Carers Australia Submission to the Senate Community Affairs Reference Committee

Inquiry into the Support at Home Program

July 2026

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About Carers Australia and carers

Carers Australia is the national peak body[1] representing over 3 million unpaid carers (around 12% of the population). Carers are people who provide care and support to family members and friends who live with disability, mental illness, a chronic condition, terminal illness, an alcohol or substance issue or who are frail aged.

Our vision is an Australia that values and supports unpaid carers, where all carers have the same rights, choices, and opportunities as other Australians to enjoy optimum health, social and economic wellbeing and to participate in family, social and community life, employment, and education.

Unpaid carers make an invaluable contribution

Unpaid carers[2] make an invaluable contribution to the care and lives of the people they care for, and to the community more generally. The contribution of Australia's carers was estimated to be $78 billion in annual replacement care costs in 2020.[3]

Unpaid carers are the main source of care for older Australians. In 2022, of those older Australians requiring support, 72% received some assistance from family and friends and 58% from a formal (paid) provider.[4] Carers support those they care for to remain independent in the community – in 2022, 96% of Australians aged over 65 years were living at home and just over 40% had a profound or severe limitation and needed assistance with at least one personal or everyday activity.

Most carers over 65[5] years are caring for their spouse or partner, but older couples are often co-dependent for support and may also be supported by their adult children and grandchildren (grandparents can also be caring for grandchildren with additional needs).

With an ageing population, and a preference of many older Australians to age at home connected to family, friends and community, it is important that in-home aged care supports are accessible, affordable and effective. It is also important that the large (arguably Australia's largest) workforce of unpaid, largely invisible carers who provide the thousands of hours of personal, health and emotional care and navigation support for older people are supported. They are essential to the delivery and sustainability of our health and age care systems, a point noted by the Royal Commission into Aged Care Quality and Safety:

> *'The value of informal carers to the sustainability of the aged care system is difficult to overstate, but their work is largely invisible. From the number of informal carers, the economic value they contribute, and the important care and support they provide, there is no*

[1] Our member organisations are the carer organisations in NSW, Victoria, Queensland, South Australia, Western Australia, Tasmania and ACT.
[2] Also known as family and friend carers.
[3] Deloitte Access Economics (2020) *The value of informal care in 2020*.
[4] Australian Bureau of Statistics (2023) *Disability, ageing and carers, Australia: Summary of findings, 2022*.
[5] In 2022, 60% of primary carers providing care to a spouse or partner were aged 65 years and over, and 60% of those providing care to a parent were aged between 45 and 64 years. Disability, Ageing and Carers, Australia: Summary of Findings, 2022 | Australian Bureau of Statistics

doubt the aged care system depends on the contribution of informal carers. Providing informal care for an ageing family member or friend can bring personal rewards and satisfaction. But we learned that a caring role can also have detrimental effects on the health, wellbeing and financial security of the carer. Over time, this can affect the quality of care an older person receives and the sustainability of the caring relationship.'[6]

About our submission

Carers Australia welcomes the opportunity to provide a submission on *the Inquiry into the Support at Home Program*. Our submission was developed with input from state and territory carer organisations[7] and is informed by carers lived experience with the new Support at Home program. Carers Australia held a carer consultation on reforms to in-home aged care. We also undertook a national survey of carers where we asked them about their experience with the new Support at Home program (box 1). Case studies and quotes from carers feature in our submission.

Box 1: Carers Australia's survey – the impact of the Support at Home program on carers

In July 2026, Carers Australia conducted a national survey on the impact of the Support at Home program on carers. 478 carers responded to the survey.[8]

Most carers responding to the survey were caring for a parent or parent-in-law (60%); 28% were caring for a partner/spouse. Around half were aged 55 years or over (23% 55-64 years and 28% were 65+ years old). 75% lived (or had lived) with the person needing support.

- 40% of the carers lived in metropolitan areas, 48% regional, 11% rural and 2% remote.
- 7% of carers were Aboriginal and Torres Strait Islanders, 13% CALD, 5% LGBTQI+ and 7% did not have English as their first language.
- 70% were caring for an older person who had previously received a Home Care Package and 13% for someone who had received the Short-Term Restorative Care Program. Just under 10% were caring for someone who had only received funding under the Support at Home Program.

Our submission first discusses how the experiences of carers and the older people they care for align with the objectives of the Support at Home program before addressing the inquiry's terms of reference.

Our submission at a glance

Carers Australia supports the stated intent of the Support at Home program to help older people stay at home as long as possible by improving access to services and home

[6] Australian Government, Royal Commission into Aged Care Quality and Safety Final Report: Care, Dignity and Respect, Volum2 1, p. 103.
[7] This includes carer organisations in NSW, Victoria, Queensland, South Australia, Western Australia, Tasmania and ACT.
[8] Not all respondents answered all the survey questions.

modifications and a focus on early interventions and support. However, based on the experiences of older people and their carers, the Support at Home program is not achieving its objectives.

And despite increased funding for in-home support, older Australians continue to wait too long for assessments for aged care support and to access the Support at Home program. Long wait times not only affect the health (maintaining function), independence, safety and dignity of older Australians, they are contrary to the programs focus on early intervention and support as well as the objective of helping older Australians remain living at home for as long as possible. Long wait times also require carers to take on additional roles, and often at high personal, emotional and financial cost.

Funding under the Support at Home program does not extend as far as it did under Home Care Packages. Older people and carers both feel like they are getting a bad deal. Older people are getting fewer services because of higher costs and carers are picking up more caring). Pricing mechanisms and co-payments are also contributing to inequities and forcing older people to ration or withdraw supports, including preventative supports, and/or to purchase services privately. These trends are resulting in a two-tiered system where those with financial means and a family or friend carer can supplement care, while those without are going without.

Carers are also not reporting positive outcomes on choice or person-centred care. 45% of carers responding to Carers Australia's survey said the person they cared for had limited or no real choice of services or providers under the Support at Home program.

Carers Australia acknowledges that Support at Home is a new program that is in transition. It is, therefore, not surprising there have been some teething issues. But the changes have increased confusion and there is a lack of transparency and consistency in access pathways (especially for people without advocacy support).

Carers who had been looking after older people receiving Home Care Packages report that Support at Home is more difficult to navigate and the fall out is additional work, more time spent navigating and extra stress. Around 50% of respondents to the survey said they found navigating the Support at Home program either very difficult or difficult. It is worth noting that the Royal Commission into Aged Care Quality and Safety, on finding the aged care system overly complex and difficult to navigate, made recommendations to create a system that was more accessible and readily understood.

If the failings of the new Support at Home program are not addressed, there is increased risk of carer burnout, and this will undermine the sustainability of caring relationships and the ability for older people to remain living in the community for as long as possible. It will also mean higher costs for our health and aged care systems and Carer Gateway services.

Our recommendations

Carers Australia recommends the Australian Government:

- Improve accountability and **reporting of the outcomes** of the Support at Home program. There should be a performance framework put in place to measure and report progress against agreed outcomes. The framework should have measures to **track the impact of the program on carers** and there should be **engagement with carers** on the design of **the program's evaluation**.
- **Increase investment** in aged care assessments and the Support at Home program **to reduce the time older Australians wait for supports** to live safely and with dignity at home. There should also be **improved accountability** around how investment in home care supports will shorten waiting times and achieve **the waiting time target of 3 months by July 2027**. The **Assistive Technology and Home Modifications approval processes** should also be **revisited**.
- Increase the Support at Home program's **quarterly budget carry-over** amount or allow exemptions for circumstances where funds are being carried over for time-limited and/or safety-related support needs.
- Invest **in an education campaign** that clearly communicates key information to older people, carers and providers about how the new Support at Home program works and what it means for them. The education campaign should also explain the differences between the programs that are important for older people and carers to understand.
- Raise awareness of, provide information about, and simplify, **the financial hardship assistance arrangements**.
- Review the effectiveness of the **Integrated Assessment Tool** in capturing and responding to carers' needs (including the need for funded respite care).
- Undertake an independent review of the availability, quality, appropriateness and affordability of **respite care services**.

The Support at Home program is not achieving its objectives

The Support at Home program, by bringing together the in-home aged care programs, aims to help older people stay at home as long as possible by:

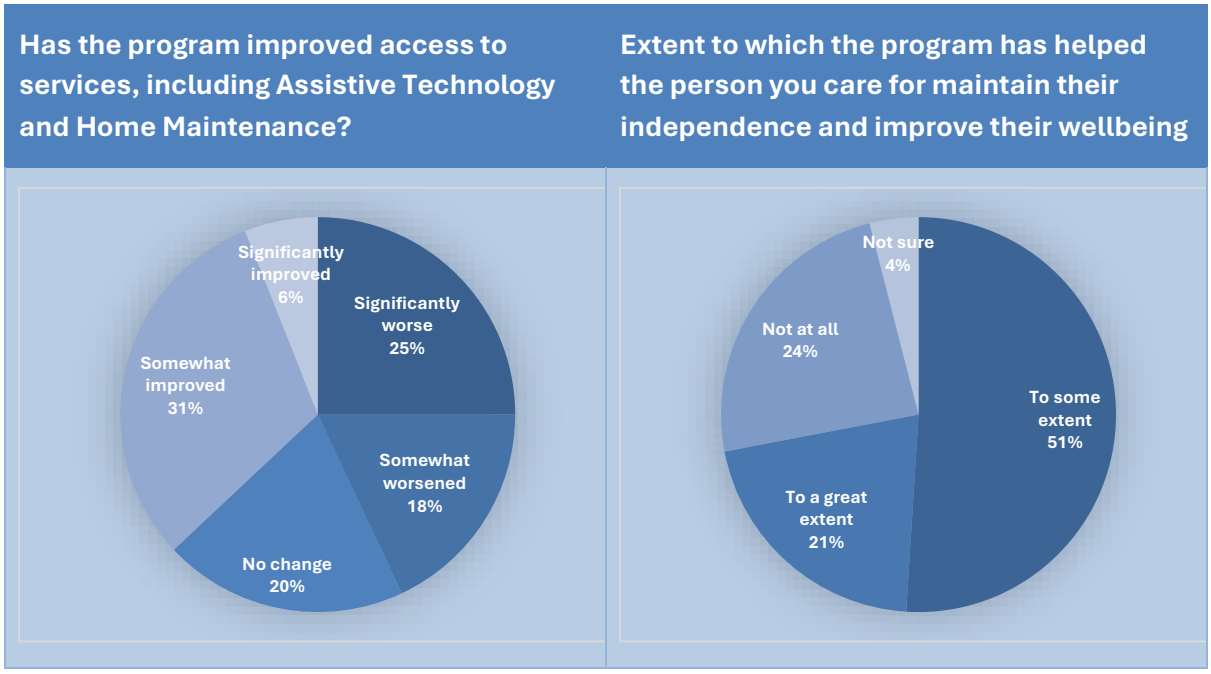
- improving access to services, products, equipment and home modifications
- focusing on early interventions and upfront support
- providing higher levels of care for older people with complex needs
- enabling equitable, person-centred care, with an emphasis on choice and control.[9]

But when Carers Australia asked carers of older people receiving the program if it was achieving its objectives, the resounding message was that there is a large gap between what carers and the elderly people they are caring for are experiencing and the stated objectives of the program.

Over 40% of respondents said access to services was worse under the new program (figure 1) and while most carers said the program helped the person they care for (or had cared for) maintain their independence and improve their wellbeing to some extent, 24% said it had not helped at all (figure 1).

'I am tired often overwhelmed and very frustrated with this whole program and the way in which it is supposed to work for the better for clients when it doesn't at all.'

Figure 1: Carers' views on service access, independence and wellbeing



Source: Carers Australia's survey on the impact on the Support at Home program on carers.

[9] Intent of the Support at Home program | Australian Government Department of Health, Disability and Ageing

Reduced purchasing power (discussed in more detail below) was one of the reasons carers reported poorer access to services, however, carers also spoke about fewer services being available than under Home Care Packages.

> *'The program is supposed to be about giving aged care recipients rights and care tailored to their needs. But SAH [Support at Home] really is about cutting the range of services that existed under HCP [Home Care Packages], making them more expensive for recipients and saving the government money.'*

Carers accessing supports for older people for the first time seemed more satisfied with the Support at Home program than those with experience with Home Care Packages.

Some carers questioned whether the new program was more equitable, pointing to the inequitable shifting of costs between different groups accessing the program. For example:

> *'So unfair how people that were receiving support at home are not expected to pay contributions but clients joining now have very significant ones.'*

> *'I have relatives classed as grandfather[ed] clients and relatives as hybrid clients with co-contributions. The ones who need to pay are just going without and deciding their care based on money.'*

The Inspector-General of Aged Care also noted that 'two people with exactly the same income are asked to pay very different amounts simply because one is frailer, sicker and further along the trajectory of decline'.[10]

The program also did not score well on home care choices and person-centred care. 45% of carers responding to our survey reported limited or no real choice of services or providers.

> *'Rather than increasing my control over care decisions, the transition has reduced it.'*

> *'Everything the government says is that we have a choice. We don't have a choice. They've taken the choice away from the client, they've taken the choice away from the carer.'* [11]

It is essential that the program has clearly defined performance measures and targets for tracking progress against agreed outcomes. The Australian Government should develop a performance framework for measuring and reporting progress against agreed outcomes for the Support at Home program. This aligns with the Department of Health and Aged Care *Evaluation Strategy 2023-26* and the message from the Secretary:

> *'We need policies and programs to deliver outcomes as intended, with performance tracked, and resources used appropriately, effectively and efficiently. Success requires our policies and programs to be based on the best available evidence.'"*[12]

The Evaluation Strategy also notes the importance of evaluation being considered early in the policy and program cycle and it being tailored to the characteristics of a policy or program. It is

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[10] Proof Committee Hansard, Senate, Community Affairs References Committee, Support at Home Program, Public Hearing, Wednesday 24 June 2026, p. 3.

[11] A comment by a carer participating in Carer's Australia's carer consultation on the impact of in-home aged care reforms on carers.

[12] Department of Health and Aged Care Evaluation Strategy 2023–2026, p. 2.

essential (to get the full picture of impacts and outcomes) that carer outcomes are included in the evaluation of the Support at Home program. This aligns with the National Carer Strategy Action Plan 2024-2027.[13]

Carers Australia understands that an evaluation of the Support at Home program is scheduled for 2027 and external engagement on the evaluation has begun.[14] Carers Australia looks forward to being consulted on the key evaluation questions and the inclusion of an assessment of the impact of the program on unpaid carers.

Recommendation 1:

The Australian Government should develop a performance framework for measuring and reporting progress against agreed outcomes for the Support at Home program. The framework should have measures to track the impact of the program on carers and there should be engagement with carers on the design of the program's evaluation.

The ability of older Australians to access services to live safely and with dignity at home

Carers Australia acknowledges that the Support at Home program plays a critical role enabling older Australians to live safely and with dignity at home. However, while there are almost 340,000 older people receiving care under the program, there are also just over 100,000 older Australians waiting for Support at Home funding (equivalent to the official capacity of the Melbourne Cricket Ground).[15]

And before joining the waitlist for the program, older Australians must first join the waitlist to be assessed for support. In December 2025, there were just over 100,000 older Australians on this list. This means there are around 200,000 older Australians who are formally unsupported and waiting for aged care support and informal carers are providing their interim care.

Wait times older Australians are facing to access the program are also way too long. Carers Australia heard multiple accounts of people experiencing substantial delays (extending well beyond 12 months) accessing Support at Home, including people in their nineties. Such delays put into question the ability of older Australians to access services to live safely and with dignity at home.

Extended wait times for access to supports negatively affect both older people needing care and carers. Carers responding to our survey spoke about the older people they care for deteriorating while waiting for an assessment/reassessment and/or to access the program (box 2). They also spoke about the people they care for being admitted to hospital and/or

[13] One of the principles of the Strategy is that the lived experience of carers will be included in the co-design and co-production of policies, supports and services for carers and carers' lived experience will be included in evaluation processes.

[14] Community Affairs Legislation Committee_2026_06_02.pdf;fileType=application/pdf, p. 26

[15] As at 31 March 2026. 338,049 people were receiving care and 100,191 people were in the Support at Home Priority System waiting for a Support at Home ongoing place at their approved classification or Transitioned HCP level. Support at Home program data report 1 January – 31 March 2026

prematurely placed into residential care (when their preference was to age at home), and cases of older Australians dying before assessments and/or services were made available. Avoidable hospital admissions, extended hospital stays and premature entry into residential care result in higher cost for taxpayers. Carers Australia notes that the newly established Hospital Discharge Joint Taskforce to address hospital bed blocking as an indication of the high costs to other systems of delayed support for older people.

Box 2: Carers report long wait times with poor outcomes for older people and carers

'My mother has dementia. … I waited 3 months for my mother to get reassessed … I received a letter from the assessment team; it will take 12 months for my mother to receive the new package. It is a system that does not provide safety and disadvantages seniors, not fair!'

'My mother needed reassessment … I got her reassessed in Jan 2026, but algorithm rated her medium priority level 8. She didn't get her SAH8 & died from heart failure waiting.'

'My father has been waiting for a reassessment since February. He is now fully incontinent and can barely walk.'

'My mother received minimal in-home care until she died this year. She ended up having to live in hospital for almost two months because I couldn't get the services I needed to help her.'

Source: Carer responses to Carers Australia's survey on the impact on the Support at Home program on carers.

The Inspector-General of Aged Care recently commented that the way the aged care budget is spent makes ageing at home harder:

> *'When people receive the right support earlier, decline slows. Fewer people reach crisis. Fewer people need residential aged care, and when they do, they need it later. That means the same budget works harder, for longer, for more people. Right now, we are instead spending the aged care budget in ways that make ageing at home harder. And, by doing so, we are pushing people – unnecessarily – towards crisis.'*[16]

The Department of Health, Disability and Ageing *Aged Care Act 2024* Wait Times Report confirms that older Australians are waiting far too long for access to the Support at Home program. The average and median number of months between application and commencement of Support at Home (ongoing) is 12 months.[17] This is a far cry from the Government's commitment to reduce wait times for in-home care, with a target of three months by July 2027.[18]

A program that requires frail elderly Australians to wait 12 months to access services cannot be said to be helping people to live safely and with dignity at home. To meet this objective, the Support at Home program must be able to respond quicker to support older Australians and to

[16] The math ain't mathin': Is Australia funding independence or decline? | Inspector-General of Aged Care
[17] Aged Care Act 2024 Wait Times Report The median and average measures of the time elapsed between application through My Aged Care to commencement of aged care services for the 1 November 2025 – 31 March 2026.
[18] Press conference - Parliament House, Canberra | Prime Minister of Australia

provide an appropriate level of care when their support needs increase. To do this, there needs to be funding for home care that meets demand.

Carers Australia acknowledges that the 3 short-term pathways to help older Australians stay at home longer have shorter elapsed times between application and commencement.[19]

Carers of older people who had applied for the End-of-life Pathway, when responding to our survey, also indicated that most people (63%) had not experienced delays (although many carers were not aware of the End-of-life Pathway). They also reported shorter waiting times when applying for Assistive Technology and Home Modification supports (9% less than 3 months and 38% between 3-6 months). That said, 59% of respondents reported multiple assessments or approval steps with the Assistive Technology and Home Modification scheme and carers raised concerns about approval processes (including the need for occupational therapy assessments) delaying access to supports.

'We are still waiting for OT to attend the home, going on 7 weeks now.'

'.. a joke, get an OT to report on a $300 item .. $280 for OT, then the 10% management charge, along with the 8% fee to HMS, a charge of 25% to my mother. And then it will take at least 3 months to approve. Not bad for a 103 year old.'

Delayed access to assistive technology and home modifications is not aligned with the objective of helping older people live safely and independently at home for as long as possible.

There needs to be more investment in aged care assessments and the Support at Home program to reduce the amount of time older Australians wait for supports. This does not necessarily mean spending more money – the Inspector General of Aged Care recently pointed to modelling commissioned by her Office which shows that avoided expenditure from delaying entry into residential aged care, including by redesigning home care around timely, coordinated, assessment-led support, could deliver billions of savings to taxpayers.[20]

There should also be greater accountability around how investment in home care supports will shorten waiting times and how the Australian Government's target of 3 months by July 2027 will be achieved with the increasing number of older Australians needing support at home. The Assistive Technology and Home Modifications approval processes should also be revisited.

Recommendation 2:

The Australian Government should invest more in aged care assessments and the Support at Home program to reduce the amount of time older Australians wait for supports. There should also be greater accountability around how investment in home care supports will shorten waiting times and how the Australian Government's target of 3 months by July 2027 will be achieved. The Australian Government should also revisit the Assistive Technology and Home Modifications approval processes.

[19] Aged Care Act 2024 Wait Times Report

[20] The math ain't mathin': Is Australia funding independence or decline? | Inspector-General of Aged Care

Impacts of pricing and co-payments on access to services, financial security and wellbeing

A common complaint of carers of older people who have transitioned from a Home Care Package to the Support at Home program is reduced funding purchasing power. Reported price rises of between 30 and 50%, without corresponding increases in funding, mean older people can afford less hours of care or less frequent services, and where there are carers, they pick up what the funding does not cover (box 3). As an example, a carer participating in our carer consultation said he had reduced the cleaning service from once a week to once a fortnight and was doing more of the cleaning himself. We also heard about carers reducing respite to cover higher prices and co-contributions.

Box 3: Carers report less purchasing power compared to Home Care Packages

'Price rises of between 30 and 50%... but the funding hasn't increased the same.'

'As a carer my personal respite time has reduced due to the increased hourly fees and government contributions and have had to (at times) substitute wound nurse visits instead of carer respite time due to reduced hours available in new SaH package.'

'Since 1 November 2025, the provider doubled the hourly rate .... As a result, hours of support have been halved increasing the burden of care on the informal carer.'

'Costs on services has increased 25% or more .. we've had to cancel services just to get by.'

'I now pay an extra $5000 a year for the same services mum was receiving for several years before this. I used to have one week a year where I could go away. This is no longer financially viable due to increased costs for mum. I have also had to leave my full time job and take a part time job to provide the care for mum she can no longer afford due to increased costs.'

'Lost hours due to fees and charges going up significantly. Therefore, reduced services for my mother and I have had less time for myself.

Source: Carer responses to Carers Australia's survey on the impact on the Support at Home Program and our Carer Consultation on the Impact of in-home aged care reforms on carers.

Large changes to average hourly rates for services such as gardening, cleaning and meals under the Support at Home program were noted by many carers.

Most carers responding to our survey reported an increase in out-of-pocket expenses under the Support at Home program. The highest increases were more than 50% (9% of respondents) and between 31-50% (11% of respondents). The impact of high out-of-pocket expenses on supports used by older Australians should be reviewed.

Another concern of carers was the big difference in prices between what providers charge under the program and what other consumers are being charged. One carer spoke about providers charging $110 per hour for domestic cleaning while they could source a good quality cleaner privately for $70 an hour. Another carer said that under the Home Care Package program they incurred a modest cost for meals provided by Meals on Wheels, but when the

same meal was provided under Support at Home, the provider charged almost double the amount.

> *'We have to purchase through the provider who have their own suppliers. These suppliers have monopoly and are overpriced. Why should we be paying 3 times the price for a walker in the package to what I could pay for one at the chemist?'*

The Inspector-General of Aged Care mentioned a similar example (a $50 pair of crutches that cost taxpayers $1,800 and a 3-month wait) in her recent speech to the National Press Club.[21]

Carers Australia notes the recently announced[22] additional consumer protections for Support at Home participants, including the stronger powers for the Aged Care Quality and Safety Commission and the commitment to publish a new National Summary of Support at Home Prices each quarter (covering the median and range of prices charged by providers). We also note the announced pause on the implementation of price caps for Support at Home services.

While we acknowledge that it is not easy to get incentives right in quasi markets (where there are significant government interventions), there should be strong stewardship, including the close monitoring and transparency of prices to ensure providers are not charging excessive fees. Policy makers should also be looking at ways to make the market work better (including addressing information deficiencies, any restrictions or barriers to older Australians having choice of services and products and being able to easily switch between providers). This is critical for getting better value for older people and taxpayers' money.

> *'Choice and control is restricted substantially. The impact includes a restriction around where products can be purchased that has also created unnecessary delays and inflated the cost of goods. It no longer meets with reasonable value for money expectations.'*

The administrative fees charged by providers was raised by carers as another area of concern.

> *'We continue to self-manage under SAH [Support at Home]. The 10% loading on the payment of invoices is unacceptable and not justified. This robs my mum of an additional $500 per month worth of services.'*

Co-payments

The recent government decision[23] to remove co-payments for essential personal care services under Support at Home is a major win for older Australians and carers. Many carers reported that the changed co-payment arrangements will mean that they will no longer be required to choose between paying for personal care, medications and food.

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[21] The math ain't mathin': Is Australia funding independence or decline? | Inspector-General of Aged Care

[22] New consumer protections for Support at Home services | Australian Government Department of Health, Disability and Ageing

[23] On 22 April 2026, the Minister for Health, the Hon Mark Butler MP and the Minister for Aged Care and Seniors, the Hon Sam Rae MP announced that the Government would invest $1 billion to change the treatment of personal care services through the Support at Home program, making them free of charge alongside other clinical care.

However, carers still raised concerns about co-payments being unaffordable and what that then meant for their caring role. The additional pressure on household finances resulting from co-payments, particularly for older people and carers on low and fixed incomes, was of particular concern.

'Unsure if I am going to be able to afford the Co Contributions that my husband who has Alzheimer's will require.'

'Because our co-payment is 40% for cleaning and gardening, it is cheaper to pay for cleaners and gardener out of our own pocket rather than paying SAH package.'

'I cannot afford to pay for any services, so I have canceled them all, I am overwhelmed , tired, exhausted physically drained.'

In cases where older people are unable to afford to pay for the care they need because of co-contributions, this affects their wellbeing and ability to live independently at home. It can also increase the risk of unnecessary hospitalisation. And carers are impacted; they become the provider of last resort. Where the wellbeing of older people is not supported (for example, social isolation affecting the mental health of older people), they are likely to require more expensive forms of care. The Inspector-General of Aged Care made the point that:

'Around 75% of people using SaH are part-or-full time pensioners which means they have limited capacity to pay for support. Yet when those same people try to access the parts of home care that are most directly about participation in life – getting out into the community, maintaining social connection, staying engaged and visible – those supports attract the highest co-payments in the system. In other words, the aspects of care most likely to preserve independence, purpose and wellbeing are also the least affordable, and therefore the most out of reach.' [24]

Most carers (70%) responding to our survey care for an older person who had previously received a home care package, and as such, many reported making no or the same co-contributions under Support at Home. Higher prices under program were of more concern to some respondents than the co-contributions.

'The co-payments aren't the issue for us, it's the overall price guide. The price per hour for services is very, very expensive (and way more than comparable NDIS rates).'

That said, increased prices for supports, together with co-contributions, were linked to reduced purchasing power and reduced ability to pay for services. Co-contributions that force older people to reduce service volume or forgo them entirely undermine the objective of the program of helping people to live independently, safely and with dignity at home for as long as possible.

The $1000 or 10% cap of quarterly budgets that can be carried over

Older people receiving Support at Home can carry over $1000 or 10% of unspent funds per quarter. 33% of carers responding to Carers Australia's survey reported that that the $1000 or 10% cap on unspent funds had *significantly* affected their ability to manage care and 40% said

[24] Oversight, reform and the consumer voice: Advancing positive ageing in a changing system | Inspector-General of Aged Care

it had affected their ability to manage care *somewhat*. Several examples were provided by carers about how the cap on funding reduced flexibility and/or restrained their ability to care.

> *'The maximum of $1000/10% carry over per quarter is not working for us as some months we do require more services … in the past we could budget to save up for assistive equipment.'*
>
> *'Under HCP we could save from one quarter to the next in order to pay for two weeks respite in every second quarter now we cannot and this has caused such strain on me.'*
>
> *'… we don't get to keep any accrued funds anymore, which we used to use when mums home nursing needs increased at times.'*

Carers also raised administrative concerns around the carrying over of funds.

> *'Statements are not time positive (2 months behind) and discrepancies are not corrected and due to quarterly funding have LOST FUNDING that could have been rolled over.'*

While Carers Australia agrees that it is not a good use of taxpayer's money to have older Australians accumulating large amounts of unspent funds (and the Assistive Technology and Home Modifications Scheme provides separate funding for equipment and home modifications), the carryover amount should not reduce flexibility around supports (including around predictable supports that are not evenly distributed across the quarters), or the ability to access respite care.

Recommendation 3:

Carers Australia recommends that the Australian Government increase the quarterly budget carry over amount or allow exemptions for circumstances where funds are being carried over for time-limited and/or safety-related needs.

Caring needs shift to unpaid carers when supports aren't available

While carers are known for stepping up to fill the gap when services are delayed or unavailable, it often involves high personal, emotional and financial cost.

> *'Still waiting for services. I take multiple days leave to assist in Dad's care impacting both my career, my team and my financial situation.'*

Carers' workforce participation rates are lower than Australians without caring roles (80% compared to 82%) and lower again for primary carers (65%).[25] And with women making up 70% of carers, they are more likely to bear the costs when services are delayed or unavailable.

Carers stepping up to fill in care gaps can also place both the older person and carers at risk, particularly in cases where care needs are complex as unpaid carers are not provided with formal training or support. Preventable injuries occur, carers burnout and leave their paid jobs and older Australians can end up in hospital or unnecessarily in residential care.

Carers Australia asked carers what impact the Support at Home program had had on their caring workload. 85% said their workload had increased (34% said it had increased significantly and 51% said it had increased somewhat). For those carers whose workload had increased,

[25] Disability, Ageing and Carers, Australia: Summary of Findings, 2022 | Australian Bureau of Statistics

when asked what additional tasks they had taken on, 25% said personal care, 24% cleaning, 17% coordination/administration, 17% transport, and 11% said gardening.

47% of carers reported that their wellbeing had declined somewhat or significantly. Increased stress, administrative burden, financial strain and lack of respite care were all raised as issues. And when asked if the Support at Home program had made their role as a carer easier, 56% said no, 38% yes and 6% were unsure.

'As carers we have had to do even more to make up for reduced services, due to massive cost increases from our providers. Not sure how much longer we can continue on. Our needs haven't changed, but the cost of services has.'

'She gets less hours of support now (the cost per hour is insanely expensive) so I am having to do more, or more realistically things are just not getting done, but it still stresses me out.'

'The administrative failures of the Support at Home Program have had a significant negative impact on my wellbeing.'

'The amount of work I have to do as an unpaid carer, dealing with the provider is incredible. I work fulltime at my own job but doing the carer role is also fulltime. I can't function any longer.'

'Have had to take on more caring and am nearing carer burnout.'

The escalating intensity and complexity of care roles, particularly in the absence of regular respite, adequate training and other supports, contribute to carer fatigue, physical strain and poor mental health. And carers already experience poorer wellbeing and health than people without a caring role:

- carers are nearly half as likely to have healthy levels of wellbeing (39%) compared to the Australian population (66%) and are twice as likely to experience high psychological distress
- carers experience significant isolation (twice the rate of those who are not in caring roles) and this in and of itself is an important determinant of health and wellbeing.[26]

The general health of carers has also been steadily declining since 2021, with only 15% of carers in 2025 reporting very good or excellent health compared to 44% of other adult Australians.[27] Without adequate attention on carers' needs and their capacity to care, that capacity is likely to decline and reliance on supports increase, with additional costs to taxpayers.

Transitioning from the Home Care Package Program

Carers, the older people they care for, and providers are confused about the Support at Home program (box 4). We heard about a lack of clarity around funding arrangements, agreements, assessment outcomes and co-contributions. Unclear information adds to carers'

[26] Mylek, M. and Schirmer, J. 2025. *Caring for others and yourself: The 2025 Carer Wellbeing Survey*. pp. 1-3.
[27] Mylek, M. and Schirmer, J. 2025. *Caring for others and yourself: The 2025 Carer Wellbeing Survey*. p. 3.

administrative load and carer stress. Carers report that the new program is far more complicated than previous arrangements (box 4) with unclear pricing, difficult service agreements, invoice reconciliation, ongoing follow-up with providers. One carer participating in our carer consultation said, 'we're basically lawyers, we're basically interpreters, we're accountants, you know, going through the quarterly budgets.'

Box 4: Confusion abounds about the Support at Home program

'The whole Support at Home program is over complicated … My Aged Care staff are undertrained and have often given incorrect advice.'

'The higher hourly cost and trying to work out budgets, understand new forms has not been as transparent as government promised.'

'You cannot make informed decisions when the information needed to understand the system is unclear, incomplete or not proactively provided. … Concepts such as interim funding, co-contributions and self-management were never explained in a way that enabled us to make informed decisions.'

'More complexity than the previous HCP system. Providers are confused'.

'… the way funding is calculated and presented to us has got far worse. It is very difficult to navigate.'

'I have difficulty understanding the new programme, before we had a fixed monthly income we could budget for now we are not sure what we get and how to budget.'

'Everything is just SO complicated now. The Agreement is long and complicated, the Statements are crazy. Accessing equipment seems just so complicated now. Mum is SO confused by it all. The HCP was much easier and more flexible.'

'The invoices are too difficult to read, honestly don't know if money from my father's package is being managed very well as the invoices are so confusing and I don't have time to decipher then make complaints to the provider. The old way was much better in my opinion'.

Older Australians and carers need access to information so they can make informed choices. The Australian Government has clearly not provided enough clear and accessible information to older people, carers and providers about the new program and transition arrangements. As an example, 54% of survey respondents were not aware that approved providers were required to establish a quality care advisory board to get feedback on the quality of care and 56% of carers were not aware the new Aged Care Act provides for registered supporters.[28]

The limited information about the new program has meant additional work for carers (added administrative burden navigating and trying to understand the program) and more stress for older people and their carers. It has also resulted in delays to service continuity.

[28] Registered supporters help older people to make and communicate their own decisions in aged care.

Recommendation 4:

Carers Australia recommends that the Australian Government invest in an education campaign to clearly communicate key information to older people, carers and providers about what the new Support at Home program means for them. The campaign should also clearly explain the differences between the Home Care Package program and Support at Home.

The adequacy of financial hardship assistance

Financial hardship assistance arrangements need to be sufficient to ensure older Australians do not opt out of services they have been assessed as needing. The process should also not be overly onerous or lengthy for older people and their carers. Carers, however, are reporting that:

- the financial hardship assistance arrangements are complex and difficult to navigate[29]
- the significant administrative burden and lack of clarity around the arrangements discourages uptake.

As such, older people experiencing financial hardship are likely to be:

- opting out of services
- relying more on their family and friend carers
- experiencing avoidable deterioration.

Recommendation 5:

Carers Australia recommends that the Australian Government raises awareness of, provides information about, and simplifies, the financial hardship assistance arrangements.

The impact on the residential aged care system and hospitals

As discussed earlier, assessment and service access delays contribute to clinical deterioration, carer burnout, avoidable hospitalisation, extended hospital stays and earlier entry into residential aged care. Unnecessary hospital stays for older Australians come at a risk to their health (and conditions such as hospital-acquired infections add to health costs) and extended hospital stays for older people waiting for access to the Support at Home program are more expensive for taxpayers (at a cost of around $2,500 a day), and they affect the effectiveness of the hospital system. Residential aged care is also more expensive than supporting someone to remain independent at home.[30]

[29] The Office of the Inspector-General of Aged Care also found the hardship provisions difficult to navigate. support-at-home-2025-progress-report.pdf

[30] Inspector-General of Aged Care, Address to the National Press Club, *The math ain't mathin': Is Australia funding independence or decline?* Wednesday, 15 July 2026.

Unsustainable caring relationships can result in crisis-based transitions, including hospital admissions (for older people and carers) and premature entry into residential aged care. This points to the importance of respite care and reduced waiting times to access the program.

Thin markets

Most providers of in-home supports are in metropolitan areas which means poorer access to services (including specialist services such as dementia and complex care) in rural, remote and very remote communities. Providers in these areas also face additional challenges with workforce shortages and higher service delivery costs.

Carers from regional and remote areas responding to our survey rejected the idea that they had choice of providers, noting that switching providers is just not an option. Most respondents reported poorer experiences as carers, with common concerns being increased costs, fewer available services (including respite care), and increased unpaid caring responsibilities.

> 'Respite respite respite - does not exist for those in rural and regional Australia.'
>
> 'Where are they in regional areas? Rang them when I was sick but little they could provide where I live.'[31]

Unpaid carers are disproportionately required to substitute for formal supports, intensifying care burden and the risks of carer burnout, hospitalisation and early residential placement are higher. There is clearly a need for better service availability in regional and remote areas. The case for dedicated thin-market investments should consider the impacts of service access on carers as well as older Australians. There should also be monitoring of the supports accessed by older people in thin markets against what they are assessed as needing.

Impact on First Nations communities and culturally and linguistically diverse communities

Barriers to access are more pronounced for First Nations communities and culturally and linguistically diverse communities.

- Culturally diverse communities often rely more heavily on family care and face additional challenges, including communication challenges and challenges navigating services and system complexities.
- Emerging communities can lack extended support networks, increasing vulnerability.

These factors can result in poor assessment outcomes and access to services which in turn can mean further reliance on unpaid carers and exacerbated inequities in access and outcomes.

Investment in community-controlled, culturally safe services is essential to address these barriers to access.

[31] Comments from carer responding to Carers Australia's survey on the Support at Home program.

Other issues

The Integrated Assessment Tool

Carers Australia, while acknowledging the role of digital tools for supporting consistent assessments, also notes the widespread concerns raised about the Integrated Assessment Tool (ITL) and the lack of meaningful human oversight. Assessments about the appropriate level of aged care support can be complex, involving clinical, functional, social and carer-related factors that may not be well captured through standardised scoring. Where assessment outcomes do not capture these factors well, older people may receive less support than required to live safely and with dignity at home and typically it is carers who provide the additional supports.

While the IAT includes questions about carers, it's focus is on the person being assessed. The underlying algorithm treats carers as part of the person's existing support environment, and this influences the scoring outcome. The concern is that the algorithm does not assess:

- carer wellbeing
- sustainability of the carer role
- carer fatigue or burnout risk
- long-term capacity to continue providing care.

The algorithm asks: 'Is someone already helping?' but it does not ask: 'Can or should they keep doing this safely or what support does the carer need to continue to provide this support?'

Our concern is that carer capacity and sustainability may not be adequately captured through the IAT process. It should not be assumed that, where there is a family or friend carer, that they are willing or able to continue to provide care. The assessment should consider if the carer is willing and able to continue providing care (as noted earlier often carer of older people are partners and elderly themselves), the intensity and duration of the caring role, and the risk that the caring arrangement may break down without formal support.

In Scotland it has been legislated[32] that all carers have the right to an adult carer support plan or young carer statement to identify each carer's personal outcomes and needs for support. This is in line with a preventative approach underpinned by social and human rights and is designed to improve access to support for carers without any requirement that they are providing, or intending to provide, care on a substantial and regular basis.

Recommendation 6:

Carers Australia recommends the Australian Government reviews the effectiveness of the Integrated Assessment Tool in capturing and responding to carers' needs (including the need for funded respite care).

[32] Introduction - Carers (Scotland) Act 2016: statutory guidance - updated July 2021 - gov.scot

Access to respite

As noted earlier, respite is a critical support for carers and the people they care for. It is also critical for sustaining in-home care arrangements, helping older people to remain living at home for as long as possible and avoiding crisis points. But carers of older people report that respite is often not available when they need it, it is inflexible and usually doesn't align with what carers' need.

> *'No respite, having to leave full time employment to provide the care we can no longer get due to increased costs.'*
>
> *'No certainty about when respite can be obtained because designated respite rooms are no longer reserved by aged care facilities that prefer permanent residents to respite ones.'*
>
> *'... the complete lack of subsidised respite which meets our needs and indeed of almost any respite which can be funded from SAH FUNDS.'*
>
> *'I don't really know how to go about getting respite as such .I asked the provider and they suggested day care which was about 45 minutes away. I also asked re: over night respite and they simply said tell us about 2 weeks before and well organise it. I have a friend who needed 3 weeks respite as she had to go overseas. Very little available - It took months to organise and only finalised 1 week before she had to leave.'*

25% of carers responding to our survey said it was very difficult to get a carer respite break and 12% said it was difficult. 26% said they had not tried to get a respite break. 73% of carers reported using the Carer Gateway to get support for themselves, however, 26% said the Carer Gateway was not helpful.

The 2025 Carer Wellbeing Survey also found that carers are finding it increasingly difficult to access respite that is affordable, flexible and fit-for-purpose. In 2025:

- 59% of carers reported difficulty finding high-quality respite
- 54% reported long wait times to access respite
- 56% reported difficulty affording respite services
- 58% reported a lack of available services in their local area.[33]

The cost of respite care was another area of concern for carers, with calls for revisiting co-contributions for respite and capping respite care prices. Carers Australia has heard about weekend rate for respite care of $300 per hour.

Many spoke about carer burnout and not being able to access cottage-based respite under the Support at Home program (cottage and centre-based respite are now only available through the Commonwealth Home Support Program).

> *'Recognise that carers get burnt out. Finding respite placements is virtually impossible and having an overnight support worker to facilitate my having a night away is prohibitively expensive. Cap overnight stay fees as they are with NDIS.'*

[33] CWS25_Report_300126_v2_.pdf

Recommendation 7:

Carers Australia recommends the Australian Government undertakes an independent review of the availability, quality, appropriateness and affordability of respite care services.

The National Carer Strategy

The vision of the *National Carer Strategy 2024-2034* is 'an Australian community in which all carers are recognised, valued and empowered with the support they need to participate fully in society and fulfil their caring role'.[34] The Support at Home program is currently not aligned with this vision as there is insufficient focus on how the program supports carers and carer outcomes. In particular, the program falls down on:

- Priority outcome area 2 – Carers can access supports, services and programs at the right time, right place and in the right way.
- Priority outcome area 5 – Carers have access to supports that safeguard their psychological, physical and social wellbeing.

To align the Support at Home program more closely with the National Carer Strategy, reforms should focus on recognising carers as partners in care and improving access to supports, including respite. Reducing the administrative burden and improving access to supports can also help carers participate more fully in society while undertaking their caring role.

Conclusion

The very clear message from carers of older people is that the Support at Home program is not delivering on its stated objective of helping older people stay at home as long as possible. The failings of the new program are resulting in older Australians and carers going without essential support, with risks to their wellbeing, and higher costs for our health and aged care systems.

We conclude that if the failings of the new Support at Home program are not addressed, there is increased risk of carer burnout. This will undermine the sustainability of caring relationships and the ability for older people to remain living in the community for as long as possible.

Carers Australia's recommendations are aimed at improving the lives of older people and their carers and reducing costs to taxpayers.

[34] National Carer Final Strategy, p 26

About Carers

Our definition of a carer aligns with the Carer Recognition Act 2010:

Section (1) For the purpose of this Act, a carer is an individual who provides personal care, support and assistance to another individual who needs it because that other individual:

a) has a disability; or
b) has a medical condition (including a terminal or chronic illness); or has a mental illness; or
c) is frail and aged.

Section (2) An individual is not a carer in respect of care, support and assistance he or she provides:

a) under a contract of service or a contract for the provision of services; or
b) in the course of doing voluntary work for a charitable, welfare/community organisation; or
c) as part of the requirements of a course of education or training.

Section (3) To avoid doubt, an individual is not a carer merely because he or she:

a) is the spouse, de facto partner, parent, child or other relative of an individual, or is the guardian of an individual; or
b) lives with an individual who requires care.

Carers Australia also recognises carers who provide unpaid care for people experiencing drug and substance issues.

Key Statistics


3 million carers across Australia *


11.9% of people in Australia are carers *


11% of carers are aged under 25 years (391,300); an increase of 60% since 2018*


30% of primary carers cared for 40 hours per week or more*


4.6% of all people in Australia (1.2 million people) are primary carers, those who provide the most informal care support to a family member or friend *


43.8% of primary carers have disability themselves*

Source: * Australian Bureau of Statistics. 2022. *Survey of Disability, Ageing and Carers*

Further information:

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