Occupational Therapy Australia

Senate Inquiry into the transition of the Commonwealth Home Support Program to the Support at Home program

January 2026



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Introduction

Occupational Therapy Australia (OTA) is the professional association and peak representative body for occupational therapists (OTs) in Australia. There are over 34,000 registered OTs working across the government, non-government, private and community sectors in Australia. OTs have a critical role in supporting older people to maintain their independence, manage cognitive decline and dementia, and reduce their risk of falls. OTs also support residents of aged care facilities by adapting environments and prescribing assistive technology.

OTA welcomes the opportunity to contribute to Senate Inquiry into the transition of the Commonwealth Home Support Program (CHSP) to the Support at Home Program (the Inquiry) and to highlight several significant concerns relating to the new Support at Home program.

OTA's response to the Inquiry

This submission has two key focus areas:

1. OTA outlines how the reforms under the Support at Home Program are likely to materially affect older people's ability to access timely, safe and effective allied health interventions.
2. OTA highlights where policy and implementation decisions have a direct impact on the occupational therapy workforce, and broader allied health.

Specifically, this submission addresses the practical implications and potential unintended consequences of waiting periods for assessment and receipt of care, the operation and impact of the Independent Assessment Tool, assessment workforce capability and capacity, and the proposed lifetime cap on home modifications.

Waiting periods for assessment and receipt of care

OTA is concerned that the transition of the Commonwealth Home Support Program into the Support at Home Program risks exacerbating already unacceptable waiting periods for assessment and receipt of care. These delays place older people at risk of avoidable functional decline, increased risk of falls and preventable hospital presentations – reducing their capacity to age safely and independently in their own homes. Wait periods will further increase if current issues (expanded on below) associated with the Independent Assessment Tool (IAT) and the assessment workforce are not addressed prior to transition.

Triaging and assessment of complex needs

The current assessment model may fail to identify older people with complex needs, including cognitive impairment. This is because not all non-clinical assessors have the skills and ability to use the IAT tool to detect subtle behavioural changes, early functional decline, or non-verbal cues that may indicate emerging health or safety risks. The reliance on algorithm-driven assessments, combined with limited clinical input, risks under-identification of higher-need individuals, delays in appropriate allied health referrals, and suboptimal care planning.

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Limitations of remote assessments

OTA has received member feedback that many assessments are being conducted by phone rather than face-to-face. While remote assessments may improve efficiency, they are unsuitable for people whose needs are difficult to assess over the phone, particularly older people with cognitive changes, communication difficulties, or complex functional needs. These practices may lead to under-recognition of care requirements, inappropriate service allocation, and increased demand for follow-up reviews.

Clinical assessor workforce challenges

The attrition of experienced clinical assessors from assessment teams, is leading to a loss of clinical capacity within assessment teams. This further undermines the system's ability to accurately identify complex needs, triage effectively, and support timely, safe, and appropriate care.

Attrition is often due to fear of redundancy, insufficient organisational support, or remuneration that does not reflect the skill and expertise required in the role. These are factors that need to be addressed to ensure that teams retain adequate clinical capacity.

Early learnings from the Independent Assessment Tool

The integrated Assessment Tool (IAT) is intended to support consistency and efficiency through an algorithm-led assessment process. However, OTA understands that the current design and implementation of the tool may be contributing to assessment inefficiencies rather than alleviating them.

OTA is concerned that the IAT does not adequately incorporate the professional judgement and clinical observations of clinical assessors. Assessors are currently unable to override automated assessment outcomes, even where those outcomes do not align with their observations of an older person's functional capacity, complexity, or clinical needs. This creates a risk that assessment results do not accurately reflect the individual's circumstances or support requirements.

The evidence to support the IAT's accuracy is limited. It is still inconclusive whether the IAT can accurately identify allied health needs, ensure appropriate referral to the right discipline and skill mix of allied health professionals, or allocate funding accurately, particularly in relation to Assistive Technology and Home Modifications (AT-HM) funding tiers. This raises concerns about whether assessment outcomes are sufficiently sensitive to functional decline, rehabilitation potential, environmental risk, and the preventative role of allied health.

OTA is already hearing anecdotal evidence that older people are requesting support plan reviews because they have not been allocated the appropriate ongoing classification level or AT-HM funding tier. These review requests create additional demand on assessment pathways that already have backlogged, leading to further delays in access to services and compounding workforce and system pressures.

Without timely intervention, OTA considers that these inefficiencies may worsen as CHSP clients transition into Support at Home from 1 July 2027, increasing demand on a system that has not yet demonstrated readiness at scale.

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Assessment workforce capability and capacity

OTA remains concerned about the capacity and capability of the predominantly non-clinical assessment workforce to undertake complex needs assessments under the Support at Home model. These concerns are supported by the findings of the 2023 Independent Assessment Tool live trial.

Feedback from assessors involved in the trial indicated that:

- Many assessors do not always have the skills or confidence to identify when referral to allied health is required;
- do not want to be responsible for determining the frequency or intensity of allied health services, asserting that these decisions should be made by the allied health professional following a discipline-specific clinical assessment; and
- do not have the skills or confidence to assess for assistive technology or home modifications at the point of assessment, noting that these assessments fall outside their scope of practice and should be undertaken by appropriately qualified allied health professionals.

OTA notes that variability in allied health referral decisions at the assessment stage has been a longstanding issue in home care. As previously highlighted by Allied Health Professions Australia (AHPA) in submissions to earlier Senate inquiries, whether an older person is referred for allied health assessment depends heavily on the assessor's training, knowledge, and confidence. This creates inequitable access to allied health services and increases the likelihood of unmet need, functional decline, and preventable deterioration.

Without resolution, these issues are likely to contribute to longer waiting periods for reassessment, delayed access to allied health intervention, and increased downstream costs to the aged care system.

The lifetime cap of $15,000 on home modifications

The introduction of a $15,000 lifetime cap on home modifications under the Support at Home Program has the potential to significantly impact older people's safety, independence, and ability to remain living at home.

Inadequacy of the proposed lifetime cap

Home modifications are a critical enabler of safe and independent living and are often essential for preventing falls, reducing care needs, and delaying or avoiding entry into residential aged care. OTA's experience, supported by evidence from across the allied health sector, indicates that a $15,000 lifetime cap is unlikely to be sufficient to meet the needs of many older people with moderate to high functional impairment.

Major home modifications—such as bathroom redesigns, installation of level-access showers, ramps, stair lifts, or structural alterations—can easily exceed this amount, particularly in older housing stock or in regional and remote areas where construction and labour costs are higher.[4]

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Under the current CHSP arrangements, individuals may access up to $15,000 per year for home modifications. Transitioning to a lifetime cap represents a significant reduction in support for some older people and risks creating a “use it once” model that fails to recognise progressive functional decline associated with ageing, chronic disease, and disability.

Equity, access, and unintended consequences

Further, a lifetime cap may disproportionately impact older people with complex needs, those living in unsuitable housing, and individuals in thin markets where modification costs are higher and provider choice is limited. Once the cap is exhausted, individuals may be forced to self-fund essential modifications or forego them altogether, increasing the risk of injury, hospitalisation, or premature entry into residential care.

It is important to note that inadequate funding for home modifications under previous aged care models has already resulted in variable service availability, fragmented supplier chains, and inconsistent access across jurisdictions. Without adequate funding and pricing settings, these challenges are likely to persist or worsen under Support at Home.

Need for review and flexibility

OTA strongly recommends that the lifetime cap on home modifications be reviewed prior to the transition of CHSP clients into Support at Home. At a minimum, the model should include mechanisms for flexibility where clinical need, safety risks, or housing circumstances justify access to additional funding.

Failure to adequately fund home modifications risks undermining the objectives of the Support at Home Program, increasing long-term system costs, and reducing older people’s ability to age safely and with dignity in their own homes.

Conclusion

OTA thanks the Committee for the opportunity to make a submission to this Inquiry. OTA is committed to contributing to an aged care system that supports older people to live as independently as possible and maximise their health and wellbeing.

OTA would welcome the opportunity to discuss these matters with you further in more detail. Please contact OTA on policy@otaus.org.au to arrange a meeting, or with any questions.



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