Submission by the Australian Nursing and Midwifery Federation

Support at Home Program

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Australian Nursing & Midwifery Federation

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Introduction

1. The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 356,000 nurses, midwives and care-workers across the country.

2. Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

3. Our strong and growing membership and integrated role as both a trade union and professional organisation provides us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

4. Through our work with members, we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

5. The ANMF thanks the Community Affairs References Committee for the opportunity to provide feedback on the Support at Home Program.

Overview

6. The Australian Nursing and Midwifery Federation (ANMF) welcomes the opportunity to provide feedback on the Support at Home program. The program has an important role in enabling older people to remain in their homes for longer, with greater independence, safety and dignity, but its success will depend on whether it is funded, priced and regulated in a way that supports safe care, workforce sustainability and equitable access across all communities. [1]

7. The ANMF's perspective is shaped by the experience of nurses, midwives and care workers delivering home-based aged care in metropolitan, regional, rural and remote settings, as well as by a broader commitment to safe staffing, quality care, secure work and public accountability. Across these terms of reference, the ANMF's core concern is that the promise of home-based care will not be realised if the system relies on care that is underfunded, insecure employment, thin-market services, and the growing cost-shifting onto older people and their families. A further significant risk is the failure of government to listen and respond to the significant concerns raised by stakeholders, including the ANMF, about how the Support at Home Program is being implemented.

8. This submission therefore focuses on whether Support at Home can deliver genuine access to quality, safe and dignified care, financial fairness for older people, and a stable, skilled and properly protected workforce. In the view of the ANMF, these are not separate policy objectives but interdependent conditions for a home care system that is clinically safe, socially just and operationally sustainable.

9. The ANMF considers that the current direction of the Support at Home Program is not appropriate and is not working in practice. Members working in the sector report significant delays in older people being able to access assessment, followed by further delays in accessing care at home once approved. They also report an increased need for older people to enter residential aged care because care at home is not available when needed, and an increase in older people accessing transition care programs because of gaps and delays in Support at Home services. Members further report confusion about the phased rollout, difficulty understanding complex service agreements, challenges in providing services in a timely manner, surging consumer co-payments, oversubscription and under-delivery.

[1] Australian Government Department of Health and Aged Care, 'About the Support at Home program', 18 January 2026, available at https://www.health.gov.au/our-work/support-at-home/about.

Feedback on submission questions

Q1: Access to safe, dignified care at home

10. The ANMF welcomes the intent of the Support at Home program to streamline access and help older people remain at home, but the model is being implemented into a system already characterised by workforce shortages, high turnover, and thin or non-existent care and services in many regions which materially limit real-world access to timely, clinically appropriate services. Service availability, particularly outside metropolitan areas, must be treated as a core access issue, because older people cannot exercise meaningful choice where safe services are not available in the first instance. While reforms such as a single program structure, clearer assessment pathways and a defined service list are positive, they will not in themselves guarantee safe and dignified care if older people cannot reliably secure appropriately qualified nurses and care workers.

11. The ANMF has concerns with the service list where clinical and non-clinical care are separated in a way that does not reflect how care is delivered in the home. In home-based care, clinical oversight, personal care, risk identification, functional support and social support are often connected; separating them too rigidly can fragment care planning, weaken accountability and create avoidable barriers for older people. For example, while assisting an older person with showering, a worker may identify signs of infection, increasing frailty, reduced mobility or changes in skin integrity, prompting timely escalation and clinical review. Equally, a social support visit may identify early signs of cognitive decline, malnutrition or medication mismanagement. These critical observations arise through trusted relationships and routine interactions and cannot always be neatly categorised as either clinical or non-clinical care. A funding and service framework that fails to recognise this interconnectedness risks undermining proactive, person-centred care. Similarly, if providers respond to cost pressures by cutting time for care workers and nurses providing care, narrowing service scope, or withdrawing from higher-need areas, older people may experience poorer access to coordinated care and increased risk of preventable health deterioration.

12. Effective nursing coordination of consumer care is essential to the success of the Support at Home Program because it provides critical clinical oversight, care planning, risk identification and service integration to support safe, high-quality and person-centred care in the home setting. From the ANMF's perspective, the key test of Support at Home will be whether the program is explicitly priced, funded and regulated quality care based on safe staffing, secure employment and

multidisciplinary input, rather than relying on older people, unpaid carers and an already stretched workforce to absorb the risks and gaps.

13. The Support at Home policy and pricing must be explicitly benchmarked against the staffing, skill mix and travel time needed for safe in-home care, including minimum expectations for nursing input and multidisciplinary team-based care, clinical supervision, care coordination and service integration.

14. Recommendation 1: Mandated transparent public reporting of waiting times, service availability and workforce indicators by region, so that access can be assessed in practice rather than assumed in policy. There should be links to program evaluation to continuity, dignity and perceived safety, and include frontline workforce representation in governance and oversight arrangements.

15. Recommendations 2: The Federal government should explore direct public sector service provision, in partnership with states and territories, where market-based delivery cannot guarantee timely, safe and equitable access to Support at Home services. For example, public sector residential aged care services also continue to operate in many rural and regional communities where alternative providers may not be viable. These models demonstrate that government provision can act as an important safeguard where market incentives are insufficient to guarantee access.

Q2. Co-payments and financial wellbeing

16. The ANMF supports clinical care being fully funded under Support at Home because access to clinical care should not depend on a person's ability to pay. The ANMF is concerned that the co-payment framework for non-clinical care, including independence and everyday living services, will create significant financial stress and inequities, particularly for low-income renters, single older women, and people with limited savings.

17. The ANMF acknowledges and is supportive of the Australian Government's recent decision that, from 1 October 2026, personal care services under the Support at Home service list will move from the Independence contributions category to the Clinical Supports contribution category, meaning the Australian Government will fully fund approved personal care services where the participant has available Support at Home funds. This change responds to consumer and industry feedback and should improve access to affordable personal care in a timely manner[2].

[2]Australian Government Department of Health and Aged Care, 'Personal care contribution changes', June 2026, available at https://www.health.gov.au/support-at-home/personal-care-contributions.

18. The ANMF notes government communications that emphasise that participants will pay only for services received and that some people will not be worse off, but available guidance also confirms that contributions will vary according to income, assets and service mix, and may accumulate across supports such as personal care, transport, cleaning and social support. This change does not resolve the ANMF's broader concern that a user-pays approach can deter access to essential preventive and social supports. Members report that clients already decline cleaning, transport or social outings when package funds are exhausted or fees increase.

19. The ANMF opposes policy settings that increasingly shift the costs of aged care onto older people through higher co-contributions. Aged care is an essential health and human service and should be funded in a manner consistent with the principles of universal access that underpin Australia's health system. Increasing user co-contributions risks creating inequitable access to care and places a disproportionate financial burden on older Australians. The ANMF believes that governments should retain primary responsibility for funding aged care and supports sustainable, equitable approaches to revenue raising that do not undermine access to care[3].

20. The ANMF strongly cautions that even relatively modest co-payments can deter older people from accessing preventative, social, and independence-support services. Drawing on experience in residential aged care, the ANMF notes that relatively small activity fees can discourage participation in outings and group activities, reinforcing social withdrawal, loneliness, and depression, which may ultimately contribute to avoidable deterioration in health, increased carer strain, and greater demand for hospital and residential aged care services. The Australian Government has introduced the Higher Everyday Living Fee (HELF) to enable residents to purchase services that are "of a higher standard" or are not included in the residential care service list. While participation is voluntary and supported by consumer protections, the HELF model recognises that access to some services will depend on a resident's capacity and willingness to pay. The ANMF is concerned that a similar user-pays approach under Support at Home may discourage some older people from accessing lower-cost preventive and social supports, despite the important role these services play in maintaining independence, reducing isolation and preventing deterioration in health and wellbeing.

[3]My Aged Care, 'Support at Home costs and contributions', 23 August 2024, available at https://www.myagedcare.gov.au/support-at-home-costs-and-contributions.

21. Recommendation 3: The ANMF recommends greater transparency through the publication of an independent distributional impact analysis of co-payments by income, gender, housing tenure, and care profile, with findings used to review and adjust contribution thresholds and caps where necessary.

22. Recommendation 4: In addition, the ANMF supports expanding hardship provisions and fee-waiver mechanisms to ensure essential services that maintain independence are effectively free at the point of use for low-income participants, including through automatic protections wherever possible. Providers must publish comparable pricing information and prohibit care planning practices that reduce necessary care because a participant cannot afford the contribution. Government must protect full public funding for clinical care and prevent service definitions from shifting clinical work into co-payment categories.

Q3. Pricing mechanisms and consumer impact

23. The Support at Home pricing framework seeks to improve transparency through all-inclusive unit prices and annual pricing advice from the Independent Health and Aged Care Pricing Authority (IHACPA), but the early settings risk both cost creep and under-pricing of safe care. Pricing mechanisms must reflect the actual cost of care, particularly the workforce components required to deliver safe care. Providers continued to set their own prices during the transition period, and IHACPA has stated that its recommended prices are not themselves caps or benchmarks, creating room for providers to price near the upper range in some markets while still leaving service viability unresolved in rural, remote and complex-care contexts. The ANMF is particularly concerned that pricing settings may fail to fully capture the workforce needed for safe care, including travel, documentation, supervision and care coordination, and may therefore indirectly encourage insecure work and rushed care[4].

24. Recommendation 5: The ANMF recommends that Independent Health and Aged Care Pricing Authority (IHACPA) advice be used as the basis for binding price caps that reflect the full cost of delivering high-quality care, including staffing, travel time, documentation, supervision, and appropriate regional loadings. The ANMF also supports greater transparency through the publication of annual comparisons between provider prices, recommended prices, and actual service utilisation, enabling consumers, providers, and policymakers to identify instances of

[4]Independent Health and Aged Care Pricing Authority, Support at Home Pricing and Costing Advice 2026-27, 9 June 2026, available at https://www.ihacpa.gov.au/news/ihacpa-releases-support-home-pricing-and-costing-advice.

over-pricing and gaps in service delivery.

25. Recommendation 6: In addition, the ANMF recommends attaching workforce conditions to public funding to ensure that labour-cost components are translated into secure employment, fair wages, and manageable workloads for nurses and care workers, rather than contributing primarily to provider margins or outsourcing arrangements.

Q4. Financial hardship assistance

26. The ANMF recognises that a financial hardship framework exists for older people who cannot meet their aged care contributions, including those in the Support at Home program, but there are concerns that it is narrowly framed, administratively complex and likely to be under-used by those most in need. Current arrangements require a formal application and assessment process that can be difficult for older people with low literacy, cognitive impairment, limited digital access or unstable housing to navigate. If access to hardship assistance remains difficult, older people may reduce or cancel essential services before seeking help, while frontline staff are left trying to manage the consequences of under-servicing and financial distress.

27. Recommendation 7: The ANMF suggests that hardship arrangements should be strengthened by simplifying hardship application processes and requiring providers to proactively identify, contact, and support participants at risk of financial distress.

28. Recommendation 8: The ANMF also recommends expanding eligibility and automatic protections for groups at heightened risk of going without essential care, including low-income renters and people experiencing abuse or acute social vulnerability. In addition, the ANMF calls for greater transparency through public reporting of hardship applications and approvals by region and cohort, alongside mandatory referral pathways to ensure participants experiencing financial stress can access appropriate support and continue receiving essential care.

Q5. Impact on residential aged care and hospitals

29. Support at Home is being introduced into a system where hospitals and residential aged care services are already under sustained pressure, and its success cannot be assumed simply because it is designed to keep people at home for longer. The program's short-term pathways have potential to reduce avoidable hospital admissions and premature residential aged care entry, but only if they are adequately funded, readily available and integrated with local health and aged care systems. Otherwise, the program risks functioning as a pressure valve that shifts higher acuity into the community without the staffing, equipment and clinical backup needed to support safe care and effective transition management. The ANMF is concerned that Support at Home is failing in real time where consumers cannot access timely care and services, and urgent remediation is needed before these failures become normalised across hospitals, respite services and residential aged care.

30. Recommendation 9: The ANMF recommends that the impacts of the Support at Home program on delayed hospital discharge, hospital readmissions, crisis presentations, access to respite services, and entry into residential aged care be systematically modelled, monitored, and reported transparently. The ANMF also supports funding Restorative Care and End-of-Life pathways based on realistic nursing and allied health care requirements, including access to specialist clinical support where needed. In addition, the ANMF recommends the establishment and funding of formal nurse-led care coordination roles to strengthen integration and continuity of care across hospitals, Support at Home providers, respite services, and residential aged care services. Evidence from nurse-led care coordination models demonstrates that formal nurse-led roles can improve continuity of care, reduce fragmentation and support safer transitions between hospital, community and aged care services.[5][6] Older people receiving Support at Home frequently move between hospitals, community services, respite care and residential aged care, and dedicated nurse-led coordination roles can provide a single point of clinical accountability, support safe discharge planning, reduce avoidable readmissions, strengthen communication between providers and improve continuity of care across the aged care and health systems.

[5]Davis KM, et al, 'Nurse led care coordination: trial protocol and development of a best practice resource guide for a cluster controlled clinical trial in Australian aged care facilities', Collegian, 2013, available at https://pubmed.ncbi.nlm.nih.gov/23898599/.
[6]Gold Coast Hospital and Health Service, 'Care Coordination and Post-Acute Surgical Services: an integrated approach for complex surgical patients to improve healthcare delivery and outcomes', Clinical Excellence Queensland Showcase, 2023.

Q6. Transition from Home Care Packages

31. The ANMF is concerned that older people transitioning from the Home Care Packages Program to Support at Home will face significant complexity in understanding new service categories, contribution rules and provider arrangements, with a real risk of disruption to established care routines. Although government materials emphasise continuity and a no-worse-off intent for some groups, they also make clear that service agreements, budgets and pricing structures will change, and that participant experiences will vary depending on provider pricing, service mix and individual circumstances.

32. Without stronger safeguards, the ANMF is concerned that some people may lose flexibility, hours or continuity of support, while frontline staff absorb the administrative and relational burden of explaining changes and managing dissatisfaction. The ANMF is also concerned about the planned transition of the Commonwealth Home Support Program into Support at Home and does not support proceeding with that transition unless government can demonstrate that access, affordability, service availability and workforce protections will not be weakened [7].

33. Recommendation 10: The ANMF recommends undertaking an independent assessment of the transition from Home Care Packages (HCP) to the Support at Home program, including evaluation of changes to service hours, service mix, and participant out-of-pocket costs. The ANMF also supports measures to protect continuity of essential services during the transition, including prohibiting unilateral reductions in necessary supports without appropriate review processes and appeal rights. This should be adequately funded to support the significant transition workload associated with reviewing care plans, communicating program changes, and maintaining continuity of care for existing clients. The ANMF further supports retaining separate Commonwealth Home Support Programme (CHSP) funding and access arrangements until the government can demonstrate that the Support at Home program is stable, accessible, affordable, clinically safe, and capable of delivering low-level preventive support at scale.

[7]Australian Government Department of Health and Aged Care, 'Support at Home - frequently asked questions for older people', August 2025, available at https://www.health.gov.au/resources/publications/support-at-home-frequently-asked-questions-for-older-people.

Q7. Thin markets, remoteness and small populations

34. The ANMF acknowledges the Thin Markets grant program and associated loadings as useful measures but does not consider short-term grants alone sufficient to overcome longstanding structural barriers in rural, remote and low-population settings. Competitive grant processes may support some existing providers, but they do not create a durable service infrastructure where workforce supply is challenging, travel distances are large and demand is too dispersed to sustain standard market-based models. In these areas, direct government or public sector service provision is essential where markets fail, because older people should not lose access to care simply because private or not-for-profit provision is not commercially viable. In these settings, nurses and care workers often face long travel, high isolation and limited professional support, and the ANMF considers that pricing arrangements that do not properly account for these realities risk undermining both access and workforce sustainability[8]

35. Recommendation 11: The ANMF recommends moving away from short-term competitive grant funding towards longer-term, place-based commissioning models that include explicit minimum service guarantees and requirements for local partnerships to improve service sustainability and access. The ANMF also supports the inclusion of robust rural and remote loadings within pricing arrangements and program rules to ensure safe staffing levels can be maintained without reliance on intermittent grant funding. In addition, the ANMF recommends that thin-market funding be directed towards secure employment, education, training, and retention of local nurses and care workers, rather than being primarily used to offset provider overheads.

Q8. First Nations and CALD communities

36. The ANMF welcomes recognition of Aboriginal and Torres Strait Islander Elders and culturally and linguistically diverse communities within Support at Home settings but remains concerned that mainstream funding and pricing approaches may still disadvantage community-controlled and CALD-led services. These services often provide high-trust, culturally safe care that depends on local knowledge, language capability and community relationships, all of which involve experienced staff that are not easily captured in standard unit pricing. If the program does not explicitly value and sustain this work, there is a risk that culturally safe services with, trust and continuity of care for

[8]Australian Government Department of Health and Aged Care, 'Applications open for Support at Home Thin Markets Grants', 26 November 2025, available at https://www.health.gov.au/news/applications-open-for-support-at-home-thin-markets-grants.

priority communities will be less accessible[9].

37. Recommendation 12: Prioritise Aboriginal community-controlled and CALD-led providers in commissioning and thin-market funding, with longer-term contracts and pricing that recognises cultural and language work.

38. Recommendation 13: Assessment tools, communications, and care pathways must be co-designed with First Nations peoples and culturally and linguistically diverse (CALD) communities to ensure services are culturally safe, accessible, and responsive to community needs. This should include funded interpreter services and care navigators to support equitable access and engagement with the aged care system. The ANMF also supports targeted investment in workforce pathways for Aboriginal and Torres Strait Islander workers, as well as bilingual and bicultural workers, while ensuring fair employment conditions and protections against exploitation within increasingly fragmented home-based care settings.

Q9. Other related matters: workforce, regulation and platform models

39. Across all terms of reference, the ANMF considers workforce design, nursing coordination and regulatory integrity to be the defining unresolved issues in Support at Home. The program will fail to deliver its stated goals if public funding continues to support fragmented workforce models, insecure work and service chains that dilute accountability for clinical care. The expansion of associated-provider and platform-style arrangements is of particular concern because these models may seek to profit from care coordination and labour intermediation while distancing themselves from the full employment, quality and governance obligations that should attach to publicly funded aged care. Unless these risks are directly addressed, the ANMF considers there is a risk that Support at Home entrenches a two-tier system in which price flexibility and apparent consumer choice are achieved by shifting cost, risk and responsibility onto older people, families and frontline workers.

40. The ANMF recommends embedding clear workforce principles, including the incorporation of a workforce standard into the strengthened Aged Care Quality Standards, which includes secure employment, fair wages, access to training and supervision, and manageable workloads for all workers delivering funded care, in the Aged Care Act and Rules.

[9]Australian Government Department of Health and Aged Care, 'Aboriginal and Torres Strait Islander aged care programs and reforms', 3 November 2025, available at https://www.health.gov.au/topics/aboriginal-and-torres-strait-islander-health/aged-care/programs-and-reforms.

41. The ANMF insists that any associated provider, subcontractor or platform arranging or profiting from care delivery be subject to aged care standards, employment obligations and clinical governance requirements.

42. The ANMF supports the establishment of formal worker and union representation in governance, pricing and evaluation processes, recognising that workforce sustainability is a precondition for safe home-based aged care.

Conclusion

43. The Support at Home program offers an important opportunity to reshape home-based aged care in Australia, but it will only succeed if reform is judged against what older people experience and what the skilled workforce is required to sustain, with adequate time to care. A model that appears efficient in policy design but depends in practice on insecure labour, inadequate pricing, weak accountability and rising user contributions will not deliver safe, equitable or durable care. Where older people cannot access timely services, including personal care, respite alternatives, clinical oversight and coordinated support, the program is failing in real time and requires urgent remediation.

44. The ANMF therefore urges the Committee to assess Support at Home not only as a funding and consumer framework, but as a workforce and public-interest reform. Older Australians' right to live safely and with dignity at home depends on a system that values care properly, protects workers properly and resists policy settings that transfer risk from governments and providers onto individuals, families and communities[10].

[10]Royal Commission into Aged Care Quality and Safety, Final Report: Care, Dignity and Respect, Commonwealth of Australia, 2021, available at https://agedcare.royalcommission.gov.au/publications/final-report.