Anglicare Australia
in every Community

# Submission to the Support at Home Program

**July 2026**

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## About Anglicare Australia

Anglicare Australia is a network of independent local, state, national and international organisations that are linked to the Anglican Church and are joined by values of service, innovation, leadership and the Christian faith that every individual has intrinsic value. Our services are delivered in partnership with people, the communities in which they live, and other like-minded organisations in those areas. With a combined income of $3.1 billion, a workforce of over 23,000 staff and 8,000 volunteers, the Network delivers more than 50 service areas in the Australian community. In all, Anglicare services reach almost one in every twenty Australians.

As part of its mission the Anglicare Australia Network partners with people, families and communities to provide services and advocacy and build resilience, inclusion and justice. Our first strategic goal charges us with reaching this by influencing social and economic policy across Australia with a strong prophetic voice; informed by research and the practical experience of the Network.

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## Introduction

Anglicare Australia thanks the Community Affairs Reference Committee for undertaking the inquiry into the Support at Home (SaH) program, and welcomes the opportunity to make a submission.

The Anglicare Australia network has an aged care workforce of nearly 10,000 staff and over 1,000 volunteers who deliver care and support to more than 82,000 older people each year across every state and territory, including through residential aged care, home and community-based services, and retirement living.[i]

Our network's aged care providers deliver support through a range of programs including SaH, since it was established under the *Aged Care Act 2024* and became operational on 1 November 2025. Our network's experience with SaH over the past eight months and our ongoing engagement with aged care policy gives Anglicare Australia a strong understanding of the program at both operational and system levels.

Anglicare Australia supports the objectives of SaH and recognises its potential to improve the delivery of aged care in the home. The consolidation of in-home aged care programs, the introduction of dedicated funding pathways for assistive technology and home modifications (AT-HM), the expansion of available funding classifications, and the rights-based framework established through the *Aged Care Act 2024*, all represent significant reforms that have the potential to improve outcomes for older Australians.

However, the implementation of SaH has also highlighted a range of operational and policy challenges that risk limiting the program's effectiveness. Through our direct service delivery experience, providers within the Anglicare Australia network have identified concerns relating to assessment outcomes, wait times, participant contributions, access to AT-HM, financial hardship arrangements, and the interaction between SaH and other parts of the aged care system. Our recommendations are intended to address these challenges constructively, strengthen the operation of the program, and ensure that older Australians can access the care and support they need to live safely, independently, and with dignity at home.

# The ability of older Australians to access services to live safely and with dignity at home

## Wait times and unmet demand

Anglicare Australia believes that everybody has the right to dignity and quality of life as they age, including through access to support to enable them to safely age in place. However, despite the *Aged Care Act 2024* reforming the aged care system through the introduction of a rights-based model, many older Australians are not getting the support at home they need and deserve in a timely manner. This is largely due to extended wait times for assessment and funding. The Productivity Commission reports that the median aged care assessment wait time is 27 days.[ii] Further, Department of Health, Disability and Ageing data shows that after assessment, individuals are waiting up to eight months to receive SaH funding.[iii] While wait times are generally well-understood, the number of individuals waiting for assessment and funding is much less clear and should be investigated.

The impact of unmet demand for care and support at home is a decline in the independence, health, and wellbeing of older people. While the wait time for SaH funding for individuals classified under the priority category is less than one month, for those classified under the standard priority category, the wait time is up to eight months.[iv] Although these individuals are assessed as having lower urgency needs, many will require support to maintain independence and prevent decline. However, delays of this length risk reducing the preventative value of lower-intensity supports, increasing the likelihood that needs escalate before assistance is provided. Anglicare Australia's *Life on the Waitlist* report highlighted that extended wait times and unmet demand for aged care in the home results in both premature entry into residential aged care and avoidable hospital admissions.[v] Sadly, the report's warning that these issues would not be resolved through the introduction of SaH have proven true.[vi]

**Recommendation**
To provide a much stronger and more transparent understanding of unmet in-home aged care demand, the Government should collect and publicly report data on the size of waitlists for SaH, including:

- the number of people waiting for aged care assessment by location
- the number of people waiting for SaH funding by priority category and location

**Recommendation**
To prevent avoidable deterioration in health, hospital admissions, and premature entry into residential aged care, the Government should:

- significantly increase the number of SaH funding allocations released
- ensure older Australian's receive their approved level of support within three months of assessment

## Integrated Assessment Tool

Anglicare Australia and other stakeholders have expressed concerns that the Integrated Assessment Tool (IAT) can generate a funding classification that does not reflect an individual's circumstances. Providers within the Anglicare Australia network have reported instances where reassessment outcomes did not adequately reflect participants' ongoing or increasing care needs, resulting in reduced access to supports. We note that concerns regarding the IAT have prompted several responses, including parliamentary scrutiny, and investigation by the Commonwealth Ombudsman, and the Senate's passage of legislation seeking to restore human oversight of assessment outcomes. We also welcome the Government's announcement of an escalation pathway, which would allow an assessment organisation's clinical delegate to refer cases to the System Governor where the IAT does not adequately capture a person's circumstances. This is a positive step towards a more human-centred approach that helps ensure assessment outcomes better reflect individual needs.

It will also be important to ensure that older Australians have access to timely and accessible review mechanisms. This is particularly important for people with complex care needs, who may experience deterioration in health and wellbeing while waiting for a reassessment or review outcome. However, continuous monitoring and adjustment of the IAT will be required to ensure assessment outcomes remain accurate, fair, and responsive to individual circumstances.

**Recommendation**

To inform ongoing improvements to the assessment process, the Government should collect data and publicly report on the operation of the IAT escalation pathway, including:

- the number of referrals made
- the reasons for referral
- referral outcomes and trends
- the number of review requests lodged following assessment outcomes
- review outcomes and timeframes
- how free text entered by assessors contributes to assessment outcomes

## Education

Older Australians continue to experience stress, uncertainty, and confusion when trying to understand and navigate SaH. The transition to a new aged care system has introduced change for consumers and providers, reinforcing the need for clear communication, practical guidance, and ongoing support. Anglicare Australia has argued that the Government must take a more supportive and understanding approach to assisting older people and providers through the implementation of the reforms. These concerns are reinforced by Benetas' *Are Australians Ready to Age in Place?* white paper, which found that knowledge of in-home aged care services among older people is critically low, with just 33% claiming to have a basic understanding of SaH, and only 45% finding it easy to understand.[vii] Without greater investment in education, communication, and navigation support, there is a risk that older people will struggle to access the services and supports available and age in place.

**Recommendation**
To increase comprehension of SaH among older people, the Government should prioritise the production of clear, plain-language communication that explains:

- what services are available
- how to access services
- how services are assessed and approved
- how much services cost and what participant contributions may apply
- where older people can obtain independent advice and advocacy support

## Assistive Technology and Home Modifications

Anglicare Australia providers report a range of challenges accessing AT-HM funding under SaH. A concern is that participants are often required to obtain occupational therapy assessments, detailed reports, or quotes to support AT-HM applications, but may not have access to funding for this. It is also unclear why additional occupational therapy assessments are required for many basic home modifications when participants have already undergone an aged care assessment that identified need. Further, applications can be rejected on the basis of insufficient evidence despite extensive supporting material being provided, with limited explanation of what further evidence is required.

There are also concerns regarding the administration of the AT-HM scheme. These include difficulties obtaining advice on applications, limited communication regarding funding decisions, a lack of notification when funding is approved, and inconsistencies in information provided regarding participant contributions. In some cases, providers report that approved funding has been withdrawn because participants or providers were not notified of the approval in time, requiring participants to re-enter the allocation process and experience further delays. These issues make it difficult to support participants to apply and can result in funding not being accessed in time.

The most significant concern is delays in AT-HM approvals and funding allocation. Urgent requests for falls alarms, mobility aids, pressure-relieving equipment, and home modifications are often subject to lengthy waiting periods, even where participants face significant risks to their safety and independence. There is no clear mechanism for prioritising urgent requests and participants are frequently only advised that they are "in the queue", with no indication of when funding will become available. In some cases, delays to AT-HM approvals have also delayed access to broader SaH reassessments and supports. Where funding allocations lapse or are withdrawn, participants can face significant delays in re-entering the allocation process, effectively requiring them to wait twice.

The lifetime cap on home modifications is another significant challenge with the AT-HM scheme. The cap is often insufficient to meet the cost of some individual modifications, such as ramps, and may be particularly problematic for renters who are required to move and make modifications to multiple properties. These concerns are consistent with the findings of the Senate inquiry into the transition from CHSP to SaH, which recommended abolishing the $15,000 lifetime cap on home modifications and replacing it with a funding framework that is more responsive to individual circumstances.[viii]

**Recommendation**

To improve access, transparency, and timeliness, the Government should review the AT-HM scheme, covering:

- reducing unnecessary evidentiary requirements and ensuring they are proportionate
- ensuring participants can access the assessments and documentation to support applications
- improving communication and notification processes
- establishing expedited pathways for urgent requests
- reviewing funding settings, including the lifetime cap on home modifications

## The impact of the co-payment contributions for independent services and everyday living services on the financial security and wellbeing of older Australians

Providers within the Anglicare Australia network report that some older Australians are reluctant to transition from the Commonwealth Home Support Programme (CHSP), or other existing care arrangements, into SaH. This is largely due to concerns about the financial implications of participant co-contributions. The cost of co-contributions may therefore act as a barrier to requesting care, particularly where older people are required to contribute towards services that support their independence, wellbeing, and ability to remain safely at home, enabling them to continue to safely age in place.

These challenges can be particularly acute for older people living on very low incomes, including some with a history of homelessness or other forms of social and financial disadvantage, who may be forced to choose between paying for care and meeting essential living expenses, such as for food or electricity. As a result, some older people may delay, reduce, or even decline services, which means they miss out on their preventative effect, increasing the risk that support needs escalate, often dramatically, before assistance is sought or received. This may lead to poorer health and wellbeing outcomes, and subsequent premature entry into residential aged care and avoidable hospital admissions.

Many of the services that attract participant co-contributions under SaH, such as domestic assistance, gardening, social support, and respite, play an important preventative role in maintaining health, wellbeing, and independence. While these services are sometimes characterised as non-clinical supports, they contribute to safe living environments, reduce social isolation, support carers, and help older people remain connected to their communities. Some participants are reducing or declining these services due to cost, despite continuing to need them. This raises concerns that the current contribution framework may place greater value on responding to clinical decline than preventing it.

Reduced access to services that support social connection and community participation may also contribute to loneliness and social isolation among older Australians. These issues are strongly associated with poorer physical and mental health outcomes and can increase subsequent demand on health, aged care, and community services. It will therefore be important for the Government to monitor whether participant contributions are affecting access not only to practical supports, but also to services that help maintain a sense of belonging, social connection, wellbeing, and quality of life.

We welcome changes to make showering free. The reclassification of personal care services, including showering, from the Independence category to the Clinical Supports category from 1 October 2026, will mean these services will no longer attract participant co-contributions. However, it will be important to track service uptake following this change to understand its impact, particularly whether it is improving rates of service use.

**Recommendation**

To determine whether the removal of co-contributions for personal care services improves uptake and reduces financial barriers to care, the Government should:

- collect and analyse data on the utilisation of personal care services before and after 1 October 2026
- monitor changes in service uptake across cohorts, including low-income older Australians, people in regional and remote areas, First Nations, and people from culturally and linguistically diverse (CALD) backgrounds
- assess whether the removal of co-contributions results in earlier access to care and reduces unmet need
- publicly report on the findings to inform future decision regarding participant co-contributions under SaH

## Trends and impacts of pricing mechanisms on consumers

Government-set price caps for SaH were scheduled to commence on 1 July 2026 but were deferred by the Government in May 2026, with no revised commencement date announced. In the absence of price caps, consumer protections currently rely on the requirement for provider prices to be made transparent through public reporting, and the Aged Care Quality and Safety Commission's powers to investigate overcharging and order refunds where appropriate.

Anglicare Australia is concerned about the potential consequences of the pricing guidance developed by the Independent Health and Aged Care Pricing Authority (IHACPA). While the guidance is not currently a regulated price or price cap, Ageing Australia has argued that the methodology is based primarily on operating costs and does not explicitly recognise the need for providers to generate a sustainable operating margin.[ix] Financial sustainability is important not only for provider viability, but also for ensuring older Australians continue to have access to quality services and provider choice over the long term. We therefore caution against the use of IHACPA's pricing figures for anything other than guidance.

The impact on consumers and providers of the proposed expanded powers for the Aged Care Quality and Safety Commission under the *Aged Care Legislation Amendment (Aboriginal and Torres Strait Islander Aged Care Commissioner and Other Measures) Bill 2026* also remains unclear. We note that in the Government's media release announcing this change, the Aged Care Minister said it will mean "the regulator will have stronger powers to determine when a price is unreasonable and set a fair one".[x] However, there are no clear definitions of what is "unreasonable" and "fair" within this context.

**Recommendation**

To provide greater clarity and transparency for consumers and providers, before commencing with any proposed changes to pricing powers, the Government should:

- undertake further consultation with the sector regarding the definitions of key terms
- publish implementation guidance outlining how the powers will be exercised in practice

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

Providers within the Anglicare Australia network report that some older people choose not to apply for financial hardship assistance because they find the application process complex and difficult to navigate. In particular, some CHSP clients have decided not to transition to SaH because they would be required to complete an income and assets assessment and then separately apply for financial hardship assistance in order to access a level of support comparable to that already available to them under CHSP. The Senate inquiry into the transition from CHSP to SaH identified the separation of the income and assets assessment and financial hardship application processes as a design issue within the program, noting that it can create barriers to access and lead to poorer outcomes for SaH participants.[xi]

There are also concerns with the effectiveness and transparency of the financial hardship assistance process. Some hardship applications submitted on behalf of older people are unsuccessful despite strong evidence of significant financial disadvantage. In addition, providers often receive limited information regarding the reasons for a decision, making it difficult to support participants to understand or challenge the outcome.

**Recommendation**
To streamline the SaH participant contribution process and improve access to, and transparency of, the financial hardship assistance process, the Government should:

- integrate the financial hardship assessment into the income and assets assessment
- provide clear reasons for financial hardship assistance outcomes
- provide appropriate review mechanisms for participants whose financial hardship assistance applications are declined

# The impact on the residential aged care system and hospitals

## Residential aged care

Some older Australians may enter residential aged care earlier than they otherwise would if they are unable to access the care and support they need to remain safely at home. When appropriate services are unavailable, delayed, or insufficient to meet an individual's needs, residential aged care can become the only viable option, even where the person would prefer to, and with support could, continue living independently in their own home. This is particularly concerning given that 89% of Australians aged 65 years and over want to age at home.[xii] Premature entry into residential aged care may negatively affect an older person's wellbeing by reducing their sense of independence, autonomy, and connection to their community. Additionally with residential care much more expensive this has considerable budgetary impacts. Ensuring timely access to appropriate supports at home is therefore critical to providing people with genuine choice about where and how they age.

## Hospitals

Inadequate access to care and support at home, whether through SaH or CHSP, can contribute to the avoidable admission of older Australians to hospital. We know older people are often remaining in hospital even after they have been medically cleared for discharge because they can no longer safely return home due to appropriate supports not yet becoming available. This can occur for a range of reasons, including delays in obtaining assessments, waiting for SaH funding, insufficient funding to meet assessed needs, workforce shortages, limited provider availability, or the need for home modifications before a safe discharge can occur. Older people are also enduring avoidable and prolonged hospital admissions while waiting for residential aged care places to become available. Data compiled from state and territory health authorities shows that in May 2026, 3,026 hospital patients across Australia were waiting to enter residential aged care.[xiii] Extended stays in hospital can adversely affect an older person's wellbeing, independence, and quality of life, while also placing additional pressure on the broader health system. Supporting timely access to care at home is therefore critical to successful ageing in place and preventing or reducing avoidable hospital demand

Anglicare Australia welcomes the establishment of the Hospital Discharge Joint Taskforce by the Australian Government and state and territory governments. The Taskforce provides an important opportunity to better understand the relationship between delayed hospital discharges and access to aged care.

**Recommendation**

To support data transparency and evidence-based policy development, the Hospital Discharge Joint Taskforce should publicly report on the number of hospital patients awaiting:

- aged care assessment
- SaH funding
- home modifications
- residential aged care places

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

Anglicare Australia providers report ongoing concerns that SaH assessment and funding outcomes are not consistently reflecting participants' actual care needs following the transition from Home Care Packages (HCP). While we acknowledge that grandfathered participants retain their existing funding under the "no worse off arrangements", some reassessment outcomes and funding classifications do not adequately reflect participants' current circumstances, particularly where care needs have increased over time. This means that some participants are unable to access services they require following reassessment. As a result, providers are increasingly reliant on CHSP funding to supplement care, placing additional pressure on entry-level services and reducing capacity for new clients seeking support.

There are several recurring issues, including funding classifications that do not align with participant needs, concerns about the transparency and responsiveness of the assessment methodology, difficulties for grandfathered participants in securing higher levels of support despite deteriorating health and increasing care needs, and delays in accessing approved supports such as higher SaH classifications and AT-HM funding. Current assessment and funding arrangements may not always adequately account for the complexity or progression of participants' care needs, resulting in unmet demand for additional supports and growing reliance on CHSP services to address gaps in care.

**Recommendation**
To ensure older Australians get the care at home they need, the Government should review the SaH assessment process to ensure reassessment outcomes appropriately reflect participants' current care needs, particularly where needs have increased following transition from HCP.

## Thin markets including those affected by geographic remoteness and population size

Delivering aged care services in regional, rural, and remote communities presents additional challenges, particularly higher service delivery costs. The Senate inquiry into the transition from CHSP to SaH found that, while assessment delays were a national issue, they were particularly pronounced in geographically isolated areas and places with small populations.[xiv] Since the commencement of SaH, providers within the Anglicare Australia network have reported that assessment delays remain a significant concern. The cost of delivering some SaH services, particularly home modifications, is also substantially higher in regional, rural, and remote communities, creating additional barriers to access for older people living in those areas.

Higher service delivery costs in regional, rural, and remote communities are driven by a range of factors, including longer travel distances, increased staff travel time, workforce shortages, limited opportunities to achieve economies of scale, and difficulties responding to cancellations due to low client density. These challenges can increase the cost of delivering care while reducing provider flexibility and service capacity.

**Recommendation**
To ensure better delivery of SaH in regional, rural, and remote communities, the Government should review the following in these areas:

- assessment delays
- higher service delivery costs

## The impact on First Nations communities and culturally and linguistically diverse communities

Anglicare Australia welcomes the Government's establishment of a permanent Aboriginal and Torres Strait Islander Aged Care Commissioner. The creation of a dedicated Commissioner recognises that older First Nations people have unique experiences, needs, and priorities in ageing and aged care. A permanent office focused on Aboriginal and Torres Strait Islander aged care has the potential to strengthen cultural safety, improve accountability across the aged care system, and ensure the voices of older First Nations people are reflected in policy development, service design, and regulatory oversight. We believe that a strong and independent Commissioner will play an important role in promoting equitable access to aged care and supporting the delivery of culturally safe, high-quality services for Aboriginal and Torres Strait Islander peoples.

Anglicare Australia also recognises the efforts the Government has made to support CALD communities through the implementation of SaH, including targeted funding provided through the Support at Home Thin Markets Grants Program. This funding will help providers ensure older people from CALD backgrounds can access care that respects their identity, culture, and lived experience.

While these are welcome developments, many older Australians from First Nations and CALD backgrounds continue to face additional barriers when accessing aged care services, including language barriers, cultural differences, lower levels of health literacy, and difficulties navigating complex government systems. If older Australians generally are finding it challenging to understand and navigate SaH, then these challenges are likely to be amplified for people from First Nations and CALD communities. Ensuring that culturally appropriate and linguistically accessible services are embedded across the aged care system will be critical to achieving equitable access to care, consistent with the rights-based principles underpinning the *Aged Care Act 2024*.

Delivering culturally safe and responsive aged care also requires additional investment by providers. This may include translating information and communication materials, developing culturally appropriate service models, providing workforce training, supporting engagement with families and communities, and accommodating cultural or religious preferences in service delivery. In some circumstances, providers may also need to recruit staff with specific language skills or cultural capabilities to ensure older people receive care that is safe, appropriate, and respectful. These additional requirements should be recognised in the design and funding of SaH.

**Recommendation**

To support consumers from First Nations and CALD backgrounds to better understand, access, navigate, and benefit from SaH, the Government should increase support for providers to:

- translate information
- ensure culturally safe assessments
- develop culturally responsive service delivery

# Any other matters

## Administrative burden and provider experience

Providers within the Anglicare Australia network report ongoing challenges engaging with Services Australia since the implementation of SaH. Providers advise that resolving administrative and operational issues can be difficult due to long wait times, inconsistent advice, and the absence of dedicated points of contact. As providers often interact with different staff each time an issue is raised, there can be limited continuity, accountability, and visibility of progress toward resolution.

**Recommendation**
To better support SaH providers through improved communication, accountability, and timely resolution of operational and administrative issues, the Government should establish a dedicated provider engagement and liaison function within Services Australia.

## Care management

Providers within the Anglicare Australia network report that current care management arrangements may not adequately recognise the needs of participants with complex social circumstances, including older people with a history of homelessness. Many of these participants have limited or no family support and rely on providers to undertake activities that would ordinarily be performed by family members, such as coordinating services, assisting with applications, navigating government systems, attending appointments, advocating on their behalf, and maintaining engagement with care. For providers, the additional time and resources required to support these participants can exceed the funding available through current care management arrangements.

**Recommendation**
To ensure providers can adequately support SaH participants with complex social circumstances, the Government should review care management arrangements.

## Spiritual and emotional wellbeing and pastoral care

Anglicare Australia recognises that holistically, wellbeing in older age is shaped not only by physical and mental health, but also by emotional, social, cultural, and spiritual factors. For many older Australians, maintaining a sense of meaning, purpose, identity, connection, and belonging is central to ageing well. While SaH appropriately provides participants with practical and functional supports to prevent decline and maintain independent and safe living at home, this should not come at the expense of pastoral care. Person-centred aged care that is respectful of diverse cultural and faith-based practices should recognise that living with dignity involves more than meeting physical needs.

**Recommendation**
To ensure older Australians have access to holistic home-based aged care that supports spiritual and emotional wellbeing, the Government should include spiritual and emotional pastoral care within the SaH service list.

## End-of-Life Pathway

Providers within the Anglicare Australia network have expressed concerns regarding the operation of the SaH End-of-Life Pathway. In particular, eligibility arrangements based on estimated life expectancy may not reflect the realities of many life-limiting conditions, where progression can be uncertain and difficult to predict. There are also concerns that participants who outlive the pathway period may experience disruption and uncertainty if they are required to transition back into standard SaH arrangements. Given the importance of continuity, flexibility, and timely access to supports at end of life, the Government should monitor the operation of the pathway and review eligibility and duration settings as evidence emerges.

**Recommendation**

To ensure appropriate care is available, the Government should review the operation of the SaH End-of-Life Pathway, covering:

- eligibility criteria
- duration settings
- transition arrangements for participants who outlive the pathway period
- timeliness of access to end-of-life supports

## Continuity of care during the Commonwealth Home Support Program transition

Anglicare Australia has consistently raised concerns that transitioning CHSP into SaH before the system is fully mature could undermine continuity of care and destabilise entry-level support services. These concerns were subsequently reflected in the findings of the Senate inquiry into the transition of CHSP to SaH, which recommended delaying or reconsidering the transition.[xv] While the future of CHSP remains under consideration, the underlying issues identified through the inquiry, including system readiness, continuity of care, and timely access to services, remain highly relevant to the ongoing implementation and operation of SaH. Ensuring that these issues are addressed will be critical to maintaining confidence in the aged care system and supporting older Australians to access the right care at the right time.

## Conclusion

Anglicare Australia supports the objectives of the SaH program and the broader aged care reforms introduced through the *Aged Care Act 2024*. We recognise the opportunities presented by a more integrated, rights-based approach to supporting older Australians to remain safe, independent, and connected to their communities.

However, the experiences of providers within the Anglicare Australia network demonstrate that significant implementation challenges remain. Delays in assessment and funding, barriers to accessing assistive technology and home modifications, participant contribution arrangements, funding and reassessment concerns, and challenges in regional, rural and remote communities are limiting the ability of some older Australians to access the care and support they need. Our recommendations are intended to strengthen the operation of SaH, improve access and equity, and ensure the program delivers on its objective of enabling older Australians to live safely and with dignity at home.

Anglicare Australia thanks the Community Affairs Reference Committee for the opportunity to contribute to this inquiry and looks forward to continuing to work constructively with the Government and the aged care sector to improve outcomes for older Australians.

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[i] Anglicare Australia (2025), Position Statement: Dignity in Ageing
[ii] Productivity Commission (2026) Report on Government Services: Aged Care Services
[iii] My Aged Care (2026) Assessment outcome: Support at Home
[iv] Ibid
[v] Anglicare Australia (2024) Life on the Wait List
[vi] Ibid
[vii] Benetas (2026) Are Australians Ready to Age in Place?
[viii] Senate Standing Committee on Community Affairs (2026) The Transition of the Commonwealth Home Support Program to the Support at Home Program
[ix] Ageing Australia (2025) Submission to IHACPA 2026-27 Pricing Framework for Support at Home
[x] The Hon Sam Rae MP (2026) Media Release: New Commissioner to Improve Culturally Safe Aged Care
[xi] Senate Standing Committee on Community Affairs (2026) The Transition of the Commonwealth Home Support Program to the Support at Home Program
[xii] Benetas (2026) Are Australians Ready to Age in Place?
[xiii] The Weekly Source (2026) New Taskforce Formed as 3000-Plus in Hospital Beds Wait for Aged Care
[xiv] Senate Standing Committee on Community Affairs (2026) The Transition of the Commonwealth Home Support Program to the Support at Home Program
[xv] Ibid