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Australian Community Transport Association

ACTA submission to the Senate Inquiry into the Support at Home Program

About ACTA

The Australian Community Transport Association (ACTA) is the national peak body representing community transport providers across Australia. Established in 2011, ACTA unites organisations from every state and territory, QLD, NSW, TAS, SA, VIC, ACT, NT, and WA; giving the sector a strong, coordinated national voice. As a not-for-profit company limited by guarantee, ACTA is dedicated to advancing equitable, sustainable, and accessible community transport services nationwide.

ACTA has a proven track record of leading large-scale, complex sector reform and cutting-edge projects. As the key architect behind the development and national trial of the National Community Transport Pricing Model (NCTPM), delivered in partnership with the Department of Health, Disability and Ageing, the University of South Australia – UniSA (To the present, the
University of Adelaide), and 31 pilot organisations, ACTA has demonstrated capability in sector-wide engagement, governance, and system change.

ACTA's proposed recommendations

1. Adopt the National Community Transport Pricing Model (NCTPM) as the basis for a nationally consistent pricing framework for community transport delivered under Support at Home. A nationally consistent pricing approach would improve transparency, reduce pricing variation between associated providers and primary providers, and provide greater certainty for participants and taxpayers.
2. Retain community transport under block funding arrangements, recognising transport as an essential enabling service rather than a discretionary support service under aged care program arrangements. Block funding would ensure participants are not required to choose between essential living expenses and access to transport.
3. The Department of Health, Disability and Ageing, and the Australian Government to commit to genuine and in-depth, transparent co-design with peak provider and lived experience aged care organisations, including organisations representing Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse (CALD) communities and regional providers, to ensure future reforms reflect the diversity of Australia's ageing population. ACTA therefore recommends that the co-design process begin with the development of a clear framework that enables aged care providers and older Australians to engage effectively with all parties involved.

4. Improve the integrity and consistency of the Single Assessment Tool. For community transport aged care-funded services, assessments should be based on functional need and transport capability, rather than clinical diagnosis alone.
5. Review the associated provider provisions of the *Aged Care Act 2024* and develop a clear regulatory and operational framework that supports its implementation, reducing unnecessary administrative and legal overheads, and improving the efficiency of the associated provider model, while also minimising costs and complexity for providers so that avoidable compliance and administrative costs are not passed on to participants through higher service charges.

Introduction

The Support at Home Program has its origins in 2018, when the Royal Commission into Aged Care Quality and Safety was established in response to growing concerns about the quality, safety and sustainability of Australia's aged care system. In 2021, the Australian Government commenced its aged care reform agenda, culminating in the commencement of the Aged Care Act 2024 on 1 November 2025.

The Aged Care Act 2024 enabled the implementation of the Support at Home Program, replacing the Home Care Packages Program with a model intended to strengthen individual choice, person-centred care, empowerment and the rights of older people. Replacing Home Care Packages was necessary to realise the intent of the Act.

However, the reform has not yet delivered on that promise. Evidence from across the community transport sector indicates that the implementation of Support at Home has increased complexity, uncertainty and administrative burden, creating unintended barriers for older Australians, their families, carers and service providers. Rather than improving access and choice, the current model is limiting both. The plumbing of the Act is certainly undermining the poetry of the Act. Over the past six months, the Australian Community Transport Association (ACTA) has consulted extensively with community transport providers across Australia to monitor the impacts of the transition. This submission draws on that evidence and identifies five priority issues requiring urgent policy attention:

- The associated provider model,
- The increasing range of costs of aged care community transport services under Support at Home, and a consistent and transparent model,
- Community transport should remain block-funded regardless of program and aged care system reform,
- The disproportionate impacts on Aboriginal and Torres Strait Islander communities, diverse groups such as CALD and people living with dementia, full pensioners and regional older Australia, where the current funding, assessment and co-contribution

arrangements are creating unintended barriers to accessing culturally safe and appropriate care;
- The operation of the Single Assessment Tool and any future assessment tools, ensuring assessments consider functional needs, including mobility, independence and social connection, as well as involving professional and human judgment.

The key issues identified through ACTA's national member consultations are integrated throughout ACTA's responses to the individual paragraphs of the Terms of Reference below.

Responses to the Terms of Reference of the Senate Inquiry.

a) **the ability for older Australians to access services to live safely and with dignity at home;**

The Aged Care Act 2024 establishes a clear expectation that every older Australian is entitled to dignity, respect, connection, individuality and cultural safety. While these principles are embedded in legislation, **ACTA members do not believe they are being consistently realised through the implementation of the Support at Home Program.**

Rather than improving access to services, the current design of Support at Home is creating new barriers to participation. ACTA members report that older Australians are delaying or declining entry into the aged care system, withdrawing from services, or reducing their use of community transport because the system has become increasingly complex, less transparent and more expensive to navigate.

Mobility is a key safety enabler. Community Transport provides welfare checks, early intervention to health changes, getting to appointments and being able to attend a chemist for medications that prevent or reduce medical events. This significantly enhances a person's ability to live in the community as independently as possible, living a quality life.

Community transport provided by the not-for-profit sector has consistently demonstrated its ability to deliver safe, reliable transport, with a low risk of abuse or exploitation. This is particularly important for vulnerable people who may be unable to speak up for themselves, have memory loss, or are physically frail and unable to protect themselves or escape unsafe situations. The Royal Commission into Aged Care Quality and Safety and the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability both heard horrific examples of what can occur when these safeguards are absent in more commercial service models. **ACTA members continue to report instances where people's safety is severely compromised.**

For these reasons, community transport should remain block funded and outside individual care packages. **Additional layers of regulation will not improve outcomes and will only increase administrative costs, which are ultimately passed on to older Australians through higher participant contributions.**

Additionally, **a key contributor is the implementation of the associated provider model.** Under current arrangements, associated providers negotiate agreements with primary providers that are not subject to nationally prescribed pricing guidance. As a result, participants receive invoices that may combine transport costs with care management fees, administrative charges, contractual overheads and other coordination costs, making the true cost of community transport difficult to understand. Members consistently report that this lack of transparency has created a perception that community transport has become unaffordable, regardless of the underlying transport cost.

Older Australians are increasingly forced to choose between essential household expenses and the supports that enable them to remain connected to their communities. Community transport is often one of the first services to be reduced or forgone, despite being fundamental to accessing healthcare, shopping, volunteering and social participation.

ACTA considers that the current implementation of Support at Home is discouraging older Australians from accessing the very supports that are most likely to help them remain independent. For example, one ACTA member in Victoria has been required to execute more than 300 separate legal service agreements with older Australians, recipients of the community transport service, under the associated provider model, resulting in substantial legal and administrative costs that are ultimately borne by the sector and participants. **Unless the implementation of Support at Home is redesigned to remove the financial and administrative barriers that currently discourage access to these services, the Government risks undermining the very principles of dignity, independence, connection and ageing in place that underpin the Aged Care Act 2024.**

b) **the impact of the co-payment contributions for independent services and everyday living services on the financial security and wellbeing of older Australians;**

ACTA supports the principle that older Australians with the financial capacity to contribute towards their care should do so. However, the current co-payment framework under the Support at Home Program is producing unintended consequences. **Unlike clinical care, independence supports including community transport, meals, social support and other everyday living services require participant co-contributions.** These are the services that enable people to remain connected to their communities. Yet, **under the**

current funding model, they have become the first services many older Australians reduce or forgo because they are no longer affordable.

ACTA members consistently report that pensioners and older Australians on fixed incomes are being forced to choose between essential household expenses and the supports that enable them to continue living independently. This has been compounded by the associated provider model, where arrangements between primary and associated providers have increased pricing complexity and reduced transparency. Participants are often unable to distinguish the actual cost of community transport from care management fees, administration costs and contractual overheads, reinforcing the perception that these services have become unaffordable.

The impacts are also being experienced by Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse (CALD) communities, and older Australians living in rural and remote Australia. ACTA supports the findings of the **National Aboriginal and Torres Strait Islander Ageing and Aged Care Council (NATSIAACC) in its submission to this Senate Inquiry regarding the impact of participant co-contributions on Aboriginal and Torres Strait Islander Elders and Older People.** ACTA members report that participant contributions, combined with complex funding arrangements, are discouraging engagement with the aged care system, increasing social isolation and reducing access to healthcare and community participation.

These challenges are equally affecting older Australians living in rural, regional and remote Australia, where community transport is often the critical link to healthcare, allied health, shopping, volunteering and social participation. When transport becomes unaffordable or inaccessible, people are more likely to miss appointments, withdraw from community life and experience avoidable functional decline.

The current funding arrangements have effectively **priced the care that supports independence and participation in community life at the highest cost to older Australians**, sending a clear signal that connection is optional rather than fundamental to ageing well. In doing so, the system is discouraging people from accessing the very supports that are most likely to help them remain independent, connected to their communities and out of residential aged care. These services should never be treated as optional extras; they are **core system infrastructure**.

By discouraging access to preventative supports, the current co-payment framework undermines the objectives of the Aged Care Act 2024. Rather than supporting ageing in place, it encourages older Australians to disengage from services until their needs become more acute, increasing avoidable demand for hospitals, residential aged care and higher-

intensity services. **Waiting is not free. Decline is not free. Premature residential aged care is certainly not free.**

c) **trends and impact of pricing mechanisms on consumers;**

ACTA members report that the current pricing mechanisms under the Support at Home Program are creating greater complexity, reduced price transparency and increasing financial uncertainty for older Australians. **The combination of participant co-contributions and arrangements under the associated provider model means many consumers are unable to understand what they are paying for or why costs have increased.** This has created a perception that independence supports, particularly community transport, have become unaffordable, resulting in older Australians reducing or foregoing the very services that enable them to remain independent. There is little recognition that community transport prices have been artificially suppressed for decades through government contracting and block funding arrangements. As providers transition to charging the actual cost of delivering services, without incorporating a profit margin, an initial increase in prices is inevitable. This does not reflect increased provider profits, but rather the true cost of delivering safe, reliable and sustainable community transport services that have historically been underfunded.

ACTA considers that the **National Community Transport Pricing Model (NCTPM)** provides a practical solution by establishing a nationally consistent, transparent and evidence-based pricing framework for community transport across both primary and associated providers. The NCTPM would introduce standardised pricing principles, clearly define funding responsibilities, service inclusions and commercial arrangements, and establish consistent policy definitions across the sector. The 2025/26 **IHACPA Pricing Advice** for Support at Home complements this model and demonstrates that when real and live data is used, consistency in pricing is possible, as is fair indexation as costs increase. Aligning pricing policy with community transport's nationally agreed definitions and a consistent pricing methodology would improve transparency for consumers, provide greater certainty for providers, reduce price gouging and inefficiencies, unnecessary administrative costs, contractual overheads, and ensure funding arrangements better reflect the true cost of delivering aged care community transport services.

d) **the impact on older Australians transitioning from the Home Care Packages Program;**

ACTA members report that the Single Assessment Tool places a strong emphasis on clinical need, with insufficient recognition of functional capacity, independence and the preventative value of community-based supports. As older Australians transition from the Commonwealth Home Support Programme (CHSP) or Home Care Packages to Support at Home, providers are reporting that some participants are losing service types and service codes despite no improvement in their functional capacity or overall support needs.

In particular, ACTA members report that participants are, in some cases, losing access to social support and community transport service codes. While a person's clinical condition may remain unchanged, the removal of these preventative supports significantly increases the risk of social isolation, reduced community participation, missed medical and allied health appointments, functional decline and earlier entry into residential aged care. These services are essential to maintaining independence, supporting reablement and enabling older Australians to remain connected to their communities.

Providers are increasingly required to request reassessments, or lodge appeals to restore these essential supports, creating unnecessary administrative burden, delays and uncertainty for participants. ACTA considers that assessments should adopt a more holistic approach that gives equal weight to functional needs, mobility, social connection and independence, rather than predominantly focusing on clinical need. **Assessment outcomes should recognise the preventative value of community transport, social support and other independence supports if the objectives of the Aged Care Act 2024 are to be realised.**

e) **any other related matters.**

ACTA considers that the current design of the Support at Home Program is weighted towards responding to clinical dependency rather than maintaining functional independence. Community transport is a functional support rather than a clinical intervention. **Eligibility should therefore be determined by a person's ability to participate safely in everyday life, not solely by clinical diagnosis.** ACTA members report that people living with dementia and those experiencing early functional decline are, in some cases, losing access to essential preventative supports despite continuing to require them.

These challenges are compounded by the current means-testing framework, which increases participant contributions as care needs increase. **Rather than encouraging early intervention, the system places greater financial pressure on people precisely when they become frailer and require additional support.** This creates a perverse incentive to delay accessing care until needs become acute, increasing avoidable demand on hospitals and residential aged care.

ACTA believes it is critical to focus on the functional capacity, preventative supports and social participation as core determinants of eligibility**. Assessment decisions should prioritise professional and human judgement, while funding arrangements should encourage early intervention rather than crisis-based care.**