



OUTLOOK REPORT 2026

The reality of reform
for home care

Part 4 in a 5-part series:

CHSP to Support at Home
Transition Readiness





We'd like to sincerely thank the 300+ in-home aged care leaders who generously shared their time and perspectives in our 2026 Home Care Provider Outlook Survey. Your insights have deepened our understanding of the sector's evolving challenges and opportunities in this critical reform period.

We hope this report reflects your voices and informs the decisions of policymakers and stakeholders working to build a stronger, more sustainable aged care system. Your ongoing leadership and commitment to shaping the future of home care are commendable; they are essential. We are grateful for your continued partnership in driving meaningful change and progress across the sector.



Enkindle Consulting acknowledges the Aboriginal and Torres Strait Islander peoples as the First Nations of Australia and the Traditional Custodians of the lands we live and work in. We honour their enduring connection to land, sea, country, kin, and community, and we pay our deepest respects to Elders past, present and emerging as the custodians of knowledge and lore.

Disclaimer: This research report is intended for informational purposes only and should not be construed as professional advice. The findings, opinions, and recommendations presented herein are based on our analysis and interpretation of available data and may not necessarily reflect the views of all stakeholders. Readers are encouraged to conduct their research and seek expert guidance before making any decisions based on the information provided in this report. This resource may not be reproduced or circulated without our prior written consent from Enkindle Consulting. © 2026 Enkindle Consulting Pty Ltd

Introduction

Each year, Enkindle Consulting's **Home Care Provider Outlook Survey** gives a voice to home care providers across Australia capturing what's really happening on the ground during times of change.

In 2026, that voice matters more than ever.

This report brings together the perspectives of over **300 home care leaders and professionals** from across the sector. Their insights reflect the lived experience of navigating one of the most significant periods of reform in aged care history, including the rollout of the new Aged Care Act, the introduction of the Support at Home program, and the pending transition of Commonwealth Home Support Program (CHSP).



Introduction

To make the findings easier to explore and more digestible, we are sharing the survey results as a **five-part series**, each focusing on a key area of reform and provider experience:

- **Part 1: The State of Home Care - Provider Experience and Outlook 2026**
- **Part 2: Support at Home Transition Experience**
- **Part 3: Aged Care Act 2024 Transition Experience**
- **Part 4: CHSP to Support at Home Transition Readiness**
- **Part 5: Technology & Digital Capability**

This publication represents Part 4 of the series, focusing on CHSP transition readiness and the sector's preparedness for what comes next.

Importantly, this year we are also doing something different.

Alongside the data, we are sharing an uncut view of provider commentary, presenting full and frank insights from providers, in their own words. These reflections highlight the real-world impacts of reform on organisations, workforce, and the older people they support.

Our aim is simple: to ensure the voices of providers are clearly heard, not filtered, softened, or summarised, but shared in a way that reflects the reality of the sector right now.

We hope this release provides valuable insight, sparks meaningful conversation, and supports better decision-making across the aged care system.

What we're hearing

Across the responses, there is a strong and consistent message from CHSP providers, there is real concern about the transition to Support at Home. Providers are questioning what this will mean for their viability, for service gaps, and for outcomes for older people.

There is low confidence that Support at Home is stable or ready to absorb CHSP, and a clear view that transition should not proceed until it is.

Underneath it all is a bigger question being asked across the sector, whether this transition should happen at all.

Block funding matters and providers are worried about losing it

There is a strong view that block funding under CHSP enables flexibility, responsiveness, and preventative support that may be difficult to replicate under Support at Home.

“Cottage respite is a huge risk. This is a service type that requires block funding and cannot be sustained via individual budgets.”

There is low confidence that the system is ready

Many providers do not feel that Support at Home is ready to absorb CHSP, with concerns about how the model will work in practice.

“Support at Home is simply not ready to include CHSP.”

There are real risks for older people

Providers are worried about reduced access to services, increased complexity, and the impact of contributions, with some already seeing clients pull back from care.

“Clients are already forgoing services that put them at risk of not being able to remain at home.”

PART 4

CHSP to Support at Home Transition Readiness

What we're hearing

Uncertainty is making it hard to plan

A lack of clear information, direction, and timelines is limiting providers' ability to prepare for what's ahead.

“There’s just over 15 months to go and the lack of information on the future of CHSP is staggering.”

Pressure on providers is building

Workforce fatigue, financial strain, and increasing administrative requirements are all impacting readiness for transition.

“If the Commonwealth continues down this path, the system will collapse under the weight of the problem.”

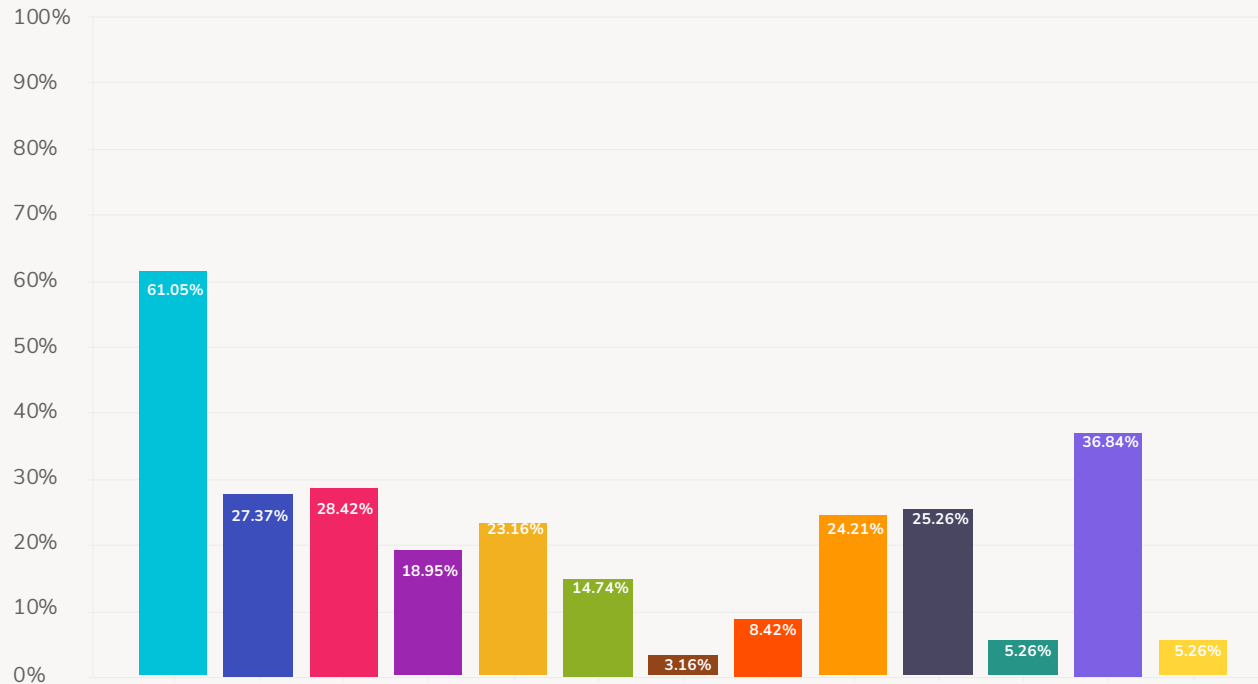
Providers are asking for time, clarity, and genuine engagement

There is a clear call for government to slow down, provide clearer direction, and work with the sector to get this right.

“Provide clear and timely information well in advance so providers have time to prepare effectively.”



What are your organisation's biggest concerns about the transition of CHSP to Support at Home?



- Loss of CHSP block funding
- Limited or poor management of CHSP transition by government
- Mandatory client contributions
- Inclusion of CHSP clients on the national waitlist
- Administrative complexity of Support at Home claiming and evidence gathering
- Risk of the Support at Home program being unstable, unproven in delivering outcomes
- Failures in the single assessment system
- Inadequate capped pricing for regional, rural and remote services
- Loss of flexibility and reduction in service levels
- Inability to deliver immediate, responsive care as needed, where needed
- Limitations of short-term programs under Support at Home (such as lifetime cap on home modifications)
- Other
- Inability to compete in a highly competitive market

There are strong concerns that CHSP services cannot be sustained under an individualised funding model:

- “Cottage respite and group-based services rely on block funding and cannot operate viably through individual budgets.”
- “We will still need to cover fixed daily costs like venues, transport and staff, even when clients cancel.”

Providers are concerned that the transition will reduce flexibility and responsiveness of care:

- “There is a real risk of losing the ability to deliver timely, low-intensity supports that prevent escalation.”
- “Immediate, responsive care may no longer be possible under the Support at Home model.”

There is a consistent view that Support at Home is not ready to absorb CHSP:

- “The program is not ready, and services are already being withheld due to funding concerns.”
- “We are concerns that patients may not receive responsive care and preventative care is not embedded in the model.”

Providers highlight the scale and complexity of transition, with insufficient funding to support it:

- “The transition will require significant additional work, including client communication, new agreements and support at scale.”
- “CHSP does not currently involve case management, and additional funding will be required to support this shift.”

There are strong concerns about increased administrative burden and compliance requirements:

- “Increased compliance is reducing clinical time with clients or forcing providers to increase costs.”
- “Administrative complexity under Support at Home is already significant and will increase with transition.”

Providers are worried about the impact on clients, including reduced access and poorer outcomes:

- “Clients are already forgoing services, placing them at risk of not being able to remain at home.”
- “There is concern that the transition will increase risk for clients rather than improve outcomes.”

There are concerns about specific program limitations under Support at Home:

- “Short-term program settings, such as home modification caps, are not suitable for ongoing needs.”

There is significant frustration about lack of clarity and time to prepare:

- “With less than 15 months until July 2027, key details are still unclear.”
- “Providers need time, clarity and certainty to plan and transition effectively.”

Cultural safety and assessment processes are a concern:

- “The Single Assessment System is not seen as culturally safe.”
- “There is uncertainty about whether appropriate assessment approaches will be ready in time.”

There is a strong underlying sentiment across responses that:

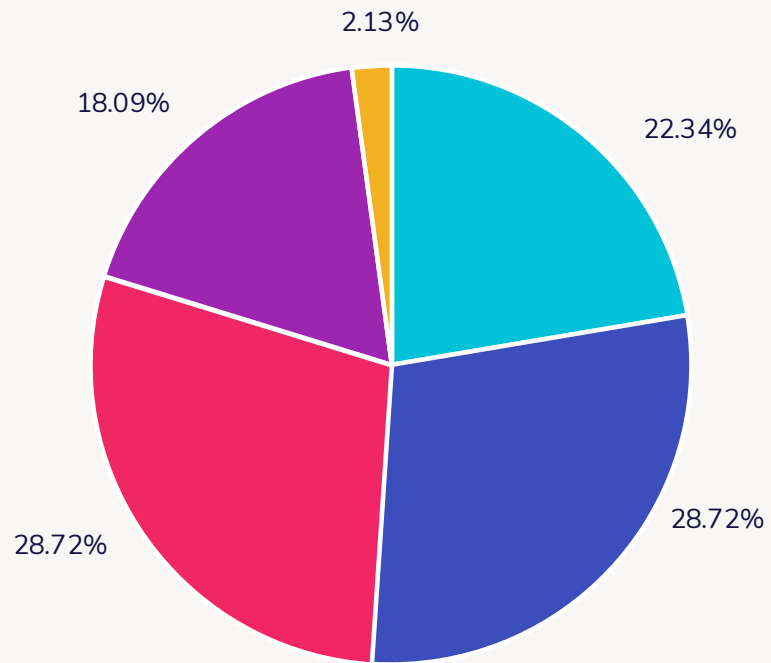
- “All of the above concerns apply.”
- “The system risks becoming unstable under the weight of transition.”

Some providers expressed a clear position on the transition itself:

- “Don’t fix what isn’t broken - fix the gaps, not the entire system.”



How confident is your organisation that it will be ready to transition to the Support at Home program by July 2027?



- Slightly confident
- Moderately confident
- Not confident
- Confident
- Very confident

Providers highlight that the transition will require significant upfront preparation for clients, particularly around financial assessments and agreements:

- “Clients will need to complete Income and Assets Assessments well ahead of transition, and this needs to be clearly communicated by the Department.”
- “Short timeframes to agree to new pricing and sign contracts create financial risk for providers.”

There are strong concerns about workforce capacity and system readiness to absorb increased demand:

- “Workforce change is significant and there are concerns about whether community health services can meet increased demand.”
- “There are risks that services, particularly post-hospital discharge care, will not be able to keep up without block funding.”

Providers emphasis the need for adequate lead time and clear information before transition:

- “Delays may be necessary to allow time to build programs and infrastructure.”
- “Without clear information, providers may withdraw as they cannot prepare appropriately.”

There are concerns about financial risk and viability during transition:

- “We are at greater financial risk if clients refuse to sign agreements or accept new pricing.”
- “There is uncertainty about how gaps in care will be managed and funded.”

Some providers raised concerns about limitations in the Support at Home model itself:

- “Support at Home is seen by some as a rebranded Home Care Package model and may not support multiple providers.”

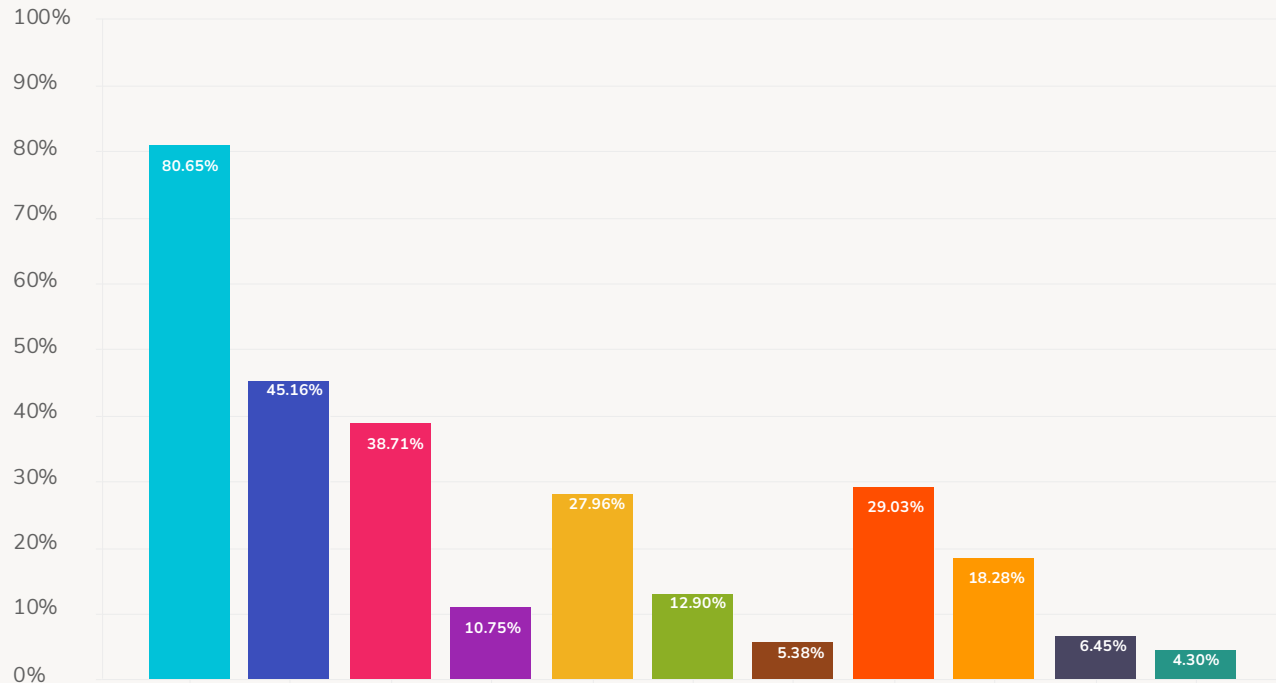
There is uncertainty about how existing CHSP clients will transition into the new system:

- “It is unclear whether CHSP clients will immediately receive packages, and if not, providers risk having no clients.”

Overall, there is a consistent sentiment that:

- “Multiple concerns apply, with providers identifying a range of overlapping risks and uncertainties.”

What are your organisation's biggest barriers to readiness at this point?



- Uncertainty about model changes to Support at Home to accommodate CHSP transition
- Uncertainty whether block funding (in some form will be retained)
- Uncertainty about pricing, particularly for rural and remote communities
- Change fatigue and competing priorities of our workforce
- Technology system readiness to operate under Support at Home
- Financial capacity to invest in transition and project costs
- Limited funding or capability to compete in a competitive Support at Home market
- Workforce availability and capability to support a smooth transition
- Support at Home model not culturally appropriate or safe
- Governance and board capability to strategically manage the risk of transition
- Other

There are strong concerns about capacity and administrative burden associated with the scale of transition:

- “Support at Home will create an unnecessary administrative burden, particularly given the much larger CHSP client cohort.”
- “There is a risk of capacity overload as systems and providers try to absorb the volume.”

Providers highlight significant financial risk during transition:

- “There is increased financial risk if clients refuse to sign agreements or accept new pricing.”
- “Short timeframes, such as 3 months to transition clients, were not workable and created financial strain.”

There are major concerns about workforce capacity and market participation:

- “Workforce change will be huge and difficult to manage.”
- “There is uncertainty about whether community health services will enter or remain in the market.”
- “Our organisation may choose not to continue due to increased financial and operational burden.”

There are concerns about system capacity and flow-on impacts to the broader health system:

- “Community services may not be able to cope with increased demand without CHSP block funding.”
- “Hospital discharge pathways may be impacted if community services cannot respond.”

A lack of information and clarity is a key barrier to readiness:

- “We cannot build infrastructure or prepare without clear information.”
- “Without clarity, organisations may withdraw as they do not have time to put systems in place.”

Providers raised concerns about client outcomes and risk during transition:

- “Clients will be worse off under the new model.”
- “There is no clear answer for who will support those who fall through the cracks.”

There are concerns about limitations in the Support at Home model:

- “Support at Home is seen as a rebranded Home Care Package model.”
- “It does not support multiple providers, limiting flexibility and client choice.”
- “Clients may not be able to choose their own providers for individual services.”

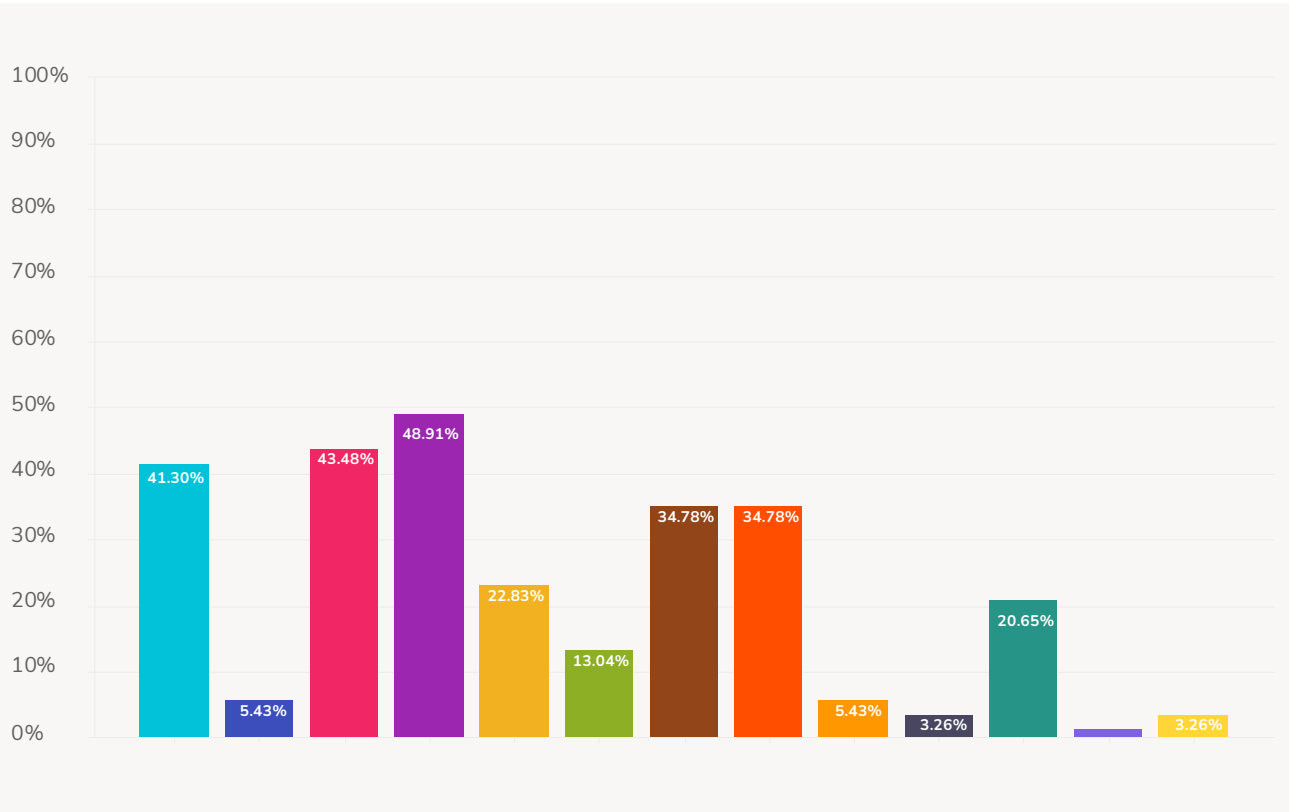
There is uncertainty about how CHSP clients will transition into packages:

- “If clients are not immediately transitioned to packages, providers may be left with no clients.”

Overall, providers indicate that:

- “All of the above barriers apply.”
- “Limiting responses does not reflect the scale and overlap of concerns.”

What support does your organisation need most over the next 18 months to prepare for the CHSP transition to Support at Home?



- Pilot, test and stage any CHSP transition to Support at Home
- Establish CHSP taskforce to inform transition (made up of CHSP providers)
- Retain block funding for rural and remote providers
- A detailed roadmap from government ahead of any transition commencement
- Clear and practical guidance materials ahead of any transition
- Provide targeted business improvement and transition funding
- Technology guidance and system readiness support
- Regular scheduled communication, webinars and Q&A sessions by government
- Progress alternative funding model for First Nations providers about model
- Publish sector training plan for CHSP providers, including executives, boards and managers
- Workforce planning and capability support
- Other
- Peer learning/shared implementation resources

There is strong and consistent support for retaining block funding, particularly for specific service types:

- “Cottage respite requires block funding.”
- “Retain block funding for everyone.”
- “Retain block funding for Group Social Support and Community Respite Centres.”

Many providers indicated that multiple supports are required, not just a single solution:

- “All of these would be very useful.”
- “All of the above.”
- “Three options is too limiting, there is much more support required.”

There is support for delaying the transition to allow time to prepare:

- “A delay would be supported.”

Providers are calling for realistic, provider-informed transition planning:

- “Transition needs to be realistic and genuinely informed by providers.”

There is a clear need for practical supports to enable preparation:

- “A detailed roadmap ahead of transition is needed.”
- “Clear and practical guidance materials are required.”
- “A sector training plan for executives, boards and managers is needed.”

Providers highlight that technology support depends on clarity from government:

- “Technology guidance would be helpful, but the government needs to confirm the process and rules first.”

Specific needs were identified for Aboriginal Community Controlled organisations:

- “NATSIFAC is the only solution for Aboriginal-controlled organisations to remain in aged care.”

There is a consistent message about the need for clear and timely communication:

- “Provide clear and timely information well in advance so providers have sufficient time to prepare.”

Some responses reflect ongoing confusion about the transition:

- “I do not understand the question.”



What is the single most important action the government could take in 2026 to support the effectiveness of the CHSP?

A dominant and consistent message across responses was “do not transition CHSP into Support at Home at this stage”:

- “Leave it as is.”
- “Don’t do it yet.”
- “Keep it out of SAH.”
- “CHSP should remain.”

There is a clear call to improve the current system rather than redesign it:

- “Not change what is already working.”
- “Improve the current model and outputs rather than transition it.”
- “Review why CHSP needs to change and model the impact before proceeding.”

Many providers strongly support retaining CHSP as a block-funded program:

- “Retain CHSP block funding, particularly for services like transport, social support and respite.”
- “CHSP is entry-level support and should remain block funded.”
- “Retain and strengthen CHSP rather than replace it.”

Delaying the transition was frequently recommended:

- “Defer or prolong the transition to allow time to embed Support at Home.”
- “Allow time for the workforce to recover and for the system to be properly tested.”
- “Slow it down until Support at Home is fully reviewed.”

What is the single most important action the government could take in 2026 to support the effectiveness of the CHSP?

There is a strong message to learn from the challenges of the Support at Home rollout and past reforms:

- “Take all the learnings from the current SAH implementation and avoid repeating mistakes.”
- “Learn from the NDIS and previous aged care reforms.”

Providers are calling for clear direction, communication and a detailed roadmap:

- “Provide a clear model and plan.”
- “Give a clearer indication of what is going to happen and how.”
- “Announce a detailed roadmap well ahead of transition.”

There is a strong call for genuine engagement with providers and clients:

- “Listen to providers and clients.”
- “Take feedback seriously and involve the sector in planning.”

Funding and financial sustainability remain a key concern:

- “Introduce an appropriate pricing model and increase unit pricing.”
- “Provide additional funding to support service delivery and transition.”
- “Ensure funding reflects actual demand and service delivery costs.”

Providers highlight the need for investment in systems, workforce and transition support:

- “Fund IT enhancements and system readiness.”
- “Provide funding for project teams and additional staff to support transition.”
- “Support workforce and ICT readiness for both transition and ongoing delivery.”

What is the single most important action the government could take in 2026 to support the effectiveness of the CHSP?

Government needs to address access, demand and system capacity:

- “CHSP is critical for basic services like domestic assistance and mowing, with very high demand.”
- “We will not be able to absorb CHSP volumes into Support at Home.”
- “Funding must match assessed need to ensure services are available.”

Providers emphasised the need to improve assessment barriers:

- “Address any resource barriers to eliminate the assessment backlogs.”
- “Ensure quality and accuracy of assessments”

Review the design of client contributions under Support at home:

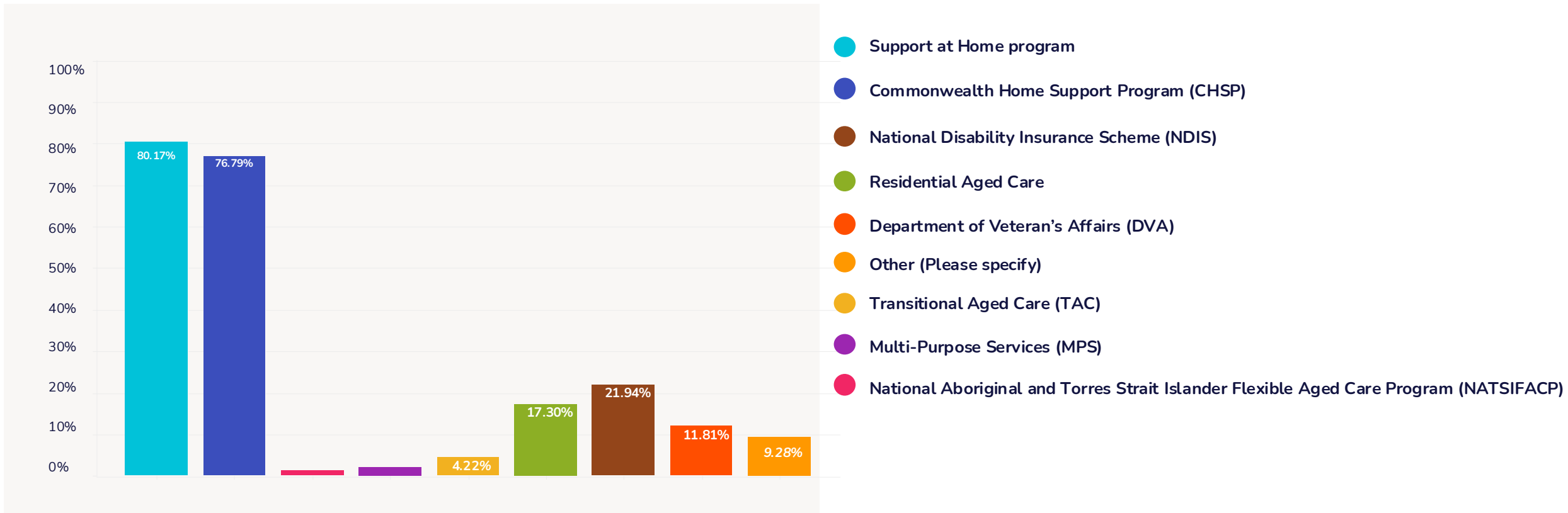
- “Clients may not be able to afford services under new contribution arrangements.”
- “The impact of contributions on access must be considered.”

Provide certainty and stability for CHSP providers:

- “Provide long-term funding certainty and clear policy direction.”
- “Ongoing uncertainty is impacting planning, workforce decisions and service design.”

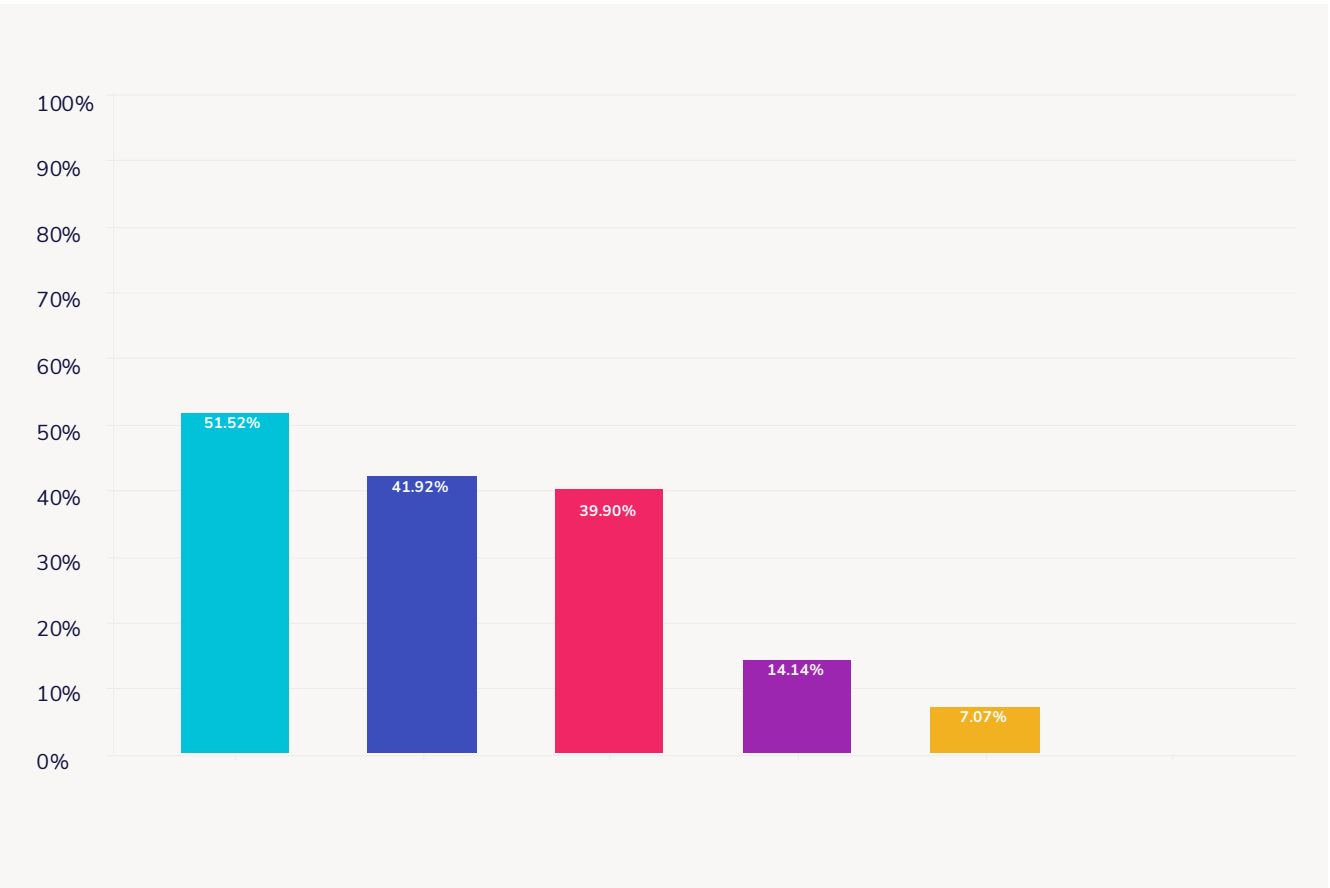
PROFILE OF SURVEY RESPONDANTS

Which funded programs does your organisation currently operate?



PROFILE OF SURVEY RESPONDANTS

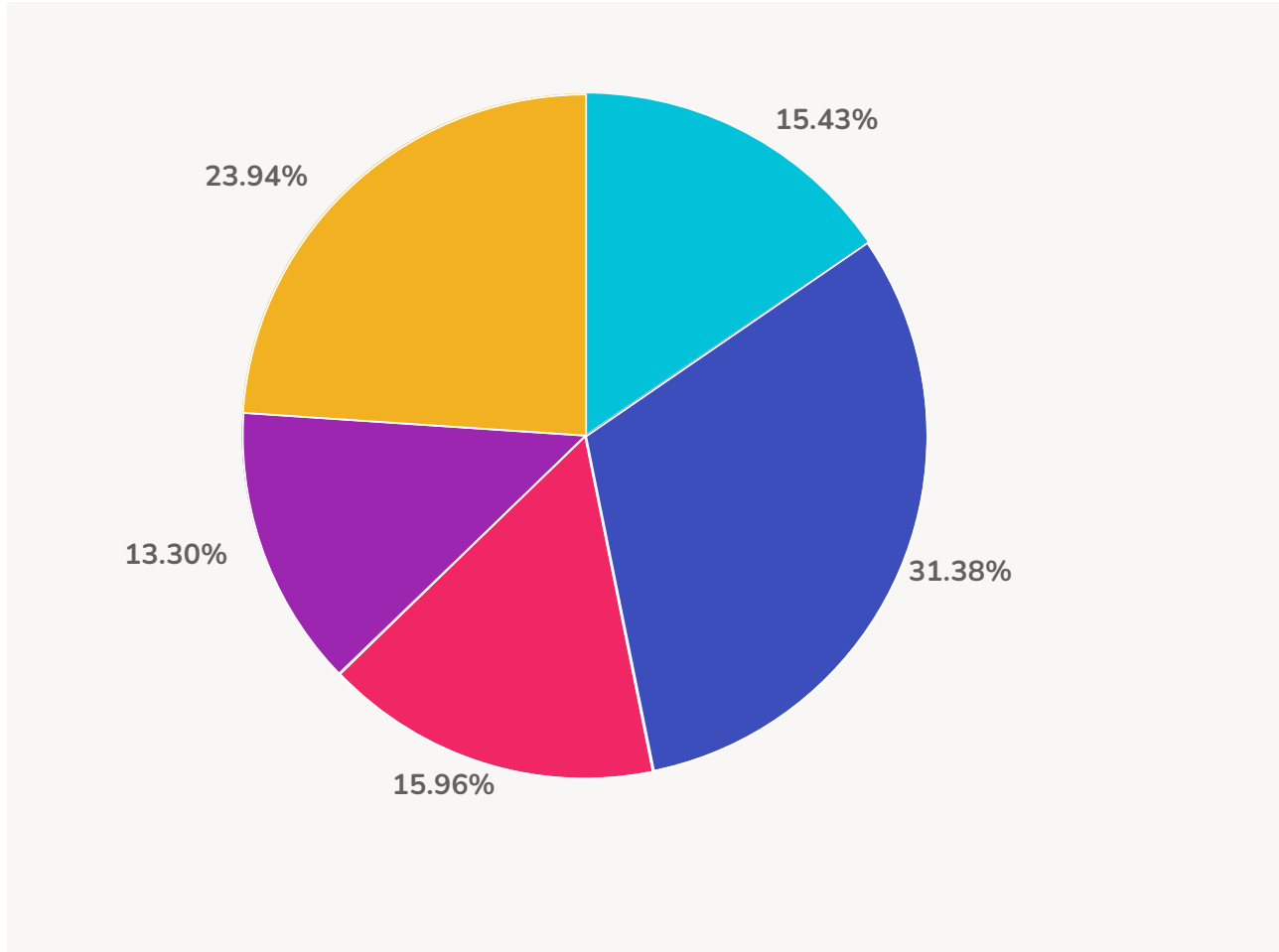
Which location(s) does your organisations primarily operate in?



- Metro (MMM1)
- Regional (MMM 2-3)
- Rural (MMM 4-5)
- Rural (MMM 4-5)
- Multi-State

PROFILE OF SURVEY RESPONDANTS

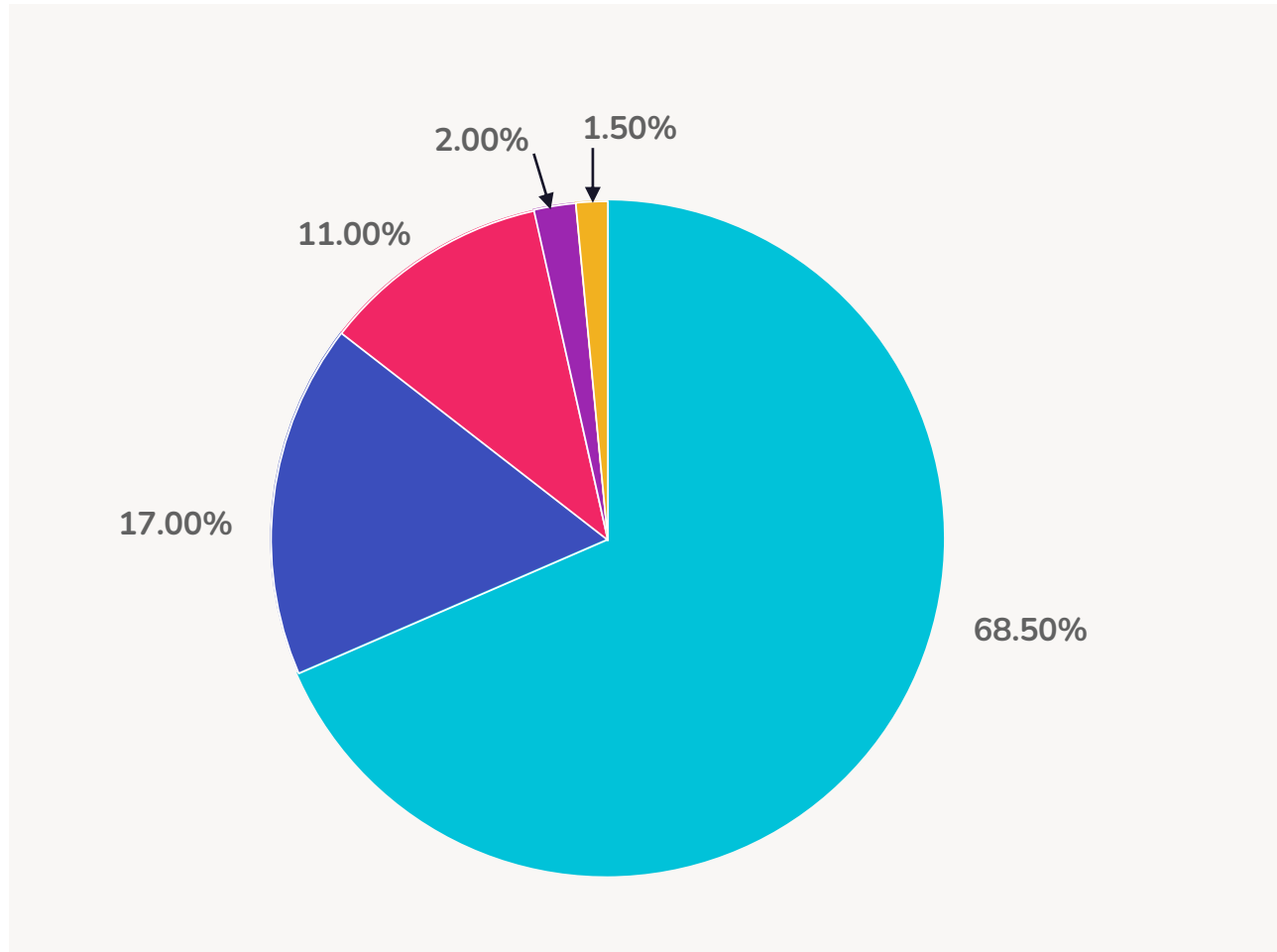
Your organisation's approximate total annual turnover is?



- Between \$1 - \$5 million
- Above \$20 million
- Between \$5 million - \$10 million
- Under \$1 million
- Between \$10 million - \$20 million

PROFILE OF SURVEY RESPONDANTS

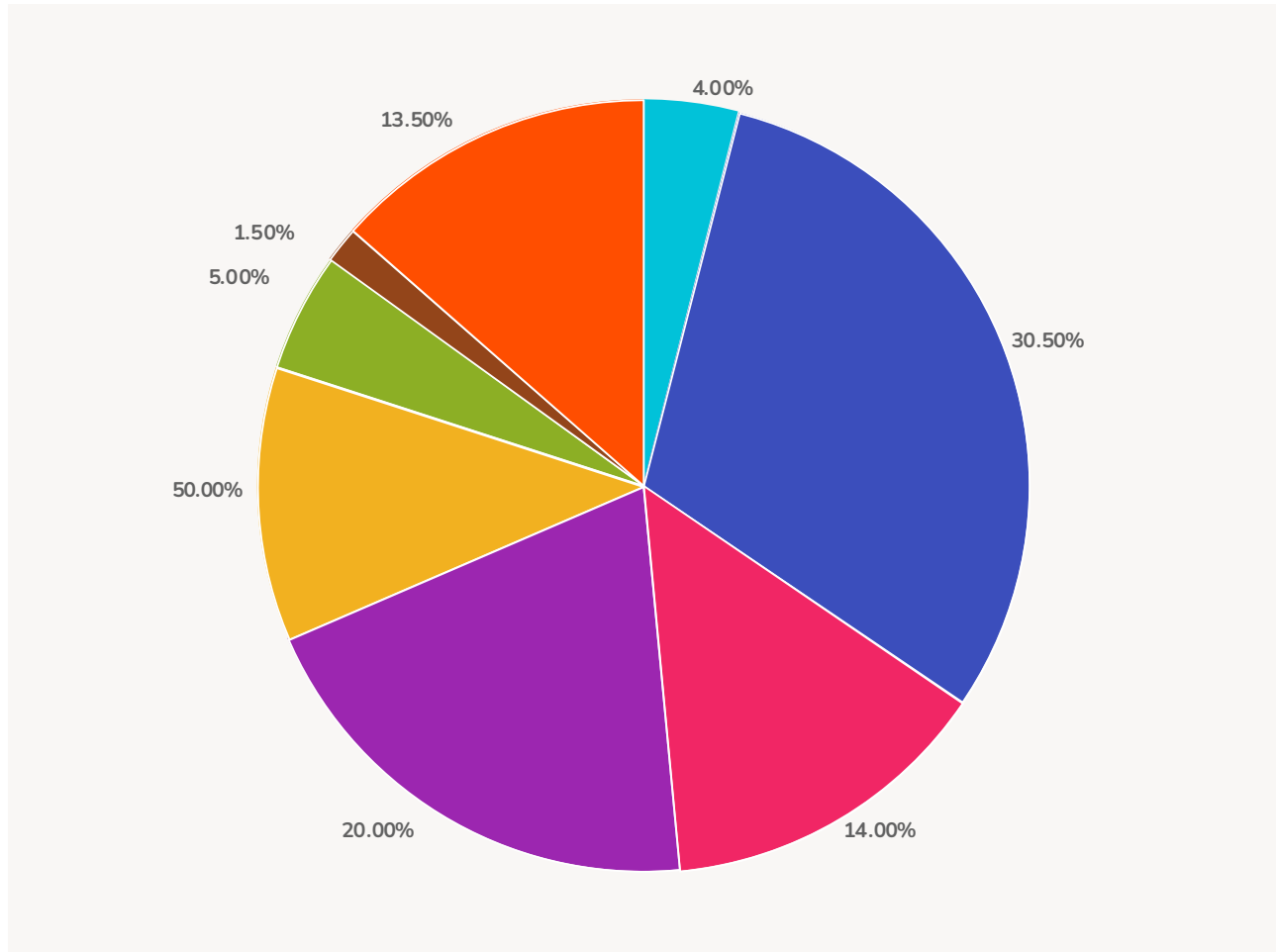
Your organisation's type is?



- Not-for-profit
- For-profit
- Government/Council
- Aboriginal Community Controlled
- Other (Please specify)

PROFILE OF SURVEY RESPONDANTS

What role do you hold within your organisation?



- Executive Manager
- Home Care Program Manager/Coordinator
- Other
- Corporate Services/Administration
- Care Manager/Care Partner
- Clinical Team Member
- Board Director
- Client Services/Call Centre

CONTACT US

We exist to help create a world-class aged care system through renewals, repositioning, and reinvestment in service models and strategies.



Strategic Advisory



Strategic Planning & Design



Market Entry & Exit Planning



Operational Review



Stakeholder Engagement



Change Management

enkindle



JENNENE BUCKLEY

jennene@enkindle.com.au

0411 255 331



TASH EDWARDS

tash@enkindle.com.au

0447 242 508

SUPPORT AT HOME HQ

Whether you're updating policies, pricing, systems or workforce practices, registration renewal or planning ahead for future change, Support at Home HQ is here to support you beyond reform go-live. From regular monthly webinars, experts on call via our helpdesk, to invaluable implementation resources, we've got everything you need to thrive in the new era of home care.



Monthly deep-dive reform webinars



Curated monthly reform wrap-up



Expert help desk, including department follow up



Compliance and renewal readiness resource kits

Find out more and join the community of 100+ providers
www.supportathomehq.com.au



Support at Home HQ

