21 July 2026

Att: The Senate Community Affairs References Committee
Re: Joint Submission to the Senate Inquiry into the Support at Home Program

Joint Submission by Aged Care Justice and Aged Care Reform Now

Executive Summary

Aged Care Justice (ACJ) and Aged Care Reform Now (ACRN) welcome the opportunity to make this joint submission to the Senate Inquiry into the implementation of the Support at Home program. This submission draws on complaints and enquiries received by ACJ, lived experience shared through ACRN, and specialist input from aged care clinicians.

ACJ and ACRN recognise the importance of ensuring Australia's in-home aged care system is financially sustainable while continuing to provide equitable access to essential care and support. However, complaints and lived experience received by our organisations indicate that aspects of the Support at Home program are preventing some older Australians from accessing safe, timely and appropriate care. Recurring concerns across multiple jurisdictions include delays in accessing services, workforce shortages, rising consumer costs, pricing transparency, transition challenges and barriers for people living with dementia. De-identified consumer case studies are included throughout to illustrate the practical impact.

This submission makes targeted recommendations to improve access to affordable care, strengthen pricing transparency and workforce capability, and recognise the need for specialised dementia care to improve the wellbeing of older Australians and support them to remain living safely, independently and with dignity at home.

About Aged Care Justice and Aged Care Reform Now

Aged Care Justice is a national charity and specialist legal service assisting older Australians and their families to resolve disputes with aged care providers. We provide free initial legal support, education and referral services, while advocating for law reform across the aged care sector.

Aged Care Reform Now is a grassroots community of older people, families, friends, and current and retired aged care workers advocating for meaningful aged care reform. We engage in the reform process with government, undertake media and advocacy, collaborate with like-minded stakeholders, and consult with and mobilise our members to ensure the voices of people interacting with the aged care system are heard.

Evidence Base

This submission draws upon:
• de-identified complaints and enquiries received by ACJ;
• lived experience shared by ACRN members;
• consultation with consumers, carers and advocates;
• relevant legislation and policy; and
• expert observations from registered nurses and trained palliative care and dementia trained specialists whose evidence has been integrated throughout the submission

Complaint trends identified by ACJ include repeated concerns regarding access to home care, delays in package implementation, contract uncertainty, increasing fees, transition to the new program, inadequate dementia capability, provider workforce shortages and barriers to resolving disputes. These recurring themes provide important context for the Committee's consideration of the Terms of Reference.

Approach to this Submission

This submission responds directly to the Committee's Terms of Reference. Rather than presenting complaint data separately, de-identified consumer examples are woven throughout the relevant sections to demonstrate the practical impact of policy settings. Professional insights are provided by Jennifer Puxley, a trained dementia specialist and diversional therapist currently delivering Support at Home services, whose practical expertise has helped inform recommendations relating to dementia care, workforce capability, wellness and reablement.

Response to the Terms of Reference

1. The ability for older Australians to access services to live safely and with dignity at home

ACJ and ACRN support the objective of enabling older Australians to remain safely at home for longer. However, complaints received by ACJ indicate that implementation challenges are preventing many older people from accessing timely, appropriate and person-centred supports. Recurring themes include delays in commencing services, workforce shortages, provider capacity constraints, inconsistent assessments and limited access to workers with dementia expertise.

Jennifer Puxley, a trained dementia specialist and diversional therapist, observes that while the Clinical Supports framework refers to maintaining functional and cognitive capability, it does not expressly recognise dementia-specific clinicians. Jennifer advises this creates a gap for people whose primary needs relate to cognitive decline rather than physical impairment. This is inconsistent with the Royal Commission into Aged Care Quality and Safety's recommendation that dementia education be mandatory across the aged care sector and highlights the importance of recognising specialist dementia expertise within the Support at Home framework.

Projected workforce impacts associated with artificial intelligence are unlikely to reduce demand within the care sector, where workforce needs are expected to continue increasing, particularly for workers with specialised skills in areas such as dementia and palliative care. Given workforce attrition is currently estimated at approximately 28% per annum, an urgent national workforce strategy is required to meet both existing Support at Home demand and future growth. This should include coordinated workforce planning, education, training and a nationally consistent registration framework.

Consumer example: Elizabeth Barton, a founding member of Aged Care Reform Now (ACRN) and a member of Aged Care Justice's Committee, applied for Support at Home services on behalf of her husband in September 2025. By June 2026, despite contacting multiple approved Support at Home providers, they had been unable to secure an appropriate provider. They were repeatedly advised that providers were at capacity and did not have the appropriately trained workforce to meet his care needs. He continues to live at home without the services for which he has been assessed.

Consumer Example: ACJ and ACRN has also received concerns regarding the operation of the Integrated Assessment Tool (IAT), including allegations that assessment outcomes do not always reflect an older person's increasing care needs. Concerns have also been raised regarding the accuracy of assessment data and the availability of timely review where assessment outcomes affect access to appropriate care levels. The recent introduction of a data correction process is welcomed; however, it does not provide a mechanism for clinical review of disputed assessment outcomes.

Recommendation 1: Improve access to timely and appropriate Support at Home services by addressing provider capacity, workforce shortages and dementia capability.

Recommendation 2: Establish a timely and independent review mechanism for Integrated Assessment Tool (IAT) decisions where assessment outcomes may significantly affect access to appropriate care.

2. The impact of co-payment contributions for independent services and everyday living services

We are concerned that co-contributions may reduce access to supports that are fundamental to remaining safely at home. ACJ and ACRN complaints indicate that consumers are increasingly questioning whether they can afford shopping assistance, gardening, cleaning and meal preparation despite these services directly contributing to health, nutrition, safety and independence.

Consumer example: One complainant reported a substantial increase in fees for essential home care services following changes to their care arrangements. Another raised concerns about new provider surcharges for third-party supports and allied health services that had previously formed part of their home care package without additional costs. The introduction of new charges and the loss of established supports caused significant financial uncertainty and stress for the family.

We are concerned that charging co-contributions for services such as shopping and meal preparation may undermine the principles of wellness and reablement, particularly for people living with dementia who rely on these supports to maintain nutrition, routine and independence.

Recommendation 3: Review the categorisation and funding of everyday living and independence services to ensure supports that are essential to maintaining health, nutrition, safety and independent living, particularly for people living with dementia, receive a higher level of government funding. This would better align the Support at Home program with its stated principles of wellness and reablement and reduce financial barriers to accessing essential services.

3. Trends and impact of pricing mechanisms on consumers

Pricing transparency emerged as one of the most consistent themes in ACJ's home care complaints. Consumers reported difficulty understanding provider pricing, administration charges and significant fee increases after changing providers. These experiences undermine confidence in the market and reduce genuine consumer choice.

Consumer example: A family reported provider fees increasing from approximately $7,500 to more than $18,500 after changing home care providers and questioned charges for gardening and the lack of timely financial statements.

Consumer example: Other complainants raised concerns about losing unspent funds during provider transitions, unexpected administrative charges and uncertainty regarding service agreement terms. While individual complaints require investigation on their merits, collectively they suggest a need for greater transparency, consistency and consumer understanding of pricing under the new program.

Recommendation 4: Strengthen pricing transparency through standardised fee disclosure, consistent invoicing requirements and enhanced regulatory oversight to ensure provider charges are reasonable, transparent and easily understood by consumers.

4. The adequacy of the financial hardship assistance for older Australians facing financial difficulty

ACJ and ACRN is concerned that the financial hardship process is unnecessarily complex for many older Australians. ACRN has spoken to consumers who have described extensive application requirements, significant documentary burdens and uncertainty regarding eligibility. A simplified, trauma-informed process would better support vulnerable consumers.

Recommendation 5: Simplify the hardship application process and provide practical and trauma-informed assistance to applicants.

5. The impact on the residential aged care system and hospitals

Complaints received by ACJ and ACRN suggest that inadequate access to appropriate home care can contribute to avoidable hospital presentations, delayed discharge and premature admission to residential aged care. Jennifer Puxley, a trained dementia specialist and diversional therapist, observes that improved access to dementia-specific expertise in the community could reduce behavioural crises, support carers and assist people to remain at home for longer.

Recommendation 6: Strengthen access and workforce capability, particularly in relation to dementia capability, and monitor the downstream impacts on hospitals and residential aged care.

6. The impact on older Australians transitioning from the Home Care Packages Program

Consumers have reported significant uncertainty during the transition from the Home Care Packages Program to the Support at Home program. Complaints received by ACJ identify concerns regarding new service agreements, inadequate consultation, loss of unspent funds, changes to service inclusions and limited time to understand, negotiate, and sign new contractual arrangements.

Consumer example: One consumer reported losing access to more than $66,000 in unspent Home Care Package funds after changing providers during the transition period. Although extensions had reportedly been granted while she sought a new provider, she alleged these were not honoured, leaving her unable to access funds that had accumulated to support her ongoing care.

Consumer example: Another consumer raised concerns about a new Support at Home service agreement that required signing within a short timeframe and stated she was informed that services would cease if the agreement was not signed. The consumer alleged the agreement was a standard form contract that did not specify the individual services to be provided, nor the consumer's name, and she was informed that the terms were not open to negotiation.

Consumer example: A further complainant reported being transitioned from a Level 3 Home Care Package to the Support at Home program without their consent and given only two weeks to sign a new contract. The consumer also raised concerns about limited provider engagement and difficulties obtaining assistance to resolve the matter.

Recommendation 7: While the transition to the Support at Home program has now occurred, a retrospective review should be undertaken of transition-related complaints to identify systemic issues and inform future aged care reforms. The transition also highlighted the need for a dedicated, government-funded legal assistance to support older and vulnerable Australians to understand their rights and navigate significant financial and legal decisions that have lasting implications for their independence, care and wellbeing.

7. Thin markets including those affected by geographic remoteness and population size

Evidence received by ACJ and ACRN indicates that thin markets are not confined to regional Australia. Consumers in metropolitan areas also report providers declining services due to workforce shortages, resulting in interrupted care and, in some cases, premature residential admission.

Consumer example: An older woman living on the metropolitan fringe of Melbourne, who required daily assistance with mobility and transfers in and out of bed, experienced a gap in essential services when her provider ceased care shortly before Christmas and her replacement provider did not commence until 2 January. During this period, the family's previous support workers were reportedly instructed not to continue assisting her. Without the care she required to remain safely at home, her condition deteriorated and she entered residential aged care earlier than planned. This case demonstrates how workforce shortages and service gaps in thin markets can undermine the objective of supporting older Australians to remain living safely and independently at home for longer.

Recommendation 8: Strengthen provider capacity and workforce capability in thin markets and implement broader reforms to address workforce shortages affecting older Australians across the home care sector.

8. The impact on First Nations communities, and culturally and linguistically diverse communities

ACJ and ACRN are concerned that language barriers, cultural considerations and limited access to advocacy may make it more difficult for some older Australians to understand contracts, exercise their rights and challenge decisions. These barriers may be compounded for people living with dementia.

Recommendation 9: Expand the assessment of thin markets beyond geographic remoteness to include areas where there is insufficient access to culturally appropriate, language-specific and dementia-informed services, ensuring all older Australians have equitable access to aged care supports.

9. Other related matters

ACJ supports further consideration of mandatory dementia capability across the aged care workforce, greater recognition of specialist dementia qualifications, improved transparency of algorithmic decision-making and continued review of assistive technology arrangements.

Recommendation 10: Strengthen workforce capability requirements by implementing mandatory dementia education across the aged care sector, consistent with the recommendations of the Royal Commission into Aged Care Quality and Safety, and recognise specialist dementia expertise within the Support at Home framework.

Conclusion

ACJ and ACRN acknowledge the significant work undertaken to reform and modernise Australia's in-home aged care system through the Support at Home program. However, the complaints and evidence received by our organisations demonstrate that aspects of the program's design and implementation require refinement to ensure the reforms deliver on the principles of dignity, choice, independence and equitable access reflected in the Aged Care Act 2024. We offer these recommendations to the Committee for its consideration.

Consolidated Recommendations

1. Improve access to timely and appropriate Support at Home services by addressing provider capacity, workforce shortages and dementia capability.
2. Establish an independent review mechanism for disputed Integrated Assessment Tool (IAT) decisions.
3. Review the funding of essential everyday living and independence services, particularly for people living with dementia.
4. Strengthen pricing transparency and oversight of provider charging.
5. Simplify the financial hardship application process.
6. Undertake a retrospective review of the transition to the Support at Home program.
7. Establish a dedicated, government-funded legal assistance service for older Australians navigating significant financial and legal decisions.
8. Strengthen provider capacity and workforce capability in thin markets.
9. Assess and address gaps in access to culturally appropriate, language-specific and dementia-informed services.
10. Implement mandatory dementia education across the aged care sector and recognise specialist dementia expertise within the Support at Home framework.

To learn more about the organisations that developed this submission, please visit Aged Care Justice and Aged Care Reform Now. If you would like more information on this submission please contact Aged Care Justice CEO, Anna Willis: email annawillis@agedcarejustice.org.au, or call 0417 234 415.