not only a matter of participant dignity but also a critical work health and safety requirement to prevent manual handling injuries and maintain a safe environment for the nursing workforce.

Standardised risk assessment templates

When a participant receives any form of nursing clinical care, a comprehensive standardised risk assessment template should be completed by a Registered Nurse (RN), irrespective of the level of care provided. RNs possess the clinical expertise required to identify complex environmental and health hazards specific to nursing-related tasks and activities that may be overlooked by non-clinical or non-nursing assessors. Such assessments must be reviewed periodically to identify new hazards and implement mitigation strategies, aligning with the Aged Care Quality and Safety Commission's requirement for increased RN involvement in care planning (Aged Care Quality and Safety Commission, 2025).

Recommendation 3: Ensuring psychological safety

Providers must proactively foster a psychologically safe environment where staff are empowered to raise safety concerns, such as feeling at risk when visiting a participant's home, without fear of reprisal. Under the *Work Health and Safety Act 2011*, a worker has a right to cease, or refuse to carry out, any work where there is a reasonable concern of serious risk to the worker's health or safety (Comcare, 2020). Staff must be made aware of and be encouraged to exercise these rights in the workplace, and for the providers to address reported hazards immediately.

Psychological safety is particularly important given that approximately 40% of the aged care workforce consists of migrant workers (Department of Health and Aged Care, 2024; Australian Bureau of Statistics, 2022), many of whom are on temporary employer-sponsored visas (United Workers Union, n.d.), which can create a power imbalance that leaves them vulnerable to exploitation or pressured to ignore safety risks to maintain their residency status. Under the *Fair Work Act 2009*, providers have a legal and ethical duty to ensure that cultural diversity and visa status do not become barriers to exercising work health and safety protections (Fair Work Ombudsman, n.d.). Providing psychologically safe reporting channels are therefore essential to protecting the aged care workforce.

Recommendation 4: Workforce development

Supporting the workforce will improve older people's experience of in-home aged care. Ninety-one percent of surveyed older people rated relevant training for aged care workers prior to commencing in the job as 'very important', and that aged care workers receiving support for further training on the job was also considered important by over 98% of respondents, 77% of whom felt it was 'very important' (National Seniors Australia, 2025).

Progressing the national worker registration scheme

The current Support at Home Program Manual (2025) indicates that "care partners" are not required to hold qualifications or professional registrations. However, when the work directly impacts the health, dignity, and safety of older Australians, a Certificate III in Individual Support (Ageing) should be the baseline requirement. To ensure both participant and worker safety, the Government should progress the National Aged Care Worker Registration Scheme and to include mandatory minimum qualifications for all personal care workers to align with the recommendations from the Royal Commission into Aged Care Quality and Safety (Office of the Inspector-General of Aged Care, 2025).

Mandatory training for nurses with supervisory responsibilities

Where clinical support services are supervised rather than delivered directly, RNs and Enrolled Nurses should receive formal training in supervision and delegation. The Nursing and Midwifery Board of Australia (NMBA) requires that delegation be a purposeful process, yet nurses working in community settings may not be formally equipped with the leadership training specific to supervising remote care partners.

Routine audits to ensure compliance

Routine auditing procedures for providers should include spot checks in training records, supervision structures, and the actual implementation of risk assessments to ensure that provider readiness translates to frontline safety.

Recommendation 5: Improving access to clinical and professional support

The professional isolation of community-based nurses should be addressed through the creation of formalised avenues for clinical supervision, mentoring, and networking. Unlike their counterparts in residential facilities, community-based nurses often work independently with limited access to peer informal or formal peer support. It is recommended that Transition to Practice Programs (TPP) (Australian Primary Health Care Nurses Association, 2021) be expanded and focussed specifically for in-home care providers. Creating a specific TPP for the home care sector would provide newly transitioned nurses with the mentorship and evidence-based education framework necessary to build clinical confidence when working in isolated environment, while enabling more experienced nurses to maintain a professional network with peers.

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