



2025 Progress Report

Implementation of the Recommendations of the
Royal Commission into Aged Care Quality and Safety

Support at Home

The government has declined to establish the single consolidated aged care program the Royal Commission called for. Instead, it has committed to the delivery of Support at Home, a new in-home care program that will incorporate:

- Home Care Packages (HCP) – from the commencement of the new *Aged Care Act 2024* (new Act)
- Short-Term Restorative Care (STRC) programs - from the commencement of the new Act
- Commonwealth Home Support Programme (CHSP) – from July 2027.

Under the Support at Home program the government has announced an intention to maintain an average 3-month waiting time for care and support.

The Inspector-General is concerned this average wait-time will not be achieved and, that as a goal, it does not provide people with timely access to care nor is it consistent with the Royal Commission's intent to establish a needs-based framework.

What are the issues?

Wait times lead to reduced quality of life

Older people assessed as needing more intensive home care often wait 9-12 months to get the care they need, placing the older person at significant risk of deterioration and decline in the intervening period.

Premature entry to residential care

Prolonged wait times to receive necessary personal and clinical care contributes to accelerated decline in health and wellbeing. Consequently, the Inspector-General heard many older people are forced to prematurely enter residential aged care, when they would have been able to age at home, connected to their community, for longer.

Premature entry to residential care comes at an increased expense to the Australian taxpayer and undermines the Royal Commission's (and government's own) goal to support people to age at home.

Increased pressure on hospital systems

Prolonged wait times and a delay in access to care can result in people needing greater support than what they were initially assessed for or staying in hospital for extended periods because they lack suitable discharge options.

Hardship support for out-of-pocket costs

The Royal Commission considered it appropriate for people to contribute to the cost of their care, in cases where they could afford to do so.

The Inspector-General agrees. However, there are serious risks that co-payments for non-clinical care could see people forego essential care that would contribute to them ageing in place, for longer.

While people granted 'hardship' will not need to contribute to the cost of their care, these provisions are difficult to navigate.

Who is impacted the most?

Full pensioners

The introduction of co-payments for non-clinical care under Support at Home means people will have to contribute to the cost of supports they need to live independently, like showering and cleaning. While exemptions are available to people who satisfy hardship provisions, the Inspector-General is consistently told many people find the application process complex and difficult to manage. For people without adequate support, or with cognitive decline, these difficulties are magnified.

The Inspector-General is concerned fear of out-of-pocket costs and administrative complexity could place older people experiencing financial hardship (whether they have been recognised as such by the government or not) at risk of foregoing essential care services they are entitled to.

Aboriginal and Torres Strait Islander Elders

Co-payments under Support at Home will mean some Aboriginal and Torres Strait Islander Elders will need to contribute to the cost of care that supports their cultural connection and wellbeing. This is particularly concerning given this category of care type also attracts the highest levels of co-contributions, despite being integral to the mandate of culturally appropriate, culturally safe, trauma-informed and healing-aware care.

The Inspector-General is concerned these changes could lead to fewer Elders receiving the cultural care they need, and may alienate Aboriginal Community Controlled Organisations from the sector.

Older people living with disability

For older people living with disability, accessing home care for the first time on a permanent basis results in a loss of all NDIS support. Much of this specialised disability support, and some supports for disabilities unrelated to ageing, is not offered in aged care.

This transition can leave people financially worse-off and without access to the specialised disability support they need.

People receiving end of life care

People who, against expectations, outlive the 16-week maximum for receiving palliative care pathway support under Support at Home could have their access to specialist palliative care services withdrawn. This is inconsistent with the open-ended access to palliative care in residential care facilities and should be changed.

Support at Home has the potential to improve the delivery of home care, but careful attention needs to be paid to its implementation, particularly the impact on older people experiencing financial hardship.