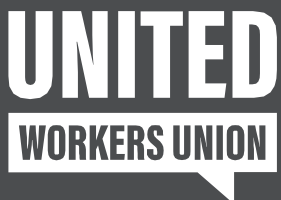


United Workers Union

Submission to the Inquiry into the transition of the
CHSP to the Support at Home Program

13 February 2026



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Acknowledgement to Country

The United Workers' Union is a national trade union. We acknowledge and respect the continuing spirit, culture and contribution of Traditional Custodians on the lands where we work, and pay respects to Elders – past, present and emerging. We extend our respects to Traditional Custodians of all the places that United Workers' Union members live and work around the country.

About the United Workers' Union

United Workers Union ('**UWU**') is a powerful union with 150,000 workers across the country from more than 45 industries and all walks of life, standing together to make a difference. Our work reaches millions of people every single day of their lives. We feed you, educate you, provide care for you, keep your communities safe and get you the goods you need. Without us, everything stops. We are proud of the work we do – our early childhood educators are shaping the future of the nation one child at a time; supermarket logistics members pack food for your local supermarket and farms workers put food on Australian dinner tables; hospitality members serve you a drink on your night off; aged care members provide quality care for our elderly and cleaning and security members ensure the spaces you work, travel and educate yourself in are safe and clean.

Introduction

UWU represents workers across both residential and in-home aged care services. These workers undertake a diverse range of roles - including care workers, hospitality staff and cooks, cleaners, lifestyle assistants, enrolled nurses, laundry workers, and maintenance staff.

UWU welcomes the opportunity to contribute to the Committee's inquiry into the transition of the Commonwealth Home Support Program (CHSP) to the new Support at Home Program (SAH). UWU home care members provide essential care that is frequently undervalued, underpaid, and insecure. These problems are compounded in home care by the unpaid or underpaid components of working time, including travel between clients, completion of client notes, supervision, staff meetings, and mandatory training.

Home care workers are skilled professionals with daily, direct contact with older Australians. Their insights are essential for monitoring quality, identifying emerging issues, and ensuring that reforms - such as the transition from CHSP to SAH - deliver tangible improvements. UWU has consistently argued for formal mechanisms to enable aged care workers to contribute meaningfully to governance, oversight, and continuous quality improvement.

UWU maintains that the Federal Government should amend the *Aged Care Act 2024* to establish a formal Worker Voice mechanism across the aged care sector, as envisaged in the First Reading version of the *Aged Care Bill 2024*. This mechanism must include a voice for home care workers, who typically work alone and move between clients' homes. Their isolation diminishes their ability to collectively advocate for safe working conditions and leaves them vulnerable to retribution by unscrupulous providers if they raise concerns or blow the whistle on substandard care. A Worker Voice for home care workers is vital for improving the quality of care in the home, as workers are in the best position to assess whether the recent reforms to aged care are improving care outcomes.

This submission includes home care workers' experiences and views on the transition process so far and proposes policy responses for the workforce to improve the quality of care provided to older Australians.

Listening to workers and their representatives during the transition

Since the SAH Program commenced on 1 November 2025, with its shift from block funding for providers to individualised funding combined with co-contributions for clients, there have been concerns that older people will begin giving up certain services to avoid paying for them. These include personal care support such as showering, and everyday living supports such as cleaning, gardening, and food purchases.¹

Home care workers are already reporting this behaviour from clients. A member in South Australia told us her clients have begun relinquishing domestic services (e.g., light cleaning and shopping support) because they fear their care packages will be consumed by the new fees.

Another member on the NSW Central Coast reported clients choosing to rely on relatives for assistance with showering, instead of paying for this service. The member observed that family members are not always available, nor have the needed skills to provide such a service. As a result, some older people are going days without showers to the detriment of their health.²

Other workers tell us they are doing these domestic tasks 'unofficially', either after a request from the client themselves, or because they are concerned about the risks to the client's physical and psychological wellbeing from leaving these tasks unattended. However, doing them adds to the already existing time pressures felt by home care workers to perform their formal duties during their allocated rosters. Home care workers are effectively subsidising the system's care load through unpaid work. This situation is unsustainable for the sector, as it

worsens working conditions by increasing workloads, and endangers the safety of both workers and clients.

Members report that their struggle to get providers to allocate more hours for quality care continues even at this early stage of implementing SAH. They also report rostered start times are being shifted by providers to later in the day (e.g., from 7am to 12pm), possibly due to clients opting out of morning services to avoid fees.

These reports confirm the risks of the SAH approach highlighted in recently released University of Technology Sydney (UTS) Ageing Research Collaborative (UARC) *Australia's Aged Care Sector Full-Year Report 2024–25*. UARC warned that co-contributions may significantly influence how older people use different service categories, bringing a level of 'demand uncertainty' - where older people reduce service use due to increased costs.³

UWU recommendation 1

- ***Monitor and mitigate the risks created by the co-contribution model - especially on the quality of life for older people.***

UWU members have long advocated for sufficient 'time to care' – so that the time allocated to clients by providers is enough for workers to meet the quality care needs of older Australians.⁴

UWU recommendation 2

- ***Require that workers have sufficient time in their rosters - to prevent risks to clients arising from the transition.***

For the transition from CHSP to SAH, the government should implement consultation mechanisms to understand worker concerns about risks to quality of care. While there have been calls to extend the transition deadline beyond July 2027 to make things easier for providers, there is no point in simply making the same process longer if nothing else changes. The Federal Government should have a structured consultation specifically with home care workers, through their unions, to learn from those workers about what is happening on the ground with the move to SAH, and what can be done to improve the quality of care.

UWU recommendation 3

- ***Embed Worker Voice in the aged care system and establish a worker advisory body for the CHSP–SAH transition – so that home care worker insights directly inform the transition's implementation.***

Home care in regions with limited provider and workforce capacity

The UARC report also found that older people in non-metropolitan areas use home care packages at lower rates than those in metropolitan areas and are more likely to be receiving CHSP-funded services that will eventually transition to SAH.⁵

A significant issue for non-metropolitan home care is the prevalence of out-of-area service delivery, especially for Level 3–4 packages. A lack of local providers indicates a persistent mismatch between the supply of home care workers and demand for complex care. For clients in non-metropolitan regions (such as regional centres, rural towns, remote communities) this results in reduced care due to time lost to travel. For workers, it creates longer travel times, increased workloads, and reduced capacity to deliver quality care.

UWU has long been concerned about the proliferation of low-quality providers who seek quick profits from home care packages, while offering inferior services to older people - who have no choice but to use them because they live in 'thin market' regional areas. Many of these providers create conditions ripe for worker exploitation by using subcontracting arrangements, paying below-award wages, and offering no job security or training. Media investigations have also revealed unethical practices in parts of the sector.⁶

These providers are also exposed to the demand uncertainty from clients under the SAH transition. Faced with financial pressure, they are more likely to exit the sector quickly, leaving older people - particularly in regional areas - without essential services.

The Federal Government must take responsibility for ensuring high-quality home care, especially in regions with little market choice. Service delivery should not rely on dubious providers who exploit workers, focus on making quick profits, and undermine quality care. Funding should only flow to providers that demonstrate good employment practices, including secure jobs, award-compliant wages, paid travel time, and access to training. Providers offering quality jobs are better able to attract and retain skilled workers. A more secure and experienced home care workforce will increase the capacity of providers to serve the care needs of older Australians in both metropolitan and non-metropolitan areas.

To support accountability by providers and protect working conditions, the government should legislate union rights of access for home care workers - including in dispersed, remote, and home-based settings. Without this, workers will remain isolated and find it much more difficult to report issues arising during the transition to SAH.

UWU recommendation 4

- ***Ensure government funding goes to high-quality home care providers – with proven employment standards and service quality, and enforceable rights for workers to access their unions.***

To address workforce shortages, particularly in regional areas, the Federal Government must improve pathways to permanency for migrant aged care workers, who make up around 40% of the aged care workforce.⁷ The current reliance on employers to sponsor applications for permanent residency is often an impediment to the sector's ability to retain these experienced workers. Employers often refuse to sponsor because of the cost, and because of the power that the 'gift' of permanency gives them over a vulnerable workforce. A self-sponsorship pathway - potentially delivered through changes to the Aged Care Industry Labour Agreement - would reduce worker vulnerability and support the sector's ability to retain workers.

UWU recommendation 5

- ***Create pathways to permanent residency for migrant aged care workers - including options for self-sponsorship to retain skilled workers essential to the sector.***

Conclusion

The transition from the CHSP to the SAH Program represents a major reform in Australia's aged care system. Whether this transition strengthens or destabilises the growing home care sector will depend on the choices made now.

Home care workers are uniquely placed to identify what is working, what is failing, and what will place older people at risk. Their insights must be central to the implementation, monitoring, and improvement of the new system.

UWU members in home care have told us about the emerging risks to the quality of care their clients receive under the new system. The reports from these members underscore UWU's long standing concerns about home care providers refusing to roster workers with sufficient time to deliver quality care, while using business models that undermine working conditions, and endanger the safety of both workers and older people. Despite being an experienced and dedicated cohort of the aged care workforce, migrant workers are vulnerable to these exploitative practices because they lack an independent means of initiating a process to stay and work in Australia permanently.

Regional areas experiencing constrained supply, coupled with the uncertainties of the SAH transition, need policies that ensure high-quality providers, empowered workers, and secure pathways for skilled migrant workers who wish to continue contributing to the aged care sector while making a life in Australia.

Thank you for the opportunity to make these recommendations. For more information, please contact Tim Dymond, Senior Research Analyst, at tim.dymond@unitedworkers.org.au.

Regards



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United Workers Union

¹ Anam Bilgrami, 'Aged care at home is changing. Here's what you'll pay for and how to plan', *The Conversation* (30 October 2025) <https://theconversation.com/aged-care-at-home-is-changing-heres-what-youll-pay-for-and-how-to-plan-265675>

² DHDA, Support at Home service list <https://www.health.gov.au/sites/default/files/2025-08/support-at-home-service-list.pdf>

³ Lin, Jianjie; Malady, Louise; Ma, Nelson; Yang, Jin Sug; Sutton, Nicole; Woods, Michael; et al. (2025), *Australia's Aged Care Sector: Full-Year Report 2024-2025*, University of Technology Sydney. Report, p 48 <https://doi.org/10.71741/4pyxmbnjq.30816452.v1>

⁴ United Workers Union (UWU), 'Older Australians and the workers caring for them deserve respect' <https://unitedworkers.org.au/change-aged-care/>

⁵ Full-Year Report 2024-2025, pp 37-9.

⁶ 'Aged home care package changes set off cash conflict between providers and suppliers', *ABC* (4 December 2025) <https://www.abc.net.au/news/2025-12-04/home-care-package-kickbacks-row-between-providers-suppliers/106095962>

⁷ ABS Census 2021, 'A caring nation – 15 per cent of Australia's workforce in Health Care and Social Assistance industry', <https://www.abs.gov.au/media-centre/media-releases/caring-nation-15-cent-australias-workforce-health-care-and-social-assistance-industry>