Support at Home Program

Community Affairs Reference Committee Inquiry

AMSANT submission

July 2026

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1. About AMSANT

The Aboriginal Medical Services Alliance Northern Territory (AMSANT) is the peak body for Aboriginal Community Controlled Health Services (ACCHSs) in the Northern Territory (NT).

The ACCHS sector is the largest provider of primary health care to Aboriginal people in the Northern Territory. ACCHSs deliver comprehensive primary health care in an integrated, holistic, culturally secure framework. The comprehensive primary health care approach developed by ACCHSs combines care for individual community members, with population level health promotion and illness prevention, integrated with action on the social determinants of health. Crucial to effective advocacy, research and policy reform are ACCHSs, being the critical link to current Aboriginal health impacts and outcomes, centring cultural safety and community connection.

Currently, AMSANT represents 12 Full Member and 15 Associate Member ACCHSs across the Northern Territory, ranging from large organisations with multiple clinics to small single-community services. AMSANT strives to deliver strong membership support as well as robust policy advice and advocacy to improve Aboriginal health and wellbeing across the NT.

Addressing the broader social determinants of health, including housing, poverty, environmental health and social and educational inequity, is critical to AMSANT's core business. Through high level collaborations with the Northern Territory and Commonwealth Governments, AMSANT continues to ensure Aboriginal voices, our member perspectives and community-driven solutions are central to informing culturally safe policy and service delivery.

Throughout this submission, AMSANT chooses to use the term Aboriginal to best reflect the people and communities we directly represent and work with across the NT. We wish to acknowledge with equal respect Torres Strait Islander people as First People of Australia, affirming their enduring sovereignty, cultures and connection to land and sea.

If you require further information in relation to the content of this submission, please contact submissions@amsant.org.au.

2. Introduction

AMSANT welcomes the opportunity to provide this submission to the Inquiry into the Support at Home program and related aged care reforms. AMSANT supports the objective of enabling older people to live safely, with dignity and connection to community for as long as possible. However, in the Northern Territory context, the success of these reforms will depend on whether they adequately respond to the realities of remote service delivery, thin markets, housing insecurity, workforce shortages, digital exclusion and the need for culturally safe, community-controlled care.

This submission is informed by AMSANT's engagement with Aboriginal Community Controlled Health Services, Elders and the aged care workforce across the Northern Territory. It draws on sector knowledge, community experience and the Elder Care Support program to identify progress, risks and critical gaps in the aged care system, particularly in remote and very remote Aboriginal communities.

3. Key recommendations

1 | Protect access to culturally safe care

- The Australian Government should provide an exemption for Aboriginal Community Controlled Health Services from mandatory client co-payment requirements under the Support at Home program, similar to arrangements that exist under Medicare. Such an exemption would remove financial barriers for older Aboriginal and Torres Strait Islander people, preserve trust-based relationships between ACCHSs and clients, and support equitable access to culturally safe aged care services.

2 | Improve affordability and hardship protections

- The Australian Government should simplify the financial hardship application process, reduce administrative requirements, and introduce streamlined assessment pathways for older Australians receiving income support payments. Consideration should also be given to automatic or presumptive eligibility for hardship assistance for individuals receiving Centrelink pensions or other indicators of financial disadvantage, ensuring that those most in need can access aged care services without unnecessary administrative barriers.

3 | Ensure pricing arrangements do not create barriers to care

- The Australian Government should ensure that aged care pricing arrangements recognise the unique circumstances of remote and Aboriginal communities, including measures to minimise out-of-pocket costs, protect access to essential services and prevent pricing mechanisms from creating additional barriers to care for older people experiencing financial disadvantage.

4 | Invest in remote service availability and respite

- The Australian Government should prioritise investment in residential respite services and community-based aged care supports in the Northern Territory, with particular focus on remote and Aboriginal communities. This should include measures to address service shortages, improve discharge pathways from hospitals, and ensure older people can access appropriate care in the most suitable setting, reducing unnecessary hospital admissions and prolonged hospital stays.

5 | Recognise persistent thin markets in remote areas

- The Australian Government should recognise remote Northern Territory aged care services as operating in persistent thin markets and implement dedicated funding and policy measures that are not dependent on market competition. This should include ongoing viability funding, flexible commissioning arrangements, workforce support initiatives, and targeted investment in Aboriginal community controlled health services to ensure older people in remote communities can access culturally safe, sustainable and equitable aged care services regardless of population size or geographic location.

6 | Strengthen culturally safe reform design

- The Australian Government should undertake a targeted review of the impact of aged care reforms on First Nations communities, with a particular focus on remote and regional areas. This review should be informed by Aboriginal Community Controlled Health Services and community representatives, and should identify opportunities to reduce administrative burden, strengthen culturally safe service delivery, and ensure reforms improve, rather than diminish, access to aged care for priority populations.

4. The Northern Territory Context

The Northern Territory presents a distinct aged care context. Older people in the NT, particularly Aboriginal people in remote and very remote communities, face intersecting barriers to accessing aged care, including geographic isolation, limited local services, workforce shortages, digital exclusion, housing insecurity and high levels of socioeconomic disadvantage.

A key concern is the removal of the consent form process within the assessment pathway. While intended to streamline access, this change has created unintended consequences for clients who rely on trusted workers, advocates and service providers to support engagement with the aged care system. Under current arrangements, our workforce is often only able to facilitate contact with assessment services when physically present with the client. In the Northern Territory context, where vast distances, limited telecommunications infrastructure and seasonal weather events such as the wet season routinely disrupt travel and communication, this requirement can significantly delay or prevent people from accessing assessments altogether. There is an opportunity for this Inquiry to explore practical solutions that maintain appropriate safeguards while ensuring older people are not excluded from assessment processes.

These challenges are compounded by the broader reality of aged care service availability across the Northern Territory. Even where assessments are completed, many older people face limited access to appropriate services due to workforce shortages, service gaps and the absence of providers in some regions. The effectiveness of the Support at Home program will ultimately depend not only on assessment and funding mechanisms, but also on the availability of services capable of meeting identified needs.

Finally, any consideration of aged care reform in the Northern Territory must be grounded in the broader context of housing insecurity and homelessness. Stable and appropriate housing is a critical determinant of health, wellbeing and successful ageing, yet many older Territorians

experience significant housing challenges. For those who are homeless, at risk of homelessness, or living in overcrowded or unsuitable accommodation, accessing and benefiting from aged care services can be particularly difficult. The interaction between housing vulnerability, service accessibility and aged care eligibility requires greater attention within the Support at Home framework to ensure that people with the highest and most complex needs are not left behind.

These factors must be central to the design, implementation and monitoring of the Support at Home program if the reforms are to improve equity and outcomes in the Northern Territory.

5. Terms of Reference Response

This submission responds to the following Terms of Reference most relevant to AMSANT's role, expertise and the Northern Territory context: (b), (c), (d), (e), (g) and (h).

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

Mandatory co-payment contributions for independence and everyday living services under the Support at Home program are likely to create significant affordability barriers, particularly for Aboriginal older people accessing care through ACCHSs.

A key concern is that the new arrangements require ACCHSs to charge clients directly for a portion of their care. Under the Support at Home model, funding is allocated to the individual, who must then contribute towards the cost of eligible services. This represents a substantial shift from previous arrangements, where many ACCHSs absorbed these costs to ensure clients could access care without financial barriers.

For many older Aboriginal people, even modest co-payments may create financial hardship. Older people are often living on fixed incomes and may already be managing increasing costs of housing, food, utilities and health care. The requirement to contribute to the cost of everyday living and independence services may result in some clients reducing or declining essential supports, leading to poorer health outcomes, reduced independence and increased social isolation.

The financial hardship provisions available under the program are unlikely to adequately address this issue. ACCHSs have reported that the hardship application process is lengthy and complex, requiring extensive documentation and interaction with systems such as Centrelink. For older people, particularly those living in remote areas, experiencing low literacy, or requiring support to navigate government processes, the administrative burden may act as a significant barrier to obtaining assistance.

The requirement to collect client contributions also sits uneasily with the ACCHS model of care. ACCHSs are founded on community control, trust and culturally safe relationships. Requiring services to collect payments from Elders and community members risks undermining those relationships and may discourage engagement with care.

There is also concern that mandatory client charging may reduce the capacity of ACCHSs to provide aged care services. If clients are unable or unwilling to pay co-payments, service utilisation may decline, affecting both client outcomes and service sustainability. Ultimately, this could reduce access to culturally safe aged care and undermine efforts to support older Aboriginal and Torres Strait Islander people to remain living independently in their communities.

Recommendation 1: Protect access to culturally safe care
The Australian Government should provide an exemption for Aboriginal Community Controlled Health Services from mandatory client co-payment requirements under the Support at Home program, similar to arrangements that exist under Medicare. Such an exemption would remove financial barriers for older Aboriginal and Torres Strait Islander people, preserve trust-based relationships between ACCHSs and clients, and support equitable access to culturally safe aged care services.

(c) trends and impact of pricing mechanisms on consumers

Pricing transparency is intended to support informed consumer choice. However, in remote and very remote Northern Territory communities, market-based pricing mechanisms may have limited practical benefit because many older people have few, if any, alternative providers to choose from.

While greater pricing transparency is intended to support consumer choice, the practical reality for many older Aboriginal people is that there are limited service options available in remote locations. As a result, consumers may have little capacity to compare providers or choose lower-cost alternatives, reducing the effectiveness of market-based pricing mechanisms in these settings.

Under the Support at Home program, providers are required to publicly publish their prices, enabling consumers to see the full cost of services and the proportion they are expected to contribute. While this transparency is positive in principle, it may also highlight the high cost of delivering services, particularly in remote areas where workforce shortages, travel requirements and operating costs are significantly higher. For example, routine domestic assistance (such as laundry) may appear expensive when the full cost of remote service delivery is displayed, even where the client contribution is only a portion of the total cost.

For older people living on fixed and often very limited incomes, these prices can be confronting and may discourage service uptake, even where the client contribution is substantially lower than the total service cost. Consumers may perceive services as unaffordable and choose to forego supports that are important for maintaining independence, health and quality of life. This risks increasing unmet care needs and may ultimately lead to poorer outcomes and greater demand for higher levels of care in the future.

The reforms also assume a level of consumer engagement, financial literacy and confidence in navigating pricing information that may not reflect the circumstances of many older people in remote communities. Understanding pricing schedules, calculating co-contributions and comparing service costs can create additional barriers to access, particularly where language, literacy or digital access challenges exist.

In the Northern Territory context, pricing mechanisms that rely on consumer choice and co-contributions must be carefully considered against the realities of geographic isolation, limited provider markets and entrenched socioeconomic disadvantage. Without appropriate safeguards, there is a risk that these mechanisms will widen existing inequities and further reduce access to essential aged care services for some of the most vulnerable older Australians.

Recommendation 2: Improve affordability and hardship protections
The Australian Government should ensure that aged care pricing arrangements recognise the unique circumstances of remote and Aboriginal communities, including measures to minimise out-of-pocket costs, protect access to essential services and prevent pricing mechanisms from creating additional barriers to care for older people experiencing financial disadvantage.

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

There are significant concerns regarding the adequacy and accessibility of the financial hardship assistance arrangements for older Australians who are unable to afford co-contributions under the new aged care system.

While a financial hardship pathway exists, stakeholders report that the application process is complex, time-consuming and difficult for many older people to navigate. The process requires detailed financial information and supporting documentation, which can be particularly challenging for people experiencing low literacy, cognitive decline, limited digital access, language barriers or financial stress. These barriers are compounded in regional, remote and very remote communities where access to Centrelink, advocacy and administrative support may be limited.

As a result, older people who would otherwise be eligible for financial hardship assistance may choose not to apply, may be unable to complete the process, or may experience delays in accessing necessary support. This raises concerns that the hardship provisions, while available in principle, may not be readily accessible in practice for those most in need.

The complexity of the process also places additional pressure on aged care providers, including ACCHSs, which are often required to assist clients in navigating government systems and completing extensive paperwork. This creates an additional administrative burden for organisations that are already operating in resource-constrained environments.

An effective financial hardship framework should be simple, accessible and responsive to the circumstances of vulnerable older people. If hardship assistance is difficult to access, it cannot adequately protect those who face genuine financial barriers to care.

Recommendation 3: Ensure pricing arrangements do not create barriers to care
The Australian Government should simplify the financial hardship application process, reduce administrative requirements, and introduce streamlined assessment pathways for older Australians receiving income support payments. Consideration should also be given to automatic or presumptive eligibility for hardship assistance for individuals receiving Centrelink

pensions or other indicators of financial disadvantage, ensuring that those most in need can access aged care services without unnecessary administrative barriers.

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

The effectiveness of the Support at Home program must also be considered in the context of its impact on the broader health and aged care systems, particularly residential aged care services and public hospitals in the Northern Territory.

Hospitals across the Northern Territory continue to experience significant and ongoing pressure, including capacity alerts and periods of heightened demand.A persistent challenge within the hospital system is 'bed block', where patients who no longer require acute hospital care are unable to be discharged because appropriate community, respite or aged care services are unavailable. Despite the introduction of aged care reforms aimed at supporting older people to remain living independently at home, stakeholders have reported that these pressures remain unchanged and that few practical improvements have been realised within the Northern Territory hospital system.

A key contributor to this situation is the lack of available respite services. Demand for respite care remains high across the Northern Territory, yet access to residential respite is extremely limited, and in some areas effectively unavailable. Respite services play a critical role in supporting family members and carers, preventing carer burnout, and providing temporary care options for older people whose needs cannot be safely managed at home.

Where respite services are unavailable, carers may ultimately be forced to seek assistance through hospitals during periods of crisis. Similarly, older people who could otherwise be supported through short-term residential care or enhanced community-based services may instead remain in hospital beds for extended periods while suitable arrangements are identified. This places additional strain on already stretched health services and reduces the availability of hospital beds for patients requiring acute care.

The interaction between limited aged care services, inadequate respite availability and hospital demand creates a cycle in which pressure in one part of the system is transferred to another. Without sufficient access to community-based supports and residential respite options, the goal of reducing hospital admissions and supporting ageing in place becomes increasingly difficult to achieve.

In the Northern Territory context, ongoing hospital capacity pressures and delayed discharge indicate that aged care reforms have not yet delivered the intended system-wide benefits. Greater investment in community aged care, respite services and culturally appropriate residential aged care options is required to reduce avoidable admissions and support timely discharge.

Recommendation 4: Invest in remote service availability and respite

The Australian Government should prioritise investment in residential respite services and community-based aged care supports in the Northern Territory, with particular focus on remote and Aboriginal communities. This should include measures to address service shortages, improve discharge pathways from hospitals, and ensure older people can access appropriate

care in the most suitable setting, reducing unnecessary hospital admissions and prolonged hospital stays.

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

Thin aged care markets are a central barrier to effective implementation of Support at Home in the Northern Territory. The principles underpinning the aged care reforms, including consumer choice, provider competition and market-based pricing, are difficult to achieve in many remote and very remote communities where population sizes are small, distances are vast and service delivery costs are exceptionally high.

In many remote communities, older people have access to only one provider, and in some locations no local provider at all. Small population sizes, vast distances and high delivery costs mean that consumer choice, provider competition and market-based pricing cannot operate in the same way as in metropolitan areas. Providers also face higher costs associated with recruitment, retention, travel, accommodation, fuel, freight, infrastructure and compliance.

Thin market conditions also create risks to service continuity and sustainability. Where only a single provider operates, any reduction in funding, workforce shortages or service withdrawal can have immediate and significant consequences for older people. In some communities, the loss of one provider may leave older people without access to culturally safe aged care services altogether, forcing them to relocate away from family, Country and community to receive care.

The introduction of co-contributions and increased administrative requirements may further compound these challenges. Providers in thin markets have limited capacity to absorb financial risks or administrative burdens, while clients may be less willing to engage with services if additional costs are imposed. This can undermine the viability of already fragile service systems and reduce access to essential supports.

While specific grant programs – such as the *Support at Home Thin Market Grants* – provide important viability funding for existing providers operating in rural, remote and specialist service markets, they are primarily designed to sustain and build the capacity of existing services. Such grants do not include specific mechanisms or incentives to attract new providers into aged care markets or establish services in locations where no provider currently exists. As a result, they may help maintain existing service availability, but are unlikely to address persistent gaps in access, expand coverage into new communities, or increase competition and consumer choice. For older people living in remote and very remote regions, genuine choice will remain limited unless targeted measures are introduced to support market entry, service establishment and long-term provider sustainability in underserved locations.

For Aboriginal communities, the impacts of thin markets extend beyond service availability. Access to culturally safe and community-controlled care is critical to supporting older people to age with dignity, maintain connection to culture and Country, and remain within their communities. Market settings that fail to recognise the unique circumstances of remote Australia risk widening disparities in access to aged care and health outcomes.

Recommendation 5: Recognise persistent thin markets in remote areas
The Australian Government should recognise remote Northern Territory aged care services as operating in persistent thin markets and implement dedicated funding and policy measures that are not dependent on market competition. This should include ongoing viability funding, flexible commissioning arrangements, workforce support initiatives, and targeted investment in Aboriginal community controlled health services to ensure older people in remote communities can access culturally safe, sustainable and equitable aged care services regardless of population size or geographic location.

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

For Aboriginal communities in the Northern Territory, aged care reform must be measured by whether it improves access to culturally safe, community-controlled care and enables older people to remain connected to family, community, culture and Country. On this measure, AMSANT is concerned that the current reforms have not yet delivered meaningful improvements and may be increasing complexity for both clients and providers.

Stakeholders report that many pre-existing barriers remain unresolved, including workforce shortages, limited provider availability, administrative complexity, digital exclusion and difficulties navigating assessment, pricing and hardship processes. These barriers are particularly acute in remote communities affected by thin markets and limited access to mainstream services.

Increased administrative requirements and co-contributions are likely to disproportionately affect Aboriginal older people, many of whom rely on ACCHSs and trusted workers to navigate government systems. Without targeted support and culturally safe design, the reforms risk reducing trust, discouraging service uptake and widening inequities.

Overall, the experience of providers and the aged care workforce suggests that the reforms have yet to deliver the intended improvements for First Nations communities. There is a strong perception that existing challenges remain and that, in some respects, the system is becoming more difficult for communities and providers to navigate.

Recommendation 6: Strengthen culturally safe reform design
The Australian Government should undertake a targeted review of the impact of aged care reforms on First Nations communities, with a particular focus on remote and regional areas. This review should be informed by Aboriginal Community Controlled Health Services and community representatives, and should identify opportunities to reduce administrative burden, strengthen culturally safe service delivery, and ensure reforms improve, rather than diminish, access to aged care for priority populations.

Concluding remarks

AMSANT supports the goal of enabling older people to live safely, with dignity and connection to community for as long as possible. However, achieving this goal in the Northern Territory requires reforms that are responsive to remote service delivery, persistent thin markets, housing insecurity, workforce shortages and the central role of Aboriginal community-controlled services.

Without targeted safeguards and investment, there is a risk that the Support at Home program will increase complexity, create new affordability barriers and widen existing inequities for older Aboriginal people and other priority populations. Reforms must be designed and implemented in partnership with ACCHSs, Elders, communities and the aged care workforce to ensure they deliver practical improvements on the ground.

AMSANT urges the Australian Government to adopt the recommendations outlined in this submission to strengthen access, equity, cultural safety and service sustainability across the Northern Territory.