SUBMISSION

Support at Home Program

Senate Community Affairs References Committee

Submission by **Australian Physiotherapy Association (APA)**

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Acknowledgement of Traditional Owners

The APA acknowledges the Traditional Custodians of Country throughout Australia and their connections to land, sea and community.

We pay our respect to their Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander Peoples today.

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About the Australian Physiotherapy Association

The Australian Physiotherapy Association's (APA) vision is that all Australians will have access to quality physiotherapy, when and where required, to optimise health and wellbeing, and that the community recognises the benefit of choosing physiotherapy. The APA is the peak body representing the interests of Australian physiotherapists and their patients. It is a national organisation with state and territory branches and specialty subgroups.

The APA represents more than 35,000 members. The APA corporate structure is one of a company limited by guarantee and is governed by a Board of Directors elected by representatives of all stakeholder groups within the Association. Of the potential nine Directors, seven must be financial members of the APA, and up to two may be external, non-physiotherapist Directors.

We are committed to professional excellence and career success for our members, which translates into better patient outcomes and improved health conditions for all Australians. Through our National Groups we offer advanced training and collegial support from physiotherapists working in similar areas and are committed to embedding cultural safety within the organisation, policy and education programs.

1. Executive Summary

The Australian Physiotherapy Association (APA) welcomes the opportunity to contribute to the Senate Community Affairs References Committee Inquiry into the Support at Home program.

The APA has participated extensively in the development of Support at Home through successive consultation processes and previous submissions. This submission identifies unresolved implementation issues that are limiting the program's capacity to deliver care according to clinical need. It responds to the inquiry's Terms of Reference and reflects the breadth of reform refinement still required to ensure the program achieves its stated objectives.

The challenge facing aged care reform is not simply one of program implementation, but of system design. Current settings remain weighted towards managing deterioration rather than preventing it. Sustainable reform requires a more integrated approach to assessment, funding and clinical care that supports functional independence and reduces demand for more intensive services. Reablement is not simply a model of care; it is the most cost-effective investment available to the aged care system.

Support at Home is drifting from its reablement purpose

Current Support at Home implementation is difficult to reconcile with the vision set out by the Royal Commission into Aged Care Quality and Safety[i], that *"Care at home includes a level of allied health care appropriate to each person's needs",* a principle echoed in the objectives of the Aged Care Act 2024[ii] and the intent of the program[iii].

That vision is of an aged care system that delivers needs-based clinical reablement care, such as physiotherapy, to support older Australians maintain independence and functional capacity, prevent avoidable falls, hospitalisations and early entry into residential aged care, and ease pressure on carers and the broader health system.

Support at Home is intended to promote independence and reablement. The question for this inquiry is whether current assessment, funding and pricing arrangements are aligned with that objective.

Delays and assessment settings are limiting timely clinical care

Limitations across the Support at Home program continue to impede access to timely and appropriate care. In the words of the outgoing Inspector General of Aged Care, Natalie Siegel-Brown: "We have weighted the aged care budget towards funding crisis, not preventing it."[iv]

Reablement depends on early intervention. Delays in assessment, reassessment, funding allocation and commencement of services reduce opportunities to prevent functional decline and increase the likelihood that older Australians will require more intensive and costly care.

The Government's announcement[v] of an escalation pathway to override algorithmic assessment acknowledges a central implementation risk. The Integrated Assessment Tool (IAT) may not always capture every older person's care needs accurately. A review mechanism is welcome, but clinical need should be identified at assessment, not corrected through escalation after the fact. Clinical judgement by approved qualified human assessors should be integral to the model from the outset.

The APA is concerned that implementation has progressively shifted from the original reform intent of reablement towards an increasing focus on pricing structures, consumer contributions, funding arrangements and administrative processes. These elements are important to the operation of the program, but they should support, not displace, the program's primary purpose of helping older Australians maintain function and independence.

The Commonwealth Government's decision to remove consumer contributions for personal care improves affordability. However, the risk is that this change shifts financial pressure elsewhere in the system, particularly onto allied health services that are central to maintaining independence, preventing deterioration, and avoiding higher cost care.

Pricing is putting clinical service delivery under pressure

The current pricing framework places significant pressure on community-based physiotherapy associated providers. These associated providers have absorbed substantial costs implementing the new regulatory framework, including clinical governance, workforce supervision, digital reporting, quality assurance, mandatory compliance and travel, without corresponding recognition in pricing arrangements.

Ahpra-regulated physiotherapy providers are the backbone of home-based allied health care, yet there is a risk they will effectively bear the cost of policy misalignment between consumer price protections and provider funding arrangements.

Physiotherapists and allied health professionals are being asked to deliver services at fee levels that do not reflect operational costs, and limit consumer choice and access to care. Simultaneously, registered provider margins - applied to recoup a 25% reduction in package and care management fees - have raised legitimate questions about consumer affordability.

The current pricing framework is distorting provider behaviour, incentivising cost over quality and threatening the viability of physiotherapy services.

As a result, referral and partnership decisions are increasingly driven by price rather than clinical value, undermining service integrity, regulatory compliance and consumer outcomes. Reform is urgently needed to restore integrity and sustainability.

Function, independence and avoidable deterioration as measures of success

There are a number of additional significant concerns the inquiry provides an opportunity to address including issues related to access in the Restorative Care, the Assistive Technology and Home Modifications and the End-of-Life pathways.

Despite substantial investment in aged care reform, there remains limited public reporting on whether Support at Home is achieving its intended objectives.

The success of the program should be measured not simply by expenditure and service volumes, but by whether older Australians are maintaining independence, improving function and avoiding preventable deterioration.

The APA also urges the Committee to consider Support at Home within the broader architecture of the aged care reform program. The Commonwealth Home Support Programme must be retained as a distinct, entry-level preventive program, investment in reablement must increase rather than contract, and older Australians must retain genuine choice of provider, including clarity from Government on whether the future market will support participants engaging multiple registered providers.

This submission makes recommendations to:

- strengthen assessment;
- improve access to physiotherapy and assistive technology;
- ensure pricing reflects the true cost of delivering high-quality clinical care;
- increase transparency and reporting of program outcomes;
- strengthen provider accountability; and
- ensure Support at Home delivers on its original promise of a preventive, restorative and person-centred aged care system.

Delivering on the promise of aged care reform

The central issue for this inquiry is whether Support at Home will function as a preventive and restorative reform or become another program that primarily responds to deterioration after it occurs. Realising the vision of the Royal Commission will require more than the implementation of a new program. It requires assessment, funding and service delivery settings that consistently support reablement, maintain functional capacity and enable timely access to clinically appropriate care. The long-term sustainability of the aged care system depends on investing in independence and preventing avoidable decline, rather than funding its consequences.

The APA welcomes the opportunity to provide further detail to the Committee and is available to provide evidence at an inquiry hearing.

2. Priority recommendations

The APA's recommendations address implementation issues identified throughout this submission and are aligned to the Committee's Terms of Reference. While the recommendations span workforce, assessment, pricing, consumer access, provider sustainability and accountability, several themes emerge consistently: the need for stronger clinical assessment, greater investment in reablement and prevention, sustainable pricing for allied health services, and improved measurement of outcomes related to function and independence. Collectively, these reforms would better support older Australians to remain independent for longer while improving system sustainability. The APA's priority recommendations are:

1	Ensure pricing structures and package design support brokered physiotherapy services to maintain access, flexibility and market stability. This includes the introduction of dedicated funding for travel, parking, hydrotherapy access, and other essential costs tied to in-home and community-based physiotherapy care.
2	Introduce explicit rural, regional and remote loadings in service delivery pricing to recognise the additional costs associated with service delivery in thin markets.
3	Cap provider mark-ups on clinical care to prevent inflated consumer costs and protect access to sustainable clinical services.
4	Explicitly recognise the role of physiotherapy in the End-of-Life Pathway to ensure older people receive all necessary clinical support.
5	Ensure measures to remove consumer contributions for personal care are not funded through reduced access to clinical services or pricing arrangements that undermine the sustainability of associated providers.
6	Review the Integrated Assessment Tool to ensure it accurately identifies clinical need, restorative potential and the role of allied health in maintaining function and independence, and enable clinical assessors to amend or override algorithm-generated outcomes that do not reflect an individual's assessed needs.
7	Establish a dedicated reablement and preventive care investment target within Support at Home, with expanded access to the Restorative Care Pathway.
8	Remove limits on assistive technology and wraparound services to maximise functional capacity and prevent falls, hospitalisations and early entry into residential aged care.
9	Retain the Commonwealth Home Support Programme as a distinct entry-level program.
10	Enable older Australians to engage directly with multiple providers to reduce administrative burden and expand choice, efficiency and service sustainability.
11	Explicitly recognise and fund prevention, such as physiotherapy-led falls prevention programs to avoid hospitalisations and early entry into residential aged care.
12	Work with peak bodies, including the APA, to co-design: ○ an Aged Care Workforce Strategy ○ an Allied Health Compliance Register ○ evaluation methodologies; ○ outcome measures; ○ functional outcome indicators; ○ service utilisation measures; and ○ reporting frameworks.

3. Physiotherapy and Support at Home

Support at Home is intended to help older Australians remain living safely, independently and with dignity in their own homes. Achieving this objective depends on maintaining and improving functional capacity, not simply responding when there is a health crisis or functional capacity has declined or been lost.

Physiotherapists provide expert clinical care, working with older people and their carers to maintain and improve their functional capacity and remain independent. Their expertise lies in the assessment, restoration and maintenance of physical function. Through comprehensive assessment and targeted intervention, physiotherapists identify impairments in mobility, strength, balance, endurance and movement that limit an older person's ability to live independently. Physiotherapists develop evidence-based interventions that restore function where possible, slow functional decline where it cannot be reversed, and support people to remain active and engaged in everyday life.

This clinical focus on function sits at the heart of reablement. Physiotherapists help older Australians recover following illness, injury or hospitalisation, reduce falls risk, manage pain and chronic conditions, support people living with dementia and other progressive conditions, and prescribe and review assistive technology that enables safe mobility and independence. By maintaining physical function and preventing avoidable deterioration, physiotherapy reduces avoidable hospital admissions, supports recovery after hospitalisation, reduces reliance on ongoing personal care and helps delay entry into residential aged care.

These outcomes align directly with the intent of the Aged Care Act 2024, the recommendations of the Royal Commission into Aged Care Quality and Safety, and the original design of Support at Home, all of which place wellness, reablement and maintaining independence at the centre of aged care reform.

The implementation of Support at Home should therefore enable timely access to physiotherapy and other clinical services that support reablement. Assessment pathways, funding arrangements and consumer contribution settings should encourage early intervention and access to clinically appropriate care that maintains or improves function, rather than waiting until avoidable deterioration has occurred.

Supporting older Australians to maintain their physical capacity and functional independence is fundamental to achieving the objectives of the reforms. It also represents an investment that can reduce future demand on hospitals, residential aged care and more intensive levels of funded support.

4. Response to the Terms of Reference

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

The APA is concerned about ongoing significant wait times for assessment and allocation of packages and the direct impacts of delayed access to needs-based care on the older person's function and overall health that put them at risk of hospitalisation and early entry into residential aged care.

A portion of the 98,600 people awaiting assessment and further 100,191 waiting for package allocation[vi] are at risk of preventable functional decline, placing further strain on the health system, community services, the Commonwealth Home Support Program and carers.

Workforce

Modelling on the future clinical care needs of older Australians and the workforce that will be needed to meet them is urgently required.

By 2065-66, almost one in four Australians will be aged 65 years or older, while the number of people aged 85 years and over is expected to triple from about 603,000 today to 1.9 million. If the morbidity rate remains unchanged, with 94% of people aged 85 and over currently living with at least one chronic condition[vii], it is not unreasonable to assume a significant increase in demand for services.

Without workforce planning, the aged care system will not have the clinical workforce needed to meet future demand.

Demand for physiotherapy is already rising, yet workforce pressures are intensifying. Stronger supply, better distribution and enhanced training pipelines are required to stabilise the workforce and support safe, high-quality care. Investment in a sustainable physiotherapy workforce with the skills, distribution and support needed to meet growing demand is an investment in supporting the independence of older Australians in the future.

A coordinated national approach is needed to build capability, support advanced practice roles and ensure that physiotherapists can deliver safe, high-quality care wherever they are needed.

Recommendation

- That the Federal Government works with peak bodies, including the APA, to develop a workforce strategy for aged care clinical care services to attract and retain a skilled aged care allied health workforce, and ensure the workforce can meet demand into the future.

Assessment

The APA supports a nationally consistent assessment process but is concerned that aspects of the current Integrated Assessment Tool (IAT) and associated assessment pathways do not adequately support clinical decision-making.

The effectiveness of Support at Home depends on timely identification of clinical need and access to services that maintain functional capacity.

Clinical judgement must remain central to assessment and care planning.

Integrated Assessment Tool: The IAT has reduced the capacity of assessors to exercise professional judgement where an individual's presentation is more complex than can be captured through structured assessment.

This is particularly evident for people living with dementia, multiple chronic conditions or progressive functional decline, where physical, cognitive and social needs are closely interconnected. Reliance on algorithm-based recommendations may limit access to restorative care and allied health services that could prevent further deterioration.

While the Government has taken a positive step by enabling a human override of algorithmic decisions, under the proposed model, the IAT and its default algorithmic decision-making remains the primary determinant of ongoing package funding, with human intervention limited to exceptional cases referred to the System Governor (Secretary of the Department of Health, Disability and Ageing).

Reassessment: The current arrangements also create unnecessary barriers to reassessment. Older Australians whose functional capacity changes should be able to access timely reassessment without lengthy administrative processes. Delayed reassessment often results in delayed intervention, increasing the likelihood of falls, hospital admissions and greater dependence on personal care services.

Recommendations

- Ensure comprehensive clinical assessment informs the level of physiotherapy and multidisciplinary care needs required and delivered to older Australians, as recommended by the Royal Commission into Aged Care Quality and Safety.
- Review the Integrated Assessment Tool to ensure it accurately identifies clinical need, restorative potential and the role of allied health in maintaining function and independence, and enables assessors to amend or override algorithm-generated outcomes where these do not reflect an individual's assessed needs.

Participant choice

Access must also be understood to include genuine participant choice. Living safely and with dignity at home requires more than the availability of services; it requires that older people can choose the clinician and provider who deliver their care, and continue with a trusted physiotherapist as their needs change.

Participant choice is only meaningful if older Australians can continue to access the clinicians they know and trust.

This is particularly important where that clinician has an established relationship with the older person and their carer, supporting them in meeting the needs of their loved one and maintain their own wellbeing.

Under current arrangements, a participant's access to allied health is mediated entirely by their single registered provider, whose commercial arrangements - rather than the participant's preference - determine which physiotherapist attends.

APA members have reported signing service agreements with registered providers but losing long-standing clients who were informed that they could not continue with their trusted physiotherapist and would instead be assigned an in-house or subcontracted clinician. This undermines participant choice and continuity of care and is inconsistent with consumer-directed and reablement-focused intent of the program.

The APA considers that participant choice of allied health provider should be an explicit design principle of Support at Home, protected in both program guidance and provider obligations.

Recommendation

- Embed participant choice of allied health provider as a design principle of Support at Home, protected in program guidance and registered provider obligations.

Reablement and maintaining functional capacity

Support at Home was designed around the principles of wellness and reablement established by the Royal Commission and reflected in the Aged Care Act 2024. These principles recognise that aged care should seek to maintain or improve functional capacity wherever possible rather than simply respond to dependency.

Reablement is not simply a model of care; it is the most cost-effective investment available to the aged care system.

Physiotherapy-led falls prevention, strength and balance programs, and restorative interventions consistently return multiples on their cost through avoided emergency presentations, reduced hospital admissions and delayed entry to permanent residential care. The APA Position Statement on Falls Prevention[viii] demonstrates that exercise and targeted physiotherapy interventions reduce falls and falls-related injury among older people.

Yet the current program settings contain no dedicated investment signal for prevention. If pricing, assessment and quota settings discourage clinical reablement services, the Commonwealth will pay for the same care later, at far greater cost, in hospitals and residential aged care.

Current implementation settings risk shifting Support at Home away from this preventive model. Delays in assessment, funding allocation and commencement of services reduce opportunities for early intervention and increase the likelihood that older Australians will require higher levels of care in the future.

Recommendations

- Explicitly recognise and fund prevention, such as physiotherapy-led falls prevention programs, in the home to support functional capacity and avoid costly intensive care.
- Establish a dedicated reablement and preventive care investment target within Support at Home, with expanded access to the Restorative Care Pathway and annual public reporting on reablement service utilisation and outcomes.

Restorative Care Pathway

The APA welcomed the introduction of the Restorative Care Pathway, which ostensibly is designed to provide intensive, goal-directed intervention that helps older people maintain or regain independence after an illness, injury or functional decline.

In practice the RCP cannot possibly achieve its intended purpose. It is constrained by a design that appears to be driven by cost rather than the clinical reality. The woefully inadequate parameters of the RCP are:

- the rationing of access to just 20,000 people or episodes annually;
- an inadequate $6,000 budget per participant;
- a time limitation of just 16 weeks; and
- a lack of guidelines and clarity on enabling integrated multidisciplinary care.

Limiting funding and time per restorative care episode does not reflect the reality of caring for older people. Recovery is rarely linear or predictable. Older people commonly live with multiple chronic conditions, frailty and fluctuating health, meaning the intensity, duration and type of intervention required varies significantly between individuals.

A person recovering from a hip fracture, hospitalisation or acute illness may make rapid progress initially before plateauing, experience setbacks such as infection or falls, or require additional intervention to consolidate functional gains.

Arbitrary caps on episode length or funding risk ending clinically effective care before goals are achieved, resulting in avoidable functional decline, increased hospital presentations and earlier entry to residential aged care.

Restorative care should be guided by clinical need and achievement of agreed functional goals rather than predetermined funding or time limits.

The APA recommends that comprehensive clinical assessment should inform and ensure access to the level of physiotherapy and multidisciplinary care needs required by the older people to remain independent, as recommended by the Royal Commission into Aged Care Quality and Safety.

Recommendations

- Remove arbitrary access and funding caps on RCP to ensure access is informed by clinical need.
- Introduce a practical reassessment process that allows changes in clinical need to be reflected promptly, without requiring consumers to navigate complex review or appeal mechanisms.

People living with dementia

The APA is concerned that people living with dementia are not receiving the clinical care they need as a result of inadequate assessment process that overlook cognitive decline.

The Integrated Assessment Tool does not adequately assess people with cognitive impairment, or recognise that physical health and cognitive health are inseparable.

Maintaining physical function is a key strategy for preserving cognition, independence and quality of life.

The APA advocates for a person-centred approach that addresses both cognitive and physical decline simultaneously.

We endorse Dementia Australia's submission to this inquiry which highlights key issues including:

- assessments that underestimate dementia-related needs;
- long wait times for assessment, funding and services, particularly for essential Assistive Technology and Home Modifications;
- rising costs and co-contributions limiting access to care; and
- reduced access to respite and increasing carer strain.

Further, the APA is concerned that the current assessment framework does not consistently recognise the interaction between cognitive impairment and physical function. Restricting access to physiotherapy until significant physical decline has occurred is inconsistent with the principles of reablement and results in poorer outcomes for individuals and greater demand on the health system.

The APA/Dementia Australia Joint Position Statement on Physiotherapy and Dementia[ix] highlights the importance of maintaining mobility, strength, balance and physical activity throughout the course of dementia. Physiotherapy contributes to maintaining independence, reducing falls risk, supporting participation and improving quality of life for people living with dementia.

Recommendation

- Review assessment to ensure processes recognise that maintaining physical function is an integral component of dementia care rather than a separate consideration.

Assistive Technology and Home Modifications (AT-HM) Scheme

The APA supports the intent of the Assistive Technology and Home Modifications (AT-HM) Scheme as a mechanism to improve access to equipment and environmental modifications that enable older Australians to remain living safely and independently at home. However, structural and implementation limitations of the Scheme are hindering the Government's ability to achieve these objectives.

Assistive technology is only effective when it is supported by timely clinical assessment, prescription and review.

Physiotherapists have a unique role in determining whether equipment is clinically indicated, prescribing the most appropriate solution, educating consumers and carers in its safe use, and reviewing outcomes as functional needs change. Where physiotherapy is not identified as part of the assessment process, opportunities to prevent falls, maintain independence and support reablement may be missed.

No Accrued funding mechanism: Under the previous Home Care Package system, participants could save up their funds over time for larger modifications. The new scheme removes this flexibility, disallowing fund accrual and undermining the ability to plan for higher-cost needs.

The APA is concerned that, fearing future needs, participants may decline clinically-recommended smaller modifications in order to preserve the limited funding, leading to avoidable falls or disability progression.

Insufficient funding tiers for assistive technology: The funding tiers are woefully insufficient with the lowest at just $500 to cover a necessary item such as a mobility aid and the wraparound allied health support required to prescribe, order, adjust and train the person in the aid's use. Without these, the benefits of equipment may not be fully realised.

Allied health identification: A key concern is that the assessment process does not consistently identify the need for physiotherapy and other allied health services. Assistive technology is most effective when it forms part of a broader clinical assessment of functional capacity, mobility, balance and the home environment.

APA members have reported:

- assessments that focus on identifying an assistive technology need without recognising the person's rehabilitation or reablement needs;
- mobility, balance and strength impairments that could benefit from physiotherapy are not always identified or referred;
- assistive technology may be supplied without the physiotherapy required to prescribe, fit, train and review its use; and
- opportunities to prevent falls and restore functional capacity are therefore missed.

A walking aid, transfer aid or mobility aid does not improve outcomes simply because it has been supplied. Benefits are realised only when the equipment is appropriately prescribed, fitted, integrated into a person's rehabilitation, and reviewed as their functional capacity changes.

Without timely access to physiotherapy and other allied health professionals with expertise in assistive technology, there is a risk that equipment will be underutilised, used incorrectly, or fail to achieve its intended purpose of improving mobility, reducing falls and maintaining functional capacity.

In cases where assistive technology is declined by the consumer or their package limits do not allow for its purchase, clinicians must assess if services can be delivered safely at home. For example if a bed hoist cannot be purchased, lifting the participant may risk the safety of the physiotherapist and create a falls risk for the participant - potentially requiring avoidable hospital admission.

Delays: The Scheme is also affected by delays in assessment, approval and equipment provision. Long wait times mean older Australians may continue living with avoidable mobility limitations or safety risks while awaiting clinically indicated equipment or home modifications.

These delays reduce the effectiveness of reablement, increase the risk of falls and hospitalisation, place additional pressure on family carers and may accelerate entry into residential aged care. The longer the delay, the greater the potential to cause harm to the older person.

APA members have reported that assignment of assistive technology has commonly taken five months to activate following a physiotherapy recommendation. By that time, the recommendations are out of date and reassessment is required.

Consumer contribution arrangements: Consumer co-contributions for assistive technology may create a further barrier to early intervention. Where older Australians defer or decline clinically indicated equipment due to cost, the likelihood of functional decline and more intensive care needs increases. There is a significant equity issue that must be addressed. As chronic conditions progress and function declines, the need for assistive technology, and therefore the cost to the older person, increases. The current arrangements disadvantage those who cannot afford the additional expense of necessary supports.

Scope recognition: There is also a real risk of underutilisation of physiotherapy in assistive technology prescription when the profession's role is not fully recognised as complementary, but not interchangeable with other allied health disciplines.

The AT-HM Scheme can be strengthened by:

- ensuring assessment pathways consistently identify the need for physiotherapy and other allied health services where clinically indicated;
- recognising physiotherapists' role in the assessment, prescription and review of assistive technology;
- reducing delays in assessment, approval and provision of assistive technology and home modifications; and
- ensuring funding arrangements support timely access to clinically indicated equipment as part of a reablement-focused model of care.

Recommendation

〉 Remove limits on access to assistive technology and wraparound services to maximise functional capacity and prevent falls, hospitalisations and early entry into residential aged care.

End of Life Pathway

The current structure of the End-of-Life Pathway impedes access to physiotherapy, which has an important role in maintaining comfort, preserving functional capacity, supporting safe manual handling, transfers and positioning, preventing secondary complications and prescribing assistive technology.

Early physiotherapy input can help reduce distress, support dignity and improve quality of life for both the older person and those caring for them. It can also reduce pressure on carers.

Clinical need and functional decline should be considered alongside prognosis when determining access to end-of-life supports.

Prognosis, not clinical need: The key limitation of the End-of-Life Pathway is that eligibility is triggered by prognosis of three months or less to live, determined by a general practitioner or nurse. The Government's decision to allow a second period of End-of-Life Pathway funding recognises that dying does not follow a predictable timetable. However, access to the pathway continues to be determined primarily by prognosis rather than clinical need.

Late intervention: Eligibility based on prognosis risks delaying physiotherapy interventions until after avoidable functional decline has occurred, reducing opportunities to optimise comfort, mobility, safe transfers, assistive technology use and carer support during the final stages of life.

No specific recognition of allied health: While physiotherapy is accessible via this pathway, there is no specific expectation that allied health assessment or intervention will form part of the treatment pathway, significantly discouraging multidisciplinary care that is essential at this life stage. Ensuring assessor knowledge of the importance of physiotherapy is critical to appropriate referral to physiotherapy an approved service.

Recommendations

- Include clinical need and progressive functional decline rather than prognosis alone in End-of-Life eligibility criteria.
- Explicitly recognise the role of physiotherapy in the End-of-Life Pathway to ensure older people receive all necessary clinical support.

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

Consumer contributions required in the Assistive Technology and Home Modifications Scheme (AT-HM) can be prohibitive and reduce timely access to clinically appropriate interventions, leading to avoidable declines in functional capacity, increased falls risk, reduced participation and wellbeing, greater reliance on care services, and potentially higher long-term costs for both individuals and the taxpayer.

Reducing financial barriers to care should not create new barriers to accessing clinical services.

Several of the impacts of AT-HM co-contributions that APA members are identifying include:

- **Reduced access** - consumer contributions may lead some participants to delay, decline or choose less appropriate assistive technology and home modifications due to cost.
- **Declining function** - delayed access can contribute to avoidable declines in mobility, independence and functional capacity.
- **Safety risks** - without timely access to appropriate equipment and modifications, participants may face an increased risk of falls, injury and hospitalisation.
- **Lower wellbeing** - reduced mobility and participation can increase social isolation, reduce confidence and negatively affect quality of life.
- **Greater care needs** - unmet assistive technology needs may increase reliance on informal carers, paid care services and residential aged care.

- **Higher long-term costs** - cost barriers to preventive interventions may lead to greater downstream expenditure on health and aged care services, undermining the preventive and reablement objectives of Support at Home.

The Committee should carefully consider the impact of consumer co-contributions on First Nations participants, who are eligible to access aged care services from the age of 50 in recognition of earlier onset of age-related health conditions and reduced life expectancy.

While this policy acknowledges greater need, it also means many First Nations people access aged care before reaching traditional retirement age and before accumulating sufficient superannuation or other retirement savings.

Requiring co-contributions from a cohort that has had less opportunity to build financial security risks creating an additional barrier to timely access to essential care and rehabilitation. This is compounded by the well-documented superannuation gap experienced by First Nations Australians. Consumer contribution arrangements should therefore be designed to ensure they do not inadvertently exacerbate existing health and economic disparities, with appropriate safeguards, exemptions or means-testing to support equitable access to care.

Recommendations

› Review consumer contribution arrangements for assistive technology and preventive allied health services to ensure cost does not prevent access to clinically necessary care.

› Ensure measures to remove consumer contributions for personal care are not funded through reduced access to clinical services or pricing arrangements that undermine associated provider sustainability.

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c) Trends and impact of pricing mechanisms on consumers

Protecting the interests of older Australians requires pricing decisions that are informed by the true cost of delivering clinical care. A pricing framework that does not support the delivery of quality clinical care ultimately limits older people's access to clinically appropriate and needs-based services.

Affordability cannot be considered in isolation from associated provider sustainability.

Pricing that does not reflect the cost of safe, high-quality care ultimately reduces access to that care.

The Committee should not be required to choose between responsible stewardship of public funds and meeting the clinical needs of older Australians. Pricing must be recalibrated to reflect the full cost of delivering physiotherapy under Support at Home, ensuring services remain safe, viable, and high quality.

Indicative pricing released by the Australian Government for allied health services under the Support at Home program has been set well below sustainable market rates.

Service delivery units fail to reflect the full scope and complexity of physiotherapy care, placing untenable financial pressure on brokered providers. Independent analysis commissioned by the Australian Physiotherapy Association and conducted by the Nous Group[x], supported by sector data from StewartBrown[xi] and internal investigations, confirms that the actual cost of physiotherapy service provision significantly exceeds the government's indicative rates and IHACPA Support at Home 2026-27 Pricing Advice. These underpriced signals are already distorting the market and threatening provider viability.

The APA has concerns about the methodology underpinning IHACPA's advice, including:

- circularity within the IHACPA pricing methodology;
- reliance on transitional pricing data from an immature market;
- lack of transparency regarding costing methodology and assumptions;
- potentially misaligned labour cost assumptions;
- impacts of recent wage increases, including HPSS award changes;
- ongoing confusion regarding direct versus indirect billing;
- the need for a clear Departmental position on implementation of direct and indirect billing arrangements;
- separate funding of travel;
- correction of care management pricing in clinically delivered programs where allied health professionals or nurses are required;
- impacts of pricing uncertainty on provider confidence and market investment;
- risks of pricing settings creating pressure on quality and safety outcomes; and
- long-term workforce and market sustainability risks where pricing mechanisms fail to reflect actual service delivery costs.

In particular, the proposed transition towards capped pricing – although now indefinitely delayed - is a significant concern given that neither stable market pricing nor a robust and mature pricing determination methodology has yet been established. Introducing price caps before the market has reached equilibrium risks embedding pricing that does not reflect the true cost of delivering safe, high-quality and sustainable services.

If pricing is set below sustainable levels, it has the potential to create a significant market shock, reducing provider participation, constraining workforce investment and limiting innovation and service development. Over time, this may erode specialist expertise, organisational capability and the accumulated market knowledge required to support effective service delivery. Ultimately, the greatest risk is that older Australians experience reduced access to essential services, longer wait times and diminished choice, particularly in areas where service availability is already fragile.

The issue is not simply about whether current prices are too low, but whether the underlying methodology is accurately capturing the true cost of sustainable service delivery under the Support at Home model.

At the same time, administrative arrangements have shifted significantly. Care management fees are now capped at 10 per cent, reduced from 15 per cent under the previous arrangements. Package management fees, which previously funded essential administrative, regulatory and overhead functions, have been removed altogether. With these revenue streams no longer available, registered aged care providers must recover their administrative and non-contact labour costs through other mechanisms. This is resulting in higher direct, indirect and brokered service fees being passed on to clients.

In brokered service arrangements, which dominate physiotherapy delivery, providers are increasingly adding margins to recover lost administration revenue. This places pressure on allied health professionals to lower their fees to remain viable referral partners, further threatening the sustainability of service delivery.

Recent updates to the pricing guidance have confirmed that indirect care costs, including documentation, coordination and service planning, are now billable. This is a critical step forward. However, the broader unit pricing model remains misaligned with service delivery realities.

Physiotherapy services under Support at Home are delivered both in-home and in community settings, often requiring travel time and out-of-pocket expenses such as parking and hydrotherapy pool access. These costs are essential to safe and effective care yet remain unfunded under the current pricing model.

Combined with downward pressure from unsustainable indicative fees and capped administration charges, this omission places significant financial strain on providers and limits access for older Australians, particularly in regional, remote or high-needs settings.

For example, physiotherapy often involves access to hydrotherapy pools, clinical equipment and parking at community venues – none of which are covered under current funding mechanisms. This gap forces providers to absorb costs or pass them on to consumers, creating inequity and reducing access to evidence-based care. Introducing explicit funding mechanisms for travel and ancillary costs is critical to support provider viability and ensure equitable access.

Without this reform, physiotherapy services will continue to be rationed or withdrawn, compromising clinical outcomes and undermining the goals of Support at Home.

Compliance and regulation: The strengthened quality and safety requirements under Support at Home are designed to protect older Australians, but they have also created an unrealistic and increasingly unworkable compliance load for associated providers.

Physiotherapists and other allied health clinicians are repeatedly completing the same onboarding, verification and document checks across multiple brokers and contracting bodies, even when the requirements are identical and add no extra safety value.

This duplication creates heavy administrative overheads, increases operating costs and diverts clinical time away from patient care.

Service demand: The Support at Home Program promotes and champions wellness and reablement through the provision of timely and appropriate clinical supports. It presents an opportunity for providers and clients to improve clinical standards and long-term health and wellness outputs.

Some registered providers estimate their proportionate package usage on clinical care will rise from a current baseline of 3 per cent to between 12 and 20 per cent under the new model. This significant uptick in demand must be appropriately met by a well-prepared, quality clinical workforce. Pricing must scale at the appropriate pace required to support the industry.

Brokerage model: Protecting the brokerage model is essential to maintain access, flexibility and consumer choice in physiotherapy under Support at Home. Brokered arrangements currently underpin service delivery, enabling scalable access across diverse settings, particularly for providers not embedded within large organisations.

However, reductions in package and care management fees are increasing administrative burden and financial risk for providers managing multiple service agreements, placing this model under strain.

Without targeted support and structural safeguards, there is a real risk of contraction in brokerage, leading to reduced service availability, longer wait times, and poorer clinical outcomes for older Australians.

Brokerage is an essential and important part of Support at Home enabling demand to be met, supporting a wide range of specialist input; clinical supervision of practitioners; professional experience and pathways knowledge; and established support mechanisms to retain and develop staff.

Brokerage is also, at present, the only mechanism through which participants retain any choice of allied health provider. Policy settings that undermine brokerage therefore undermine participant choice itself.

Service delivery methods: Clinical services differ from other services in that they can be delivered in multiple ways – in home, in clinic and via telehealth. For this reason, a single fixed

rate across these services does not accurately capture the cost of delivery. Further investigation and pricing development is required.

Recommendations

- Ensure pricing reflects the full cost of physiotherapy service delivery, including indirect labour and administrative overheads.
- Introduce dedicated funding for travel, parking, hydrotherapy access, and other essential costs tied to in-home and community-based physiotherapy care.
- Ensure pricing structures and package design support brokered physiotherapy services to maintain access, flexibility and market stability.
- Cap provider mark-ups on clinical care to prevent inflated consumer costs and protect access to sustainable clinical services.
- Enable older Australians to engage directly with multiple providers to reduce administrative burden and expand choice, efficiency and service sustainability.
- Reinstate adequate package and care management margins to ensure providers can sustainably manage multiple service agreements without absorbing unfunded administrative burden.
- Establish a Department-endorsed Allied Health Compliance Register to grant single-recognition status.
- Include the APA in the Minister's working group on reasonable pricing to ensure it considers the cost of delivering safe, high-quality clinical care in defining reasonable pricing.

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

APA members have reported that participants experiencing financial hardship face significant challenges in accessing the Support at Home financial hardship arrangements. Members describe the application process as difficult to navigate, with strict eligibility criteria and evidentiary requirements that can be burdensome for older people, particularly those with complex health needs or limited informal support.

Financial hardship arrangements should be accessible to those they are intended to support.

As a result, some participants who may benefit from financial assistance are either discouraged from applying or experience delays in accessing support, increasing the risk that cost becomes a barrier to clinically appropriate care.

Recommendation

- Urgently review financial hardship criteria and mechanisms to ensure timely and easily navigable access for those who need it.

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e) The impact on the residential aged care system, and hospitals

Residential care

Implementation barriers within Support at Home, including delays in assessment and package allocation, affordability concerns and constraints on access to services, may contribute to avoidable functional decline and increase demand for residential aged care.

These impacts underscore that reablement funding is preventive health investment, not discretionary expenditure. Every avoidable hospital admission and premature residential entry represents a cost transfer to the acute and residential systems that exceeds the cost of the community-based intervention that would have prevented it.

Preventing functional decline at home reduces demand on hospitals and residential aged care.

Inadequate support at home may contribute to more falls, hospital admissions and emergency presentations. These events can accelerate functional decline and increase the likelihood of permanent residential aged care admission.

The aged care reforms seek to support ageing in place, maintain functional capacity and provide care according to assessed need. If implementation barriers prevent these objectives from being realised, the system may continue to rely more heavily on residential aged care than intended.

Increased demand for residential aged care: If older people cannot access timely assessment, appropriate allied health, assistive technology, or reablement services, they may experience avoidable functional decline. This can reduce their ability to remain safely at home and lead to earlier admission to residential aged care, placing additional pressure on the residential aged care sector.

Higher care needs on entry: Delays in preventive and restorative interventions may mean people enter residential aged care with greater frailty, poorer mobility and more complex care needs than might otherwise have been the case. The government must be prepared to better fund the residential aged care sector to scale up physiotherapy services to respond to the higher needs of these residents.

Reduced effectiveness of the aged care continuum: Support at Home is intended to complement residential aged care by enabling people to remain at home for longer where appropriate. Implementation barriers that limit access to needs-based care may weaken this continuum and reduce the overall efficiency of the aged care system.

Support at Home is intended to enable older Australians to remain living safely and independently at home for longer. Where implementation barriers limit timely access to assessment, reablement, allied health services and assistive technology, older people may experience avoidable functional decline, increasing the likelihood of earlier admission to residential aged care and higher care needs on entry. This has implications not only for individual wellbeing but also for demand across the broader aged care system, potentially placing additional pressure on residential aged care services and undermining the reform objective of supporting ageing in place.

There is a clear link between delayed assessment and package allocation and increased hospitalisation.

Inadequate support at home may contribute to more falls, hospital admissions and emergency presentations. These events can accelerate functional decline and increase the likelihood of permanent residential aged care admission.

Hospital-based physiotherapists and allied health managers report increasing emergency presentations, longer stays and bed block among older patients, resulting in poorer health outcomes. Some hospitals have increased the number of maintenance beds and kept seasonal surge beds open year-round to cope with demand.

Hospitals are under pressure due to increased wait times for home care packages, reducing available home supports, and a lack of available beds in residential aged care to discharge patients to.

Growing demand for outpatient and hospital-in-the-home services: With increasing pressure on the health system as a result of the shortage of home supports and increasing rates of early discharge, there is growing demand for outpatient, hospital-in-the home and hospital community care programs and services.

These services include post-acute care, rehabilitation programs and introduction of transition hospital to home services. APA outpatient-based members report growing pressure on clinicians to discharge patients to free up beds, requiring additional outpatient support.

Delayed discharge of older patients/long stays: Without adequate home support, medically stable patients cannot be discharged to their homes, putting them at risk of infection, pressure injuries, muscle loss and declining function and capacity as a result of lack of movement and exercise, institutionalisation, loss of self-worth and dignity.

Other impacts in the hospital setting, often resource intensive, include:

- Increased length of stay/delayed discharge, occupying a bed that a medically unwell patient requires, results in backing up the whole hospital up to emergency departments;
- Access issues related to rehabilitation and post-acute care result in patients not receiving rehabilitation;
- Cognitive impairment in patients increasing complexity of navigating the aged care system and accessing community services;
- Increased staff time supporting patients access community services and MyAged Care;
- Equity issues resulting in some patients, who cannot afford the co-payments or the transportation to their care centres, not undertaking rehabilitation and maintenance programs resulting in readmission;
- Patient handover/transition disconnects;
- Staff burn out and low morale;
- Pressure from operations centre to get throughput of patients; and
- Increased administrative burden of policy reform.

Recommendation

〉 Explicitly recognise and fund prevention, such as physiotherapy-led falls prevention programs, in the home to support functional capacity and avoid hospitalisations and early entry into residential aged care.

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

The transition from the Home Care Packages (HCP) Program to Support at Home has created uncertainty for many older Australians, particularly in relation to ongoing access to services and funding.

While grandfathering arrangements provide important protections for existing HCP recipients, APA members report that rising service costs mean participants receive fewer services for the same

level of funding. This is particularly evident for physiotherapy and other allied health services, where increases in provider costs and changes to pricing arrangements have reduced the volume of care that can be delivered within an individual's budget.

Older Australians should not be disadvantaged by transitioning to Support at Home or seeking reassessment as their needs change.

APA members also report that some participants are reluctant to seek reassessment despite experiencing increased care needs. Concerns that reassessment may result in a lower funding classification, combined with perceptions that the Integrated Assessment Tool does not adequately capture clinical need, have created a disincentive to engage with the assessment process.

Some older people have also been advised that they are not yet eligible for reassessment, despite changes in their functional capacity, reflecting the absence of a responsive system that adjusts funding in line with changing needs. Instead, participants often experience incremental increases in support over time rather than timely access to services based on clinical need. This not only limits access to necessary care but also increases pressure on carers required to fill the gaps.

The transition has also highlighted inequities in access to assistive technology and home modifications. Participants who transitioned from the HCP Program with accumulated unspent funds have been able to use those balances to access assistive technology and home modifications without being subject to the new consumer contribution arrangements.

In contrast, participants entering Support at Home without unspent funds may face consumer contributions for the same clinically indicated interventions, resulting in different levels of access based solely on transition status rather than assessed need.

The transition also risks an unacknowledged loss of participant choice. Under the Home Care Packages Program, many older people exercised meaningful control over their care, including direct selection of allied health practitioners.

The APA is concerned that participants in the Support at Home program are finding that their choices have narrowed, with continuity of care disrupted where an established physiotherapy provider is not within the registered provider's brokerage arrangements.

Recommendation

- Adjust grandfathered Home Care Package budgets to ensure participants can afford the same level of care received prior to transition and reassessment does not disadvantage them.

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g) Thin markets including those affected by geographic remoteness and population size

A central concern for the APA is the viability of associated providers operating within brokerage models, which are critical to delivering reablement-focused physiotherapy in home care settings. These pressures are particularly acute in rural, regional and remote areas, where flat-rate pricing fails to account for the additional costs of travel, workforce scarcity, and service delivery in thin markets.

Travel remains the most material gap. Inconsistent with other government care schemes and compensable schemes, Support at Home does not delineate travel costs but absorbs them in the direct fee, obscuring true cost and reducing transparency. The result is an under recovery of travel costs, necessitating compression of visit length.

Without rural and remote loadings, older Australians in thin markets will continue to face reduced access to physiotherapy and other allied health services.

Without clear delineation of travel as a separate, chargeable fee reflective of actual costs, there is an increased the risk of withdrawal from regional, outer suburban and rural work where travel is intrinsic to service delivery.

Physiotherapy service delivery costs are materially higher in regional, remote and very remote areas and require several methods of service delivery to be funded, including telehealth.

Factors that contribute to higher costs include:

- Travel time and cost to provide services (by road, air and sea);
- travel burden;
- workforce scarcity;
- thin market dynamics;
- service utilisation impacts; and
- inability to recover travel costs and freight costs associated with supplying equipment to remote areas;

Travel is a significant cost driver in rural and remote care, with providers having substantial additional expenses associated with fuel, vehicle type required; vehicle maintenance, and non-billable travel time, particularly for staff travelling long distances between clients.

The workforce cost differential between metropolitan and rural/remote settings encompasses the full lifecycle cost of attracting, recruiting, training, and retaining staff in areas where the labour market is structurally constrained, as well as additional wage costs.

The client population itself has higher average acuity, meaning more complex and resource-intensive care is required per person regardless of geographic loading.

Beyond provider-level cost data, system-level evidence exists about the structural underfunding of rural and remote health and aged care. When comparing between Modified Monash Model (MMM) regions, the expenditure gap is largely driven by MMM5-7 regions, with an age-standardised expenditure gap of $4,701 per capita. While increased public hospital and aged care expenditure in MMM 6 and 7 is influenced by the higher cost of service delivery in those regions, spending on aged care is considerably less in remote areas than in MMM2-5 areas.[xii]

Higher per-unit costs in remote areas do not fully translate into higher total expenditure. In fact, access and utilisation are sufficiently suppressed that aggregate spending remains lower than in metropolitan areas.

Due to shortages in the clinical workforce, services cannot always be provided face-to-face in rural or remote communities. The inability to charge additional travel per service in these zones restricts the workforce availability further.

There are 7.3 million people, more than 27 per cent of the total population, living in rural, regional or remote Australia[xiii], however, the distribution of the healthcare workforce does not align with the geographical distribution of the population. They face the greatest barriers to physiotherapy and continue to miss out on early intervention to restore function, protect independence and reduce hospitalisation, pharmacological dependence and long-term costs.

The APA Workforce Census 2025 identified that there is a strong intention from physiotherapists to work rurally with 32 per cent stating they would consider moving to a rural location. However, barriers to rural practice include the high costs of moving, lack of professional networks, and lack of professional development and support opportunities.

Recommendation

› Introduce explicit rural, regional and remote loadings in service delivery pricing to recognise the additional costs associated with service delivery in thin, non-metropolitan markets.

h) The impact on First Nations communities, and culturally and linguistically diverse communities

There are several significant design failures within Support at Home that fail to adequately recognise and capture the specific challenges faced by Aboriginal and Torres Strait Islander people.

Standardised assessment processes fail to adequately capture the cultural, community and relational context of Aboriginal and Torres Strait Islander Elders and the IAT contributes to inequitable assessment outcomes.

The APA supports the work of the National Aboriginal and Torres Strait Islander Ageing and Aged Care Council and endorses its position that cultural safety and Aboriginal and Torres Strait Islander ways of knowing and caring should be embedded throughout assessment, rather than treated as supplementary considerations.

Current pricing approaches do not reflect the true cost of delivering culturally safe, trauma-aware and healing-informed care. Existing pricing data are incomplete and unrepresentative.

Funding models should properly account for culturally appropriate service delivery.

The significantly higher chronic disease and disability burdens among Aboriginal and Torres Strait Islander people compared to non-Indigenous people,[xiv] combined with language and health literacy barriers, compounding social determinants (access to food, housing, transport) and cultural practices (e.g. end-of-life observation and relationship building) significantly increase the cost of clinical care delivery.

These factors necessitate:

- Effective care often depends on trust and continuity;
- Longer consultation times;
- Greater flexibility in scheduling to support cultural practices;
- Higher intensity clinical care;
- Increased coordination of care;
- More intensive care planning and review processes;
- Higher administrative burden
- Longer visit times to build rapport and avoid “clinical churn”;
- Multiple visits before service uptake or compliance;
- Time spent engaging with family, Elders, and community decision-makers;
- Flexible and outreach service models (mobile services, fly-in/fly-out, hub-and-spoke); and
- Need for flexible service bundling rather than discrete line items.

The additional complexity of care and ensuring cultural safety requires extensive training, supervision and mentoring of practitioners, resources (e.g. two clinicians), specialist equipment and more experienced and, hence more highly remunerated, practitioners.

At a structural level, robust pricing must ensure these factors are remunerated. The additional flexibility, skill, administration and coordination required to provide in-home aged care to Aboriginal and Torres Strait Islander communities must not penalise the healthcare practitioners, such as physiotherapists, delivering these critical services.

Recommendation

› Co-design, with Aboriginal and Torres Strait Islander organisations and service providers, a funding model that reflects the true costs faced by Aboriginal and Torres Strait Islander aged care providers.

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i) Any other related matters

Transparency and reporting

While the Australian Government has committed to improving transparency through regular reporting on Support at Home implementation, current reporting is in need of urgent uplift if the sector, government and consumers are to have a full and clear picture of how taxpayer dollars are being spent and the impact of that spend.

Current public reporting includes participant numbers, funding classifications, wait times, service commencement, provider numbers, median prices and high-level service utilisation, together with assessment activity and timeliness.

This data provides important insights into program activity and administration but are insufficient to assess how the program is delivering timely, equitable and clinically appropriate care.

There is little public reporting on unmet need, access to specific services such as physiotherapy and other allied health disciplines, service intensity, referral patterns, geographic variation, or consumer outcomes.

Without greater transparency regarding who requires services, who receives them, who misses out, and the outcomes achieved, it is difficult to evaluate whether Support at Home is meeting its objectives or to identify emerging gaps in access and equity.

Strengthening public reporting to include measures of unmet need, timeliness, service utilisation, clinical outcomes and consumer experience would improve accountability, support evidence-based policy development, and enable continuous improvement of the program.

The success of Support at Home should be measured by the outcomes it delivers, not simply the number of assessments completed or services funded.

Current reporting provides limited information about whether the program is improving functional capacity, reducing falls, preventing hospital admissions or delaying entry into residential aged care. These are the outcomes that determine whether Support at Home is achieving the objectives of the Aged Care Act 2024.

The development of a national outcomes framework is required to provide clarity, accountability and support future planning to ensure the Support at Home program delivers on its intent. Reporting indicators should include:

- discipline specific utilisation across Support at Home, Restorative Care, AT-HM and End-of-Life Pathways;
- timeliness of access;
- number of clinical referrals made and services delivered;
- number of referrals declined by participants and why;
- improvement and maintenance of functional capacity;
- falls and falls-related hospitalisations;
- access to restorative care and allied health services;
- use and outcomes of assistive technology;

- hospital admissions;
- entry into residential aged care;
- consumer experience; and
- provider sustainability.

It is important that meaningful and clinically relevant outcome measures are established rather than purely administrative reporting metrics. Within the first year of implementation, the Support at Home program has already required multiple policy refinements in response to stakeholder feedback and implementation experience. While these changes have generally strengthened consumer protections, they also demonstrate that key elements of the program, including assessment, pricing and consumer contribution arrangements, continue to evolve.

This reinforces the need for ongoing evaluation to ensure implementation remains aligned with the objectives of the Aged Care Act 2024: maintaining functional capacity, supporting reablement, reducing avoidable hospitalisations and enabling older Australians to remain living independently at home.

Recommendation

〉 Establish a national outcomes framework reporting indicators including:
  - discipline specific utilisation across Support at Home, Restorative Care, AT-HM and End-of-Life Pathways;
  - maintenance of functional capacity;
  - falls and falls-related hospitalisations;
  - access to restorative care and allied health services;
  - use and outcomes of assistive technology;
  - hospital admissions;
  - entry into residential aged care;
  - consumer experience; and
  - provider sustainability.

〉 Work with peak bodies, including the APA, to co-design: evaluation methodologies; outcome measures; functional outcome indicators; service utilisation measures; and reporting frameworks.

Strengthened Aged Care Quality Standards

The Strengthened Aged Care Quality Standards are an essential framework for safeguarding older people and improving the quality of care. However, their implementation must be accompanied by a practical understanding of the operational impacts on associated providers, ensuring the Standards are achievable, sustainable and do not place unmanageable burdens on associated providers delivering care.

The Quality Standards apply to associated providers in much the same way they apply to registered providers - applying significant regulatory responsibility and administrative burden on associated providers without corresponding funding support.

While stronger, risk-aligned standards in home care are appropriate, any consideration of further extending existing requirements must take due consideration of the impact on a sector already struggling to meet existing regulatory demands.

Recommendation

〉 The APA urges the Committee to work through the cost impact of any future additional measures on registered providers and associated providers and their feasibility within an already complex program.

Retention of the Commonwealth Home Support Programme

The APA supports the retention of the Commonwealth Home Support Programme as a distinct, entry-level program alongside Support at Home, provided it is accompanied by meaningful reform to address its current access limitations.

Despite the policy intent of CHSP to support national consistency in accessibility to entry-level services for older Australians, limitations on the number of allied health service provider tenders opened and funded have resulted in the following service delivery issues across all Modified Monash Model (MMM) zones, including metropolitan areas:

- inconsistent availability of services across the country, including in metropolitan areas, depending on the number of approved service providers (tenders);
- insufficient services to meet demand with approved service providers being forced to close booking portals at times when they reach capacity; and
- a lack of services due to workforce shortages reflecting broader workforce supply issues in regional and remote zones.

The lack of accessibility to allied health across all MMM zones, including metropolitan areas, is often a direct result of the tight controls on the number of allied health service providers under CHSP due to a lack of available tenders and funding.

Restricting provider participation under CHSP limits access to allied health services, regardless of location.

Retention of CHSP should also be supported by consistent outcomes measurement and reporting across the aged care system to ensure preventive services remain visible, valued and appropriately funded.

Retention of CHSP should be accompanied by:

- broader provider participation;
- improved access for independent physiotherapy providers;
- greater consumer choice; and
- alignment with any future multi-provider approach.

Recommendations

〉 Retain the Commonwealth Home Support Programme as a distinct entry-level program, with preventive allied health services, including group exercise and falls prevention, protected and expanded through any transition.

〉 Publish, within the aged care reform roadmap, a clear position and timeline on the future Support at Home market structure, including whether participants will be able to engage multiple registered providers directly.

Clarity on the future multi-provider market

The aged care reform roadmap does not currently make clear whether Support at Home will remain a single-registered-provider model or evolve to enable participants to engage multiple registered providers directly.

Participants and providers need certainty about the future structure of the Support at Home market.

This ambiguity has significant consequences. For participants, it determines whether choice of allied health provider will ever be exercised directly or will remain permanently mediated through brokerage.

For allied health practices, it determines whether to invest in registration in their own right - a substantial regulatory and financial undertaking - or to continue operating as associated providers.

The APA recommends that the Department publish a clear position and timeline on the future market structure, including whether and when a multi-provider model will be enabled, so that participants, registered providers and allied health practices can plan with confidence.

Recommendation

〉 Publish, within the aged care reform roadmap, a clear position and timeline on the future Support at Home market structure, including whether participants will be able to engage multiple registered providers directly.

Impact on carers

The Royal Commission into Aged Care Quality and Safety recognised informal carers as fundamental to the sustainability of Australia's aged care system, while acknowledging that many experience significant physical, emotional and financial strain due to inadequate support. Despite reforms, evidence indicates that carer burnout remains a significant concern.

The Carers Australia 2024 Carer Wellbeing Survey[xv] found that 31.2% of carers experience high psychological distress, 42.7% often or always feel lonely, and 58% report difficulty accessing respite, highlighting the ongoing need for timely supports that sustain carers in their role.

Functional decline in older people has direct impacts on their unpaid carers who take on increasing responsibilities when assessment and allocation is delayed or difficult to access.

Physiotherapists play a critical role in sustaining informal care by helping older people maintain mobility, function and independence, thereby reducing carer burden while equipping carers with the knowledge, skills and confidence to provide safe, effective support. They recognise that carers are partners in care, working alongside them to understand and address the older person's needs.

The National Carer Strategy 2024-2034[xvi] recognises that "the caring role impacts carers' health, safety and financial security. Physical and mental wellbeing can be impacted, and for some carers, to the point of 'burnout'." Its key objectives align with physiotherapy practices in that:

- Carers are identified, recognised, respected and valued.
- Carers are empowered to have fulfilling lives while engaging in their caring role.
- Carers' physical and mental health, safety, wellbeing and financial security are supported.

Recommendation

〉 Engage with carers, service providers and peak bodies to realise the ambitions of the National Carers Strategy.

5. References

[i] Royal Commission into Aged Care Quality and Safety (2021). Final report: Care, dignity and respect: Recommendation 36 (2(a)). "Care at home includes a level of allied health care appropriate to each person's needs"
ii Aged Care Act 2024, s 5(b)(iii): "The objects of this Act are to… provide a forward-looking aged care system that is designed to… ensure equitable access to, and flexible delivery of, funded aged care services that put older people first and take into account the needs of individuals, regardless of their location, background and life experience."

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xv https://www.carersaustralia.com.au/wp-content/uploads/2024/10/Final-CWS-2024-Report-compressed.pdf
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