Aged Care Remote Accord Response to the Support at Home Inquiry

July 2026

About the Aged Care Remote Accord

The Aged Care Remote Accord (the Remote Accord) is a group of service providers and industry experts delivering aged care services in regional and remote areas of Australia.

The Remote Accord was formed based on the belief that every community – including those in remote and very remote areas of Australia – has an equal right to accessible, high quality aged care services.

The Remote Accord saw its genesis in the 'A Matter of Care: Australia's Aged Care Workforce Strategy' report; Strategic Action 11 recommended that the Government and industry support the establishment of a Remote Accord.

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Introduction

This submission to the Senate Community Affairs References Committee is made by the Aged Care Remote Accord (Remote Accord) in response to the July 2026 consultation period on the Support at Home inquiry. In giving this response, the Remote Accord wishes to ensure that the unique challenges facing service providers and their clients in remote and very remote Australian communities are given consideration. This submission draws on direct feedback from providers working in Modified Monash Model (MMM) regions 5 to 7 who have highlighted how Support at Home impacts remote and very remote communities.

↘ Key Recommendations

Support at Home is still in its infancy and many service providers in remote Australia have not made the transition to delivering Support at Home. It is vital that consultation continues to occur in the years leading up to 2030 as remote Australia completely transitions to the new system and additional implementation challenges emerge. We are already seeing considerable issues in accessing and delivering Support at Home in remote Australia. Going forward, we recommend that the government take steps to:

- Remove barriers that prevent entry into Support at Home for older people.
- Allow remote and very remote service providers to utilise block and/or flexible funding.
- Reduce system complexity for older people accessing care.

↘ Recommendation 1: Remove Barriers to Entering Support at Home

Remote communities are facing multiple barriers to entering Support at Home. The most significant barriers preventing entry are the assessment process, and unwillingness to sign documents such as service agreements. A large proportion of people in remote Australia are declining to access Support at Home because of the barriers to entry, causing them to rely on CHSP services or hospital services when they need care. Barriers to entry must be addressed to improve outcomes for clients in remote Australia.

Assessments

Assessments are a significant issue in remote Australia. Most assessments are done via phone with assessors who do not understand remote contexts, and if a client opts for a face-to-face assessment, it can take weeks to organise.

Our network of remote service providers has told us that assessments are an issue, with 11 services out of 27 who attended a co-design session telling us assessments are a significant issue in their service. We had 14 out of 27 services say that understanding of remote contexts is lacking and 13 out of 27 services say that understanding of Aboriginal and Torres Strait Islander culture is lacking.

Case Study

Assessments in Remote Australia

Assessments in remote Australia can miss the mark due to a lack of understanding of remote contexts, geographical isolation, and cultural understanding. Assessments are not culturally appropriate for the high proportion of Aboriginal and Torres Strait Islander populations in remote and very remote Australia. This population:

- May not speak English as a first language.
- May show signs of dementia that are overlooked due to unique presentations.
- Be classified as lower levels of support than what they need.

Understanding of remote contexts and geographical isolation are particularly lacking when assessments are conducted via phone. One service reported difficulty with assessors they were using, who asked questions such as “what state is Alice Springs in?”

Without addressing the current issues, assessments will continue to be inappropriate for older people in remote and bar them from accessing services. **People undertaking assessments in remote Australia must be educated on remote and cultural contexts, to ensure older people are being accurately assessed and assisted to enter Support at Home.**

Unwillingness to sign documents

A significant cohort of older people are unwilling to sign documents and enter service agreements with providers who deliver Support at Home. The reality is that co-contributions are too expensive for older people in remote, who are often pensioners facing higher co-contribution costs than their metropolitan counterparts. Delivering home care services in remote areas costs more than delivering home care services in metropolitan areas, so a pensioner paying a 17.5% co-contribution will pay a different amount depending on where they live[1]. For example, Juniper delivers domestic assistance services in metropolitan Perth at $115/hour, compared to $170/hour in the remote Kimberlys. Due to the co-contribution costs, clients are declining to sign service agreements and pay their co-contribution, leaving them without care[2, 3].

Another significant issue with signing documents is the large proportion of Aboriginal or Torres Strait Islander people in remote. Some Aboriginal or Torres Strait Islander people do not understand what their documents mean and struggle to understand the importance of signing documents, especially when English is not their first language. As a result, many feel uncomfortable signing documents they do not understand and opt out of receiving care.

Co-contribution costs and service agreement documents need to be carefully considered and revised, so that people in remote do not go without care. **Service agreement documents must be accessible and easy to understand, to encourage older Aboriginal or Torres Strait Islander people to access Support at Home.**

↘ Recommendation 2: Retain Block and/or Flexible Funding for Support at Home

The current funding system under Support at Home is not sufficient to enable providers to adequately care for older people in remote Australia. The lack of flexibility around how funding can be used, under-resourcing, and high co-contributions mean that people are not receiving the care they need. The funding system must be fixed to ensure older people are receiving the care they deserve.

Retain block and/or flexible funding

Remote service providers in our network continue to tell us that it is necessary for Support at Home funding to retain a form of block funding or have flexible funding options. Remote services need block and/or flexible funding to adapt to community needs. We had 13 out of 27 remote services tell us flexible funding is a necessity, with many ranking it as one of the most important issues facing remote services. It is vital that funding is not tied to specific categories of use, so that providers can move funding around to the areas that will make the greatest difference to their community.

Case Study

Flexible Funding in Remote Australia

In our network, we are aware of a remote service provider that delivers home care services to their clients via the Commonwealth Home Support Program (CHSP). Most of their clients are Aboriginal and do not have a home address. The service faces challenges receiving adequate funding to support their clients. The service must regularly complete paperwork for their clients who need home care services, but do not have a home address.

The service has adapted by utilising CHSP block-funding to deliver home care at town camps. They also offer home care in town at a communal hub, which includes laundry, meals, and shopping assistance. The service relies on flexible funding due to their client makeup.

This service is just one example where block and/or flexible funding delivers better outcomes than individualised funding. If this service is forced to transition to individualised funding under Support at Home, they will not have the flexibility to respond to their communities' needs, and their clients will suffer worse outcomes.

Block and/or flexible funding must be retained in some form for remote communities. **A carve out should be created that allows MM6 and MM7 locations to access block funding rather than individualised funding.**

Absorb grants to increase funding

Services in remote Australia often rely on grant funding to make up for the shortfall in the funding they are allocated, which costs service providers time and administrative effort to apply for. Applying for grants can be complex and places the burden of paperwork on providers trying to deliver care in their communities.

Several services in our network told us that grant funding is overused and should be absorbed into broader Support at Home funding, to boost the total funding available for care delivery. **Absorbing grant funds would reduce the administrative burden of applying for grants that keep services viable and would increase the amount of money services have available to deliver care in remote Australia.**

↘ Recommendation 3: Reduce Complexity of Systems

Remote providers are struggling with system complexity under Support at Home, with many expressing that having multiple entry points into care via CHSP or Support at Home is confusing for clients and administratively burdensome for providers. Remote areas have lower levels of internet access, technology access, and readiness to transition to new systems. We had 20 out of 27 services tell us that technology, software readiness, and data safety are challenges their service must deal with. We also had 13 out of 27 services tell us that system navigation through the Government Provider Management System (GPMS), My Aged Care, and e-tools are a challenge for their service.

One pathway into care

There must be one pathway into receiving care for clients who need home care services. Currently, clients can access CHSP or Support at Home, with many older people confused about the differences and struggling with which option to utilise. With multiple pathways into care, older people sometimes opt out of care altogether because they feel unable to navigate the complexity.

Providers have to dedicate resources to helping older people understand the different pathways and fill out paperwork, with the organisation absorbing this cost rather than charging older people for the additional time. **Systemic complexity must be reduced for clients and providers by only having one pathway into care.**

My Aged Care and Financial Hardship Assistance

My Aged Care has been a significant issue in remote Australia. Most Aboriginal and Torres Strait Islander people are not in the My Aged Care system and do not want to undertake the process to enter the system. This means that providers have difficulty receiving funding to deliver care to this community, and clients can miss out on care entirely if they must be registered in My Aged Care.

Almost all older people accessing aged care in remote Australia are pensioners and are unable to afford co-contributions, which makes them eligible for a financial hardship application. Many older people cannot complete the application alone, so providers must assist them to complete the application. This is burdensome in terms of time and cost to providers and can result in delayed care. **Financial hardship applications should be simplified, and service providers should be compensated for time spent assisting clients to complete financial hardship applications.**

Reference List

[1] Support at Home participant contributions. Department of Health, Disability, and Ageing, 2025. Support at Home program – participant contributions

[2] Kimberly Support at Home fees. Juniper, 2025. Kimberley Support at Home Fees - Juniper

[3] Perth Metro Support at Home fees. Juniper, 2025. Home Care Package Fees, Costs & Pricing Perth – Juniper