

# ACTA Response to the Aged Care Sector Support and Development Survey

## About ACTA

The Australian Community Transport Association (ACTA) is the national peak body representing community transport providers across Australia. Established in 2011, ACTA unites organisations from every state and territory, QLD, NSW, TAS, SA, VIC, ACT, NT, and WA, giving the sector a strong, coordinated national voice. As a not-for-profit company limited by guarantee, ACTA is dedicated to advancing equitable, sustainable, and accessible community transport services nationwide.

ACTA has a proven track record of leading national large-scale, complex, solution-based co-design and cutting-edge projects that impact at state and federal levels. As the key architect behind the development and national trial of the National Community Transport Pricing Model (NCTPM), delivered in the first phase in partnership with the Department of Health, Disability and Ageing, UniSA, and 31 pilot organisations, ACTA has demonstrated capability in sector-wide engagement, governance, and system change. The NCTPM project involved transitioning organisations to mainstream data platforms, developing a national cost-based pricing model, implementing a policy evaluation framework, and facilitating some of the most effective sector–department collaborations seen in recent years.

## Executive Summary

The Australian Community Transport Association (ACTA), the national peak body for community transport, encourages the Department of Health, Disability and Ageing to urgently redesign the Sector Support and Development (SSD) service type ahead of the Support at Home transition and the Commonwealth Home Support Programme (CHSP). SSD must be repositioned as a nationally consistent, co-designed program that builds provider capability, drives innovation, and embeds Wellness and Reablement at the core of service. Without decisive action, providers will remain fragmented, consumers will face misinformation and service gaps, and critical services such as Community Transport are at risk of financial and operational collapse.

## Key Recommendations

1. ACTA recommends extending SSD funding beyond CHSP to the Support at Home Program to strengthen sector capacity, capability, and peer learning. Evidence from initiatives such as the ACTA National Community Transport Pricing Model (NCTPM) demonstrates how national collaboration can deliver fairer, more equitable pricing models for community transport services.
2. Establish a formal partnership to ensure the redesigned SSD responds directly to sector needs, particularly Community Transport.
3. SSD must be dedicated to training, digital transformation, compliance support, and peer learning, not direct service delivery.
4. Position SSD as the formal communication and co-design channel between the Department and the sector.
5. SSD must operate as a funding partnership with peak bodies, supported by multi-year agreements and clear accountability.
6. Determine and establish SSD funds to support and coordinate the whole sector digital implementation, system integration, training, and structured change management to reduce costly mistakes and support reform readiness.

7. Invest in national peer learning – Deliver a program of helplines, coaching, workshops, on-call SME advice and forums to unpack legislation, share expertise, and build provider capability.
8. That the Department embed Wellness and Reablement as a core SSD focus and provide targeted support for Community Transport. This should include adopting ACTA's unit price model to secure service viability and resourcing SSD to disseminate information and best-practice sharing and efficiency across the sector, ensuring capacity is built and essential services remain sustainable nationwide. This will have the added benefit of stopping the churn of providers entering and exiting the provision of services to older Australians, which can be very confusing and tiring.

Redesigning SSD is essential for the success of the new Aged Care Act and the Support at Home program. ACTA calls on the Department to act now, co-design with the sector, align funding to capacity-building, and recognise Community Transport as critical to Wellness and Reablement outcomes.

## Introduction

The Aged Care Act 2024 marks the most significant overhaul of Australia's aged care system in 30 years. With a growing ageing population and new generations, particularly baby boomers entering the system with different expectations, the forthcoming Support at Home (SAH) Program must not repeat the missteps of past reforms. The Department of Health, Disability and Ageing (the Department) is transitioning the Commonwealth Home Support Programme (CHSP) and Home Care Packages (HCP) into SAH, yet the extension of CHSP until at least July 2027 highlights ongoing provider concerns about reform readiness and sector capacity.

This is not the first major transition. When CHSP became a national program, following WA's delayed move from HACC in 2018, the Sector Support and Development (SSD) service type had already been established in 2015. Its objective has been to strengthen provider capability, embed Reablement approaches, and ensure quality and compliance. Since then, SSD has played a pivotal role in equipping providers to respond to ongoing reforms, rising service delivery standards, and shifting consumer expectations. However, the 2020 SSD Review (KPMG, 2020) highlighted systemic issues: more than half of SSD providers were engaged in out-of-scope activities, funding was disproportionately concentrated in NSW and Victoria, and duplication across programs hindered national consistency. While SSD has contributed positively, it lacks a clear definition of what is needed in the sector and equitable distribution.

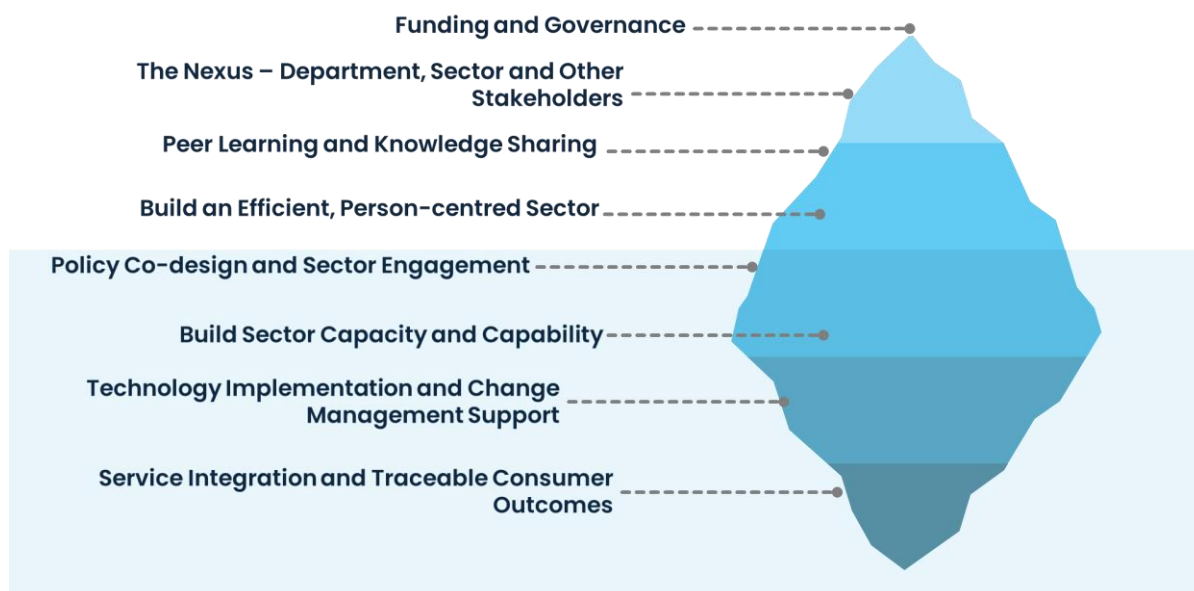
The Australian Community Transport Association (ACTA), representing community transport providers nationwide, is aware of these flaws and the barriers peak bodies face in accessing funding for activities that align with SSD's original intent. These limitations undermine the ability of in-home care providers to deliver services effectively, compliantly, and sustainably. With CHSP extended to 2027, the need for targeted support is urgent. SSD will be critical, not only in guiding providers through this transition but also in ensuring the sector remains strong, capable and efficient. ACTA urges the Department to redesign SSD for implementation as soon as possible, but no later than June 2026, embedding a nationally consistent, co-designed model that build sector capacity, eliminates duplication, and ensures all providers are equipped to deliver sustainable, high-quality services under the new Aged Care Act.

## Why is change needed?

The **2020 SSD Review** identified persistent weaknesses in the service delivery ecosystem, many of which remain unresolved today. These gaps undermine the effectiveness of SSD and its role in preparing the sector for the transition to **Support at Home (SAH)**:

1. **Able to Participate in Co-Design Policies and Practices** – We know that diversity leads to better outcomes in organisations; the same principle should guide policy. Effective reform requires collaboration beyond government, engaging providers, participants, peak bodies, and other stakeholders. Diverse perspectives drive stronger solutions, faster innovation, and policies grounded in frontline realities. SSD must enable meaningful, confidential co-design that embraces this diversity, ensuring reforms are practical and inclusive.
2. **Capacity-building gaps** – SSD's core mandate is to build sector capability. Yet in practice, many activities strengthen only the organisations delivering SSD, rather than supporting the broader provider network.
3. **Out-of-scope activities** – SSD funds have often been used for direct service delivery reflecting chronic underfunding in other CHSP service types such as community transport. This misallocation disperses SSD's objectives and desired outcomes.
4. **Weak collaboration** – National, regional, and state forums are failing to generate meaningful peer learning or problem-solving. Instead, providers face fragmented communication and misinformation, with little structured knowledge-sharing. The sector should be able to participate in the co-design of policies and practices in a meaningful and confidential manner, ensuring diversity of views.
5. **Rising complexity** – The aged care sector is becoming more sophisticated, driven by technology, quality compliance requirements, and consumer expectations. Providers need structured support for change management, digital transformation, and system navigation, needs that SSD, in its current form, is failing to meet.
6. **Work with government** – SSD must be redesigned as a nexus between the sector and the Department, creating two-way communication that informs responsive policy co-design, escalates systemic issues quickly, and ensures reform is grounded in frontline experience. The sector should be able to work with all stakeholders, including the Department, direct and secondary sectors, technology companies, participants, and support initiative foundations.
7. **SSD providers should have the capability to operate nationally and impact locally.** Without this, inconsistency, fragmentation, and duplication are inevitable. This becomes a burden on government resources, older Australians and providers themselves. It is also vital that providers learn from each other across geographical boundaries and apply these lessons locally. This is particularly important for rural and remote providers who don't have an extensive network.

## Proposed components for an effective SSD Service Redesign



**Figure 1:** Components for an effective SSD Service Redesign

### 1. Funding and Governance

ACTA recommends redesigning SSD as a true nexus between the Department and the aged care sector. SSD providers should have a direct relationship with the Department of Health, Disability and Ageing to eliminate intermediaries, strengthen accountability, and clarify how funds are allocated and monitored. A nationally consistent funding model, with flexibility for national allocations, will prevent fragmentation across jurisdictions while remaining responsive to local and state needs. Funding should be directed to peak bodies of individual service sectors, such as ACTA for the community transport sector, ensuring resources flow to organisations with the expertise and reach to deliver sector-wide impact. Multi-year agreements must become the norm, providing stability, reducing administrative burden, and enabling long-term planning and innovation. Over and beyond this point, dedicated funding for ACTA would ensure transport remains visible in aged care reforms, allow tailored analysis of policy impacts (e.g., new pricing models from November 2025), and support national taskforces to measure reform success and address systemic risks. ACTA has led this work in the community transport sector with CHSP providers through the National Community Transport Pricing Model (NCTPM). However, there is still work to be done, and the broader community transport sector must now strengthen its capacity and capability more than ever before. This will result in a stronger SSD service model, underpinned by built-in data and feedback loops, which will enable government to refine reforms in real time, manage the pressures of an ageing population, conduct timely risk management, and ensure rural and remote communities are not left behind through a nationally consistent yet locally adaptable approach.

### 2. The Nexus – Department, Sector and Other Stakeholders

ACTA recommends establishing SSD services as an ongoing, independent function with broader application, extending to the Support at Home Program, and not just CHSP, having then SSD services being factored into any other future aged care reforms. This function would serve as the formal nexus between the Department and the aged care sector, with the capability to respond effectively to the

needs of both. This structure would improve communication, reduce duplication of activities already undertaken by other organisations, and ensure working groups, policy forums, and consultation processes are managed effectively to deliver granular analysis and practical, timely policy solutions. In addition, it should offer consistent support through advice, training, and legislative unpacking to build provider capability. Finally, the function must be designed with broader applicability across aged care, the NDIS, and the Support at Home program, ensuring alignment across reforms and avoiding unnecessary red tape. In the long run, this model would provide a stable national framework that avoids fragmentation. It would build sector capacity, capability and ensure better outcomes for older Australians.

### **3. Peer Learning and Knowledge Sharing – Build an Efficient, Person-centred Sector**

SSD should invest in a new program of learning and development with national reach and local impact. This program would provide on-call advice for consumers and providers, support in unpacking legislation and compliance, and opportunities for peak body organisations to showcase sector expertise. In line with component 2 of this submission – ‘The Nexus – Department, Sector and Other Stakeholders’, A practical suite of supports; including helplines, coaching, workshops, peer learning forums, tailored training, podcasts, blogs and clear communication materials will give providers the tools and shared knowledge to adapt quickly, build capability, and deliver stronger outcomes.

Workforce sustainability is a pressing challenge. SSD could:

- Establish national frameworks for volunteer recruitment and recognition, reducing duplication in the broader sector.
- Partner with training organisations to deliver standardised, subsidised recruitment, retention and workforce development programs.
- Coordinate with volunteer peaks to promote aged care transport roles, especially in community transport and other niche service types.
- Resource peak bodies to deliver national conferences that convene providers nationwide, enabling structured networking and measurable peer learning.

Over time, this approach will stabilise the workforce, build sector capacity, and encourage peer shared learning and innovation. It will reduce fragmentation of approaches in the sector, improve outcomes for quality service delivery, and keep the Aged Care Act 2024 reform achievable and consistent nationally while responsive to local and national needs.

### **4. Policy Co-design and Sector Engagement – Build Sector Capacity and Capability**

ACTA suggests strengthening SSD’s role in policy co-design to ensure engagement is practical and outcomes-focused, producing recommendations and guidance that are genuinely useful to providers and the Department. Sector-wide conversations should be facilitated through a safe national forum and regional circles, embedding consumer voices for better outcomes for participants. Importantly, SSD funding should be directed towards initiatives that build capability and deliver sector learning and development, such as national initiatives like the ACTA Community Transport Pricing Model (NCTPM), while remaining clearly separate from policy advocacy, which falls outside the scope of SSD Service requirements. SSD providers must be directly involved in shaping policies and practices, contributing high-level and detailed advice on data definitions, contract reporting, program requirements, implementation issues, and technology challenges. This approach fixes three systemic problems: it reduces fragmented policy by creating a single forum for honest dialogue, it builds provider capability for sustainable reform delivery, and it embeds consumer voices to ensure aged care policy remains



person-centred. The result is a stronger, more responsive system that balances national consistency with local insight from providers and consumers

## 5. Technology Implementation and Change Management Support

ACTA suggests that SSD funding include dedicated set-asides for innovation and peer learning to build capacity, support continuous improvement, and strengthen sector trust through transparent funding allocation. To ensure reforms succeed, SSD should also fund implementation or change management support for providers, including integration, data migration, training, and vendor panels. The recent NCTPM pilot, which successfully transitioned 15 community transport providers onto a new Transport Management System (TMS), demonstrates the value of structured change management support. Dedicated funding for change management would ensure providers have the right tools, training, and systems in place. This would also help in controlling the cost of software, as a coordinated approach prevents duplicate charges for the same piece of work across multiple providers.

## 6. Service Integration and Traceable Consumer Outcomes

The Department may want to act to ensure the principle of Wellness and Reablement is genuinely being realised under current SSD arrangements. At present, the sector does not have the capacity or capability to keep pace with reform, creating uncertainty, frustration, and financial risk for providers. Community Transport (CT), the critical nexus enabling older Australians and people with disability to access health, social, NDIS, and aged care services, is at serious risk of becoming financially unsustainable without targeted SSD support and aligned Commonwealth funding. ACTA's recommended unit price for community transport services, developed through the NCTPM pilot, provides a practical solution to secure viability and ensure CT continues to deliver Wellness and Reablement outcomes nationwide. ACTA calls on the Department to embed Wellness and Reablement as a core SSD focus and to resource organisations that are building sector capacity and capability. It is essential that CT services remain available and sustainable across Australia in the years ahead. With loneliness and isolation rising among older Australians, transport is no longer just a service, it is a lifeline. SSD plays a critical role in keeping providers connected and solution-focused as they navigate reform, shifting consumer expectations, technology and workforce challenges.

## Conclusion

SSD has the potential to be a cornerstone of the new aged care system, and remove risk from the government, but only if it is redesigned to meet the realities of reform. Without a nationally consistent, co-designed model that builds capacity, drives innovation, and embeds Wellness and Reablement as a core principle, providers will remain under-prepared, fragmented, and financially vulnerable. The Department will also continue to miss value-for-money outcomes and lack the policy co-design insights needed to ensure the reforms are both implemented effectively and accepted by the sector. At the same time, misinformation will persist and spread among providers and consumers, creating a snowball effect that undermines confidence, weakens system readiness, and risks the success of both the new Aged Care Act and the Support at Home Program. Community Transport, as the nexus connecting older Australians and people with disability to essential services, cannot continue to be overlooked. ACTA urges the Department to act now: redesign SSD for 2026, align funding with sector needs, and resource peak body organisations that strengthen capability and integration. A reformed SSD will not only support providers through the transition to Support at Home but also ensure sustainable, high-quality services for older Australians into the future. We believe this submission will help shape the current aged care system to ensure older Australians have access to more affordable, high-quality services.