ABN: 16 148 061 741



ACTA submission to the Senate Community Affairs – Terms of References – Committee inquiry into aged care service delivery.

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.

Introduction

Community transport is vital to wellness and reablement. It helps older Australians stay active, connected, and independent in their homes and communities, while also reducing strain on hospital admissions.

ACTA's submission draws on extensive member consultation and the evidence-based work behind the National Community Transport Pricing Model (NCTPM), developed in partnership with the University of South Australia. We are concerned about:

- 1. CHSP being unable to meet current demand, with long waiting lists in some areas.
- 2. The financial unsustainability of community transport services, which leads to provider churn and creates confusion for older Australians.
- 3. The urgent need to adopt the outcomes of the NCTPM, which include:
 - a. Deliver sustainable pricing.
 - b. Enhance efficiency.
 - c. Provide equity between metropolitan and rural/remote areas.
 - d. Ensure flexibility within the system, beyond just those fortunate enough to receive an HCP or SAH package.

Without urgent action, older Australians will continue to face excessive waiting times of 9–12 months or more. These delays increase frailty, hospital admissions, and poor health outcomes, precisely when timely, reliable support and in-home care are most needed.

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a) the impact of the delay on older Australians waiting for support at home, including unmet care needs and the wellbeing of seniors and their carers;

As of 31 March 2025, 87,597 older Australians were waiting for a Home Care Package (HCP) across different support levels. ACTA and the community transport sector are deeply concerned that no updated data has been released to properly measure the impact of these delays.

Advocates both locally and internationally warn that long waits for entry into the aged care system can lead to:

- 1. Declining health or worsening of existing conditions.
- 2. Unmet needs that contribute to malnutrition, loneliness (often alleviated through community transport services), poor mental and physical health, and accelerated cognitive decline—particularly in people living with dementia.
- 3. Increased GP visits and hospital admissions.
- 4. A long-term "snowball effect," resulting in higher rates of residential aged care admissions.

ACTA stresses the urgent need for clear, up-to-date data on waiting times and volumes. Without it, the sector cannot plan its workforce, resources, technology, or processes to meet rising demand.

While some aged care providers are ready to deliver HCPs, the community transport sector cannot absorb the extra demand without proper government support—both financial and structural.

b) the capacity of the Commonwealth Home Support Programme to meet increased demand for support at home prior to 1 November 2025;

ACTA recognises that the Commonwealth Home Support Programme (CHSP) received a budget increase in 2024–25. However, this was merely a catch-up measure, compared to the much larger boost allocated to the Home Care Package (HCP) program.

At the same time, community transport providers remain concerned about the Growth Funding Grants. These grants, released by the Department in recent years to expand entry-level aged care services, appear to favour new entrants over established providers with a strong track record in aged care service delivery, many of whom are already under severe financial strain. In fact, none of ACTA's members, including some of the nation's most established community transport providers, were successful in the last funding round.

This approach creates inefficiencies: new entrants require 6–8 months to purchase vehicles, establish systems, and implement technology before they can begin delivering services. Meanwhile, older Australians are left waiting. By contrast, established providers could scale up services immediately if properly supported.

CHSP-funded services such as community transport are already stretched and cannot remain viable if current funding settings continue. Evidence from ACTA's National Community Transport Pricing Model (NCTPM) shows the national average trip cost is \$68, while the maximum CHSP subsidy for community transport is only \$35. This leaves a 94% funding gap, with the shortfall passed onto older Australians as co-contributions, many of which cannot be recovered, as participants are simply unable to pay.



Community transport is under real and ongoing financial pressure and has been historically underfunded under CHSP. If the system is to handle the increased demand expected under Support at Home from November 2025, systemic funding reform is urgent.

ACTA therefore recommends that the Government adopt the NCTPM Pricing and Policy Arrangements Guide (Annex 1). The guide outlines the National Variable Pricing Formula, developed through research and sector-wide co-design, which would ensure community transport is funded sustainably through equitable, person-centred, and fair pricing arrangements.

c) the impacts on aged care service providers, including on their workforce;

No comment.

d) the impacts on hospitals and state and territory health systems;

No comment.

e) the feasibility of achieving the Government's target to reduce waiting times for Home Care Packages to 3 months by 1 July 2027, in light of the delay;

ACTA believes that strong collaboration and clear communication are essential to delivering better outcomes. Since March 2025, no updated data has been released on aged care waiting times or packages in the pipeline. ACTA urges the Department to work closely with peak body organisations, such as ACTA, to draw on sector insights and ensure that assessment timelines and care plan allocations are effectively supported by 1 July 2027.

It is equally important that the Department strengthen its transparency and communication on assessment processes. At present, it is almost impossible to understand how assessment decisions are made. ACTA has attempted to establish a nexus between the NCTPM and the single assessment framework but has not been able to obtain an explanation of how these processes operate in practice.

This lack of clarity means that older Australians remain on the assessment list, sometimes for extended periods, when, in fact, they may only require short-term, targeted services to 'get back on their feet'. Without reform, the system risks leaving people waiting unnecessarily, while missing opportunities for early, preventive interventions.

f) the adequacy of the governance, assurance and accountability frameworks supporting the digital transformation projects required to deliver the aged care reforms on time;

ACTA recognises the Department's ongoing efforts to improve consumer engagement and provide clearer communication to the sector in support of the current change management process. However, ACTA urges the Department and Government to strengthen direct engagement with older Australians and ensure the system is genuinely user-friendly.

Feedback from ACTA members and the broader community transport sector indicates that many older Australians are not tech-savvy, and the current Support at Home guidelines for individual budgets have created significant concerns around package and care management. Providers report spending



considerable time on the phone with older Australians to explain how the new program works, an essential but resource-intensive task that is currently unfunded.

g) the implementation of the single assessment system and its readiness to support people to access a timely assessment now and beyond 1 November 2025; and

Through the NCTPM, ACTA and the University of South Australia identified two entry-care support levels for aged care services under the CHSP. This is explored further in Annex 2 — NCTPM Case Studies, particularly Case Study 2: Passenger Needs, which highlights the diverse and often complex care needs of older Australians. These needs are closely linked to broader challenges in aged care service delivery, including workforce training and compliance, as well as technology and infrastructure gaps.

Care support needs take many forms. Case Study 2 specifically examined the experiences of older Australians with CALD support requirements, such as access to language services, dementia awareness and training, culturally appropriate care, and the unique needs of First Nations and Aboriginal communities.

The evidence contained in the NCTPM provides a strong blueprint for improving assessment and allocation processes. It demonstrates how person-centred approaches, reablement, and preventive care, core objectives of both the CHSP and the forthcoming Support at Home program, can be better implemented through evidence-based pricing and policy arrangements.

Finally, ACTA notes that Case Study 1: Technology and Case Study 3: Workforce are also included in Annex 2, offering further insight into the systemic issues facing the community transport sector within the aged care delivery ecosystem.

h) any other related matters.

No comment.