



Submission to the Senate Inquiry into the Transition from the Commonwealth Home Support Programme (CHSP) to Support at Home

Introduction

The Community Transport Company welcomes the opportunity to make this submission to the Senate Inquiry into the Transition from the Commonwealth Home Support Programme to Support at Home and supports the Australian Government's commitment to improving the aged care system through reform. This submission will reserve comment for transport in particular as part of CHSP aged care service delivery.

The Community Transport Company is a not-for-profit transport provider operating across the top 500 kilometres of the New South Wales north coast. The organisation delivers over 160,000 passenger trips each year supported by a workforce that includes more than 200 volunteers. With approximately 15,000 registered clients, The Community Transport Company provides, compliance-intensive accessible, assisted transport services that enable access to health care, essential services and social connection, and brings direct, practical experience of service delivery in regional and thin-market environments to this submission.

We make this submission in full reference to the Royal Commission into Aged Care Quality and Safety. We acknowledge and support the intent of the Royal Commission which called for an aged care system that is safer, fairer, more transparent and more strongly focused on enabling older Australians to live independently, with dignity, and as active participants in their communities for as long as possible.

This submission does not argue against reform. Rather, it seeks to ensure that the transition from the Commonwealth Home Support Programme (CHSP) to Support at Home does not unintentionally undermine the very outcomes the Royal Commission sought to achieve.

The Intent of the Royal Commission and the Role of Enabling Services

The Royal Commission made clear that a high-functioning aged care system depends not only on individualised care packages, but on strong enabling services that prevent decline, reduce isolation, and allow people to participate in everyday life. The Commission consistently emphasised early intervention, prevention and reablement, and warned against systems that respond only once people have already deteriorated.

The Commission did not envisage reform as a simple transfer of all supports into individual funding models. It recognised that some services function as system foundations and must exist before individual need arises if choice and control are to be meaningful in practice.

Community transport funded through CHSP is one of those foundational services.

Thin Markets, Selective Service Provision and Increased Isolation

When transport is funded solely through individualised packages, market behaviour shifts in predictable ways. Providers are incentivised to prioritise short, simple, high-volume trips and to avoid longer-distance, lower-volume or higher-complexity journeys. Services in rural, regional, and outer-urban areas become less viable, and clients with mobility, cognitive or social complexity are deprioritised over more 'profitable' individuals.

This leads to selective service provision rather than universal access. For people living in thin markets, the result is reduced availability, longer wait times or outright refusal of service. The human consequence is increased isolation, withdrawal from community life and declining wellbeing. These outcomes directly contradict the Royal Commission's findings on dignity, social connection and the importance of participation in healthy ageing.

Rationing Transport and Equity Concerns

Where transport is funded through capped individual allocations, rationing becomes inevitable. People are forced to limit trips, prioritise only the most critical appointments and make impossible choices between essential activities such as medical care, food shopping and social connection.

This is fundamentally inequitable.

In Australia, transport is treated as a public good. The broader community has access to publicly subsidised transport systems that are not rationed or capped based on individual need. People are not limited to a fixed number of bus or train trips per month. We recognise that participation in society depends on the ability to move.

It is therefore inconsistent and unjust to create a system that leads to rationing of transport for older people simply because they are in the aged care system. Access to transport should not diminish as people age or become more vulnerable. On the contrary, the need for transport often increases. Appropriately subsidised transport for people receiving aged care support should be unlimited, just as it is for the rest of the community. Preserving aged care transport as a CHSP service allows this to occur, as opposed to limited transport under the individualised package system.

Transport Is an Asset-Heavy, Capacity-Based Service

Community transport cannot be treated as a simple, on-demand support that can be switched on or off at the individual level. It is an asset-heavy, capacity-based service. The majority of costs are incurred before a single trip is delivered.

Providers must maintain accredited vehicle fleets, including wheelchair-accessible vehicles; recruit, train and screen drivers; operate safety, insurance and accreditation systems; and maintain allocation, scheduling and dispatch infrastructure. These costs exist regardless of daily fluctuations in demand.

CHSP block funding performs a critical system function by underwriting this standing capacity. It ensures that transport services exist before older people need them. Once that base funding is removed, capacity is lost and cannot be quickly or cheaply rebuilt. Individualised funding models assume capacity already exists; in reality, once it disappears, it does not return.

The Royal Commission cautioned against reforms that assume markets will self-correct. Applying an individualised funding model to an asset-heavy service like community transport risks exactly that failure.

System-Level Impacts and Cost Shifting

The loss of accessible transport does not remove demand; it displaces it. Missed appointments, deteriorating health and increasing isolation lead to higher use of hospitals, emergency departments and residential aged care. Costs are shifted to other parts of the system, directly undermining the Royal Commission's findings on sustainability and value for public investment.

CHSP-funded transport prevents these downstream costs by enabling early intervention, social participation and continued independence.

Conclusion

The Royal Commission into Aged Care Quality and Safety called for an aged care system that is preventative, equitable, transparent and capable of supporting older Australians to live independently, with dignity, and as full participants in their communities.

Transport is fundamental to achieving those outcomes. It is not an optional add-on, nor a discretionary support to be rationed once other services are funded. In Australia, access to transport is treated as a public good. Older Australians should not lose that entitlement simply because they enter the aged care system.

Transitioning community transport out of the Commonwealth Home Support Programme and into individualised Support at Home funding risks delaying early intervention, entrenching inequity, encouraging selective service provision, increasing isolation, reducing price transparency and shifting costs to other parts of the health and aged care system. These outcomes are inconsistent with both the intent of the Royal Commission and Australian values of fairness and universal access.

CHSP-funded community transport operates as essential social infrastructure. Preserving this foundation is not resistance to reform; it is necessary to ensure reform succeeds.

Recommendations

To give full effect to the intent and findings of the Royal Commission into Aged Care Quality and Safety, The Community Transport Company Ltd recommends that the Australian Government:

- Retain community transport as a distinct, block-funded component of the Commonwealth Home Support Programme, operating alongside Support at Home rather than being absorbed into individualised funding.
- Recognise access to transport as an essential enabling service and an equity issue, rather than a discretionary or rationed support within aged care which should be treated consistently with the broader community's access to publicly subsidised transport.
- Acknowledge the asset-heavy, capacity-based nature of community transport, and the need for system-level funding to maintain vehicles, workforce, compliance, and dispatch infrastructure.

- Protect against thin markets, selective service provision and service withdrawal, particularly in regional, outer-urban and disadvantaged communities.
- Maintain transparent, publicly accountable pricing structures for aged care transport to reduce the risk of price inflation and ensure value for public investment.
- Align aged care transport policy explicitly with the intent of the Royal Commission, particularly its emphasis on prevention, equity, social connection and system stewardship.

Availability to Assist the Committee

The Community Transport Company would welcome the opportunity to appear before the Committee if requested. We would be pleased to provide practical evidence from service delivery, including experience in regional and thin-market environments, and insights drawn from the lived experience of older Australians who rely on accessible transport to remain independent and connected to their communities.

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