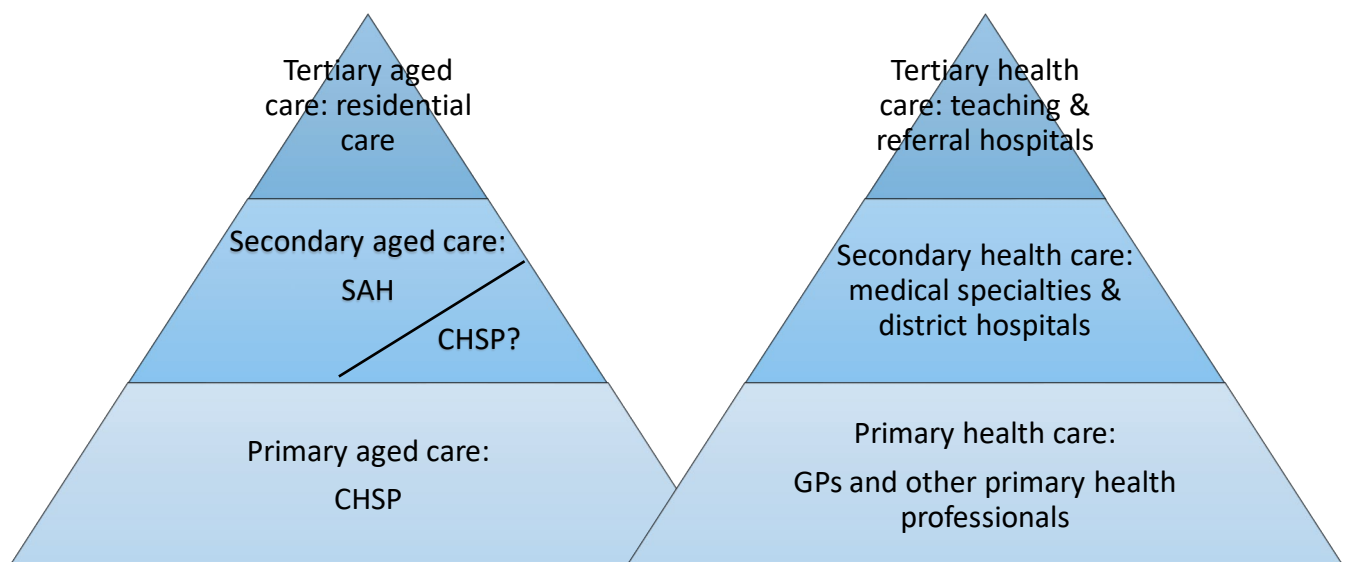


CHSP Alliance Position Statement on why CHSP should not be folded into Support at Home (April 2026)

The Commonwealth Home Support Program (CHSP) Alliance (the Alliance) is an alliance of organisations and individuals committed to advocating for the continuation, expansion and sustainability of CHSP. We argue that the CHSP should be embraced and developed to provide foundational support for older people needing care, and operate as the primary tier of the aged care system. As the primary care tier, CHSP has a critical role in enabling older people to age in place, where desirable, relieving pressure from the more complex and expensive tiers of care provided to those with the highest levels of need.

Our vision for how the whole system fits together is set out in Figure 1. Primary Aged Care, with CHSP as its foundation, forms the first tier of an integrated three tier national aged care system. Support at Home (SAH) forms the second tier.

Figure 1 Overall schema of the aged and health care systems



The CHSP Alliance is opposed to a previous government plan to abolish CHSP and fold it into SAH. Our reasons are:

1. Just as the health system would be dysfunctional and much more costly without a strong primary health care tier, so aged care would be without a strong primary aged care tier. CHSP needs to be maintained and further developed as the primary aged care tier with close links to primary health care. Without a strong primary aged care tier, the aged care system will not be sustainable going forward.
2. CHSP is the perfect platform on which to build a new primary aged care tier. It largely funds not-for-profit community aged care providers such as Meals on Wheels, community transport, allied health, state and local government services such as neighbourhood centres and community nursing and social connection services such as digital skill support and internet access, and support for older people with special needs.

3. CHSP has established expertise and credibility in working with First Nations communities, people who do not speak English, people with specific cultural needs and vulnerable older people including older homeless people. These older people with special needs are not well served in an individualised competitive fee-for-service market. Indeed, they are too often now referred to (and dismissed) as ‘thin markets’, a term that fails to recognise the needs, rights, strengths and capacity of both the individuals and the communities they live in. CHSP is the right vehicle by which to deliver services to vulnerable older Australians.
4. CHSP services are well known and highly valued in the community. This is because CHSP has a long and established history as the vehicle to fund services that are first point of contact, accessible (no wrong door), affordable and comprehensive (prevention, early intervention, home care support and continuity of care over time including capacity to surge in times of extra need). CHSP is grounded in a philosophy that is person-centred and that empowers individuals and communities based on principles that include community engagement, volunteering and engagement with carers and neighbourhoods.
5. The importance of volunteers in CHSP cannot be overstated. Volunteering is good for the older person, good for the volunteer, good for the local community and good for the taxpayer. This is a fundamental difference between CHSP and individualised fee for service models such as Support at Home. If CHSP were to be folded into Support at Home, older people and the communities they live in would lose access to the veritable army of volunteers who form the backbone of CHSP services.
6. Grant funding of primary aged care allows for the development of innovative services models and the delivery of services not well suited to individualised funding. This includes wellness and prevention interventions, cost-effective group-based and community-embedded prevention programs, team-based allied health services, wellness checks and nimble and responsive services that can rapidly responds as the person’s circumstances change. Grant funding is the best funding model for group social support programs which have direct benefits including improving community participation, combatting loneliness, and improving mental health. Grant funding has allowed CHSP services to build continuity through long-term relationships, community connection, and case management and to coordinate with secondary and tertiary care as required.
7. CHSP is a Labor legacy after being introduced 40 years ago by the Hawke government. It is the only part of the aged care system which has consistently performed well over the last four decades. The only sustained criticisms about CHSP are that it has been underfunded and neglected by successive governments. This is a fair criticism. But it is a criticism of successive governments, not of the program itself. Getting rid of a long-established and highly effective program that continues to work very well simply makes no sense. It is more sensible to use it as the platform of a new primary aged care program.
8. Having SAH as the sole community aged care program would make SAH the only lifeboat in the ocean for people who wish to stay in their own homes. While SAH has some strengths, making it the only lifeboat simply repeats a major system design error in the parallel NDIS. The government now recognises this error in the design of the NDIS and is establishing a new program – Thriving Kids – as a primary level disability program. It now needs to do the same in aged care by maintaining CHSP and transforming it into the primary care level of the aged care system.

9. The arguments in favour of an accessible and strong primary health sector apply equally to aged care. The government is making billion-dollar investments to improve access to primary health care via its bulk billing and Urgent Care Centre initiatives. It is not doing so because it has money to throw around. It is doing so because an investment in primary health care saves costs upstream. The same applies to primary aged care. The best way to improve value for taxpayers is by improving the allocative efficiency of both systems.
10. The design of the Support at Home program is seriously flawed. Consumer co-payments are too high, assessment is a bottleneck, package wait times post-assessment then create a further bottleneck and there is not sufficient capacity to flex services up and down in response to changing needs. While some of the problems can be dismissed as teething problems, most are not teething problems. Most are problems that reflect the faulty design of the program itself. It is inevitable that, without the continuation of CHSP, demand for both public hospitals and residential aged care will continue to increase at an unsustainable rate.
11. There is no possibility that the Government will achieve its target to reduce waiting times for SAH unless the Government maintains and develops a strong primary aged care system.
12. Older people should have a genuine choice about the funding arrangement that will best meet their needs. Providing older people and their families with a genuine choice is essential to both meeting their needs and reducing waiting times for SAH. While some older people will elect SAH if given the choice, others will not. The mantra of 'choice and control' for older people needs to become a reality. It is now little more than a hollow slogan.
13. Being a transactional fee for service system, SAH is significantly more expensive per output and per hour than services delivered by CHSP services and funded by government grants. This cannot be simply dismissed on the basis that SAH providers are greedy. The structural reality is that SAH is designed to be a very inefficient program. The empirical evidence backs up this statement. SAH is significantly more expensive per hour of service than an equivalent hour of CHSP service. The cost per hour of SAH is approximately 30%-50% more expensive than an equivalent hour of a CHSP service.¹ It simply makes no sense to destroy an efficient program in favour of one that is significantly less efficient.
14. Folding CHSP into SAH will not improve the integration of the aged care system. See our CHSP Alliance Position Statement on Coordination and Integration for more information.
15. The demand for care and support at home will rapidly increase year on year over the next decade as the baby boomers move into their 80s. The average age that a person begins to need support at home is 80, with many people needing more comprehensive support at home by their mid 80s. In 2035, just nine years away, there will more than two million people aged 80+ in Australia. This is a 60% increase in a decade.

The simple fact is that, even after massively increasing consumer charges, the government does not raise sufficient taxes to provide everyone who needs one with a SAH package. CHSP is a well-established program and is highly efficient. It needs to be valued and developed as the essential primary tier of Australia's aged care system to ensure that Australia has a sustainable aged care system into the future.

¹ Evidence available on request.