# Proposed changes to Commonwealth Home Support Programme service list to align with Support at Home

This fact sheet outlines what Commonwealth Home Support Programme (CHSP) providers need to know about the proposed changes to the service list from 1 July 2025.

## What do these changes mean for CHSP providers?

From 1 July 2025, there will be changes to the way that CHSP services are described, regulated and delivered. These changes are driven by the new Aged Care Act (new Act) and align to the Support at Home program. This means the types of services delivered must be for older people with an assessed care need under the new Act and the defined service list.

For more information on the [new Aged Care Act](http://www.health.gov.au/our-work/aged-care-act).

## Alignment to Support at Home service list

From 1 July 2025, there will be a standardised service list across all in-home aged care programs, with some exceptions.

This means there will be changes in the CHSP service list:

* The structure of the CHSP service catalogue will change, including terminology changes (refer Table 1: Service catalogue structure).
* The names of many service types and services will change.
* Inclusions and exclusions will be defined and clarified for some services.

It is important to note that the CHSP services providers deliver will not change, however there are slight differences in the naming conventions.

Table 1: Service catalogue structure

| Current CHSP Service catalogue structure | Proposed CHSP service catalogue structure from 1 July 2025 |
| --- | --- |
| Service group | **Service group level** (i.e., clinical, independence, everyday living, advisory services, sector support) |
| Service type level | **Service type level** (e.g., domestic assistance or meals) |
| Service sub-type level | **Service level** (e.g., general house cleaning, laundry, shopping services, or meal delivery) |

A more standardised service list will make it easier for all aged care providers, older people and their families to understand what services can be delivered and how providers can use their funding. It will also clarify what should and should not be delivered under each service type.

Overall, this alignment will prepare the CHSP sector for the expected transition to Support at Home no earlier than 1 July 2027.

The Department of Health and Aged Care (the department) is currently analysing feedback from the consultation on the [legislated service list](https://www.health.gov.au/our-work/aged-care-act/consultation), submissions closed 31 October 2024.

The proposed changes to each CHSP service type are summarised in **Appendix A**.

The [Support at Home Program service list](https://www.health.gov.au/resources/publications/support-at-home-service-list?language=en) and [2025-2027 CHSP service catalogue](https://www.health.gov.au/resources/publications/chsp-service-catalogue-2025-27) is available on the department’s website.

## Key changes proposed for the CHSP service list

### Other food services rolled into revised meals service type

From 1 July 2025, the meals service type will contain 2 services – meal delivery and meal preparation. This change means that:

* Meals services (at home/at centre) have been consolidated into meal delivery.
* Other food services have been consolidated under meal preparation.

Table 2: Changes to meals and other food services

|  |  |
| --- | --- |
| **Current CHSP service list** | **Proposed CHSP service list from 1 July 2025** |
| **Meals**  | **Meals** |
| At Home | Meal delivery  |
| At Centre |
| **Other Food Services** |  Meal preparation |
| Food Preparation in the Home |
| Food Advice, Lessons, Training, Food Safety |

For the 2025-27 CHSP extension grant, meals providers will be contracted at the service level to account for different unit price for meal preparation and meal delivery.

Find more detailed information about these reporting requirement in the [proposed Data Exchange changes factsheet.](https://www.health.gov.au/resources/publications/proposed-changes-to-commonwealth-home-support-programme-chsp-data-exchange-from-1-july-2025-factsheet)

### Proposed social support and community engagement service type

The new social support and community engagement service type will cover services that support a person’s need for social connection and participation in community life.

This service type will capture the supports currently provided under:

* Social Support Individual
* Social Support Group
* Client Advocacy services (under Specialised Support Services).

It will cover services that support a person’s need for social connection and participation in community life. Supports under this service type may include:

* service identification and linkage support.
* assistance to participate in social interactions (in-person or online).
* visiting services, telephone and web-based check-in services.
* accompanied activities (e.g., support to attend appointments).
* support to engage in cultural activities for people with diverse backgrounds and life experiences.

Note: Unlike the Support at Home service list, expenses to maintain personal affairs is not listed as a separate service under the CHSP.

Table 3: New social support and community engagement service type

| **Current CHSP service list** | **Proposed CHSP service list from 1 July 2025** |
| --- | --- |
| **Social Support Individual** | **Social support and community engagement** |
| Visiting | Individual social support^ |
| Accompanied Activities  | Accompanied activities |
| ***Previously offered under SSS*** | Cultural support |
| *Not currently offered* | Digital education and support |
| Telephone/Web Contact | *Offered under Digital education and support* |
| *Not currently offered* | Assistance to maintain personal affairs |
| **Social Support Group** | Group social support^  |
| Support - Group |

^For the purposes of the 2025-27 CHSP extension grant, providers will be contracted at these 2 service levels to account for the differing unit prices for these services in current contracts.

Table 4: Funding level for individual social support and group social support

|  |  |
| --- | --- |
| **Funding level** | **Service** |
| Group social support | Group social support  |
| Individual social support | Individual social support  |
| Individual social support | Accompanied activities, cultural support, digital education and support, assistance to maintain personal affairs |

Providers delivering the services outlined under the individual social support service will have the ability to accept referrals and report against the other services grouped under Individual social support services outlined above.

### **Respite services in the proposed CHSP service list**

We have listened to sector feedback wanting a more fluid approach to delivering respite services is required. Under the current system, if a CHSP client has been assessed for Flexible Respite and decide this doesn’t work for their needs, they have to go back for another assessment to get a new referral code to swap to Cottage Respite or Centre-based Respite.

We are consolidating flexible respite and community and centre-based respite services under a new **home or community general respite** service type to:

* provide clearer service descriptions
* minimise clients having to go back through the assessment and referral process again
* allow flexibility so that clients can receive the appropriate respite service according to their changing needs.

**Community cottage respite** will remain a separate service type.

The services that can be delivered under flexible, community and centre-based and cottage respite will not change.

#### Home or community general respite

* **Flexible respite**:provides respite through in-home, community, host family and mobile services.
* **Community and centre-based respite**: provides respite through group activities, small group day outings or attending a residential aged care facility.

Table 55: Home or community general respite service types

| **Current CHSP service list** | **Revised CHSP service list from 1 July 2025** |
| --- | --- |
|  | **Home or community general respite**  |
| **Flexible Respite** | Flexible respite  |
| Community Access - Individual Respite |
| Host Family Day Respite |
| Host Family Overnight Respite |
| In-home Day Respite |
| In-home Overnight Respite |
| Mobile Respite |
| Other Planned Respite |
| **Centre-based Respite** | Community and centre-based respite  |
| Centre-based Day Respite |
| Community Access - Group |
| Residential Day Respite |
| Overnight Community Respite |

#### Community cottage respite

* **Cottage respite**: overnight respite provided in a place other than the home of the carer, client or host family.

Table 66: Community cottage respite service type

|  |  |
| --- | --- |
| **Current CHSP service list** | **Revised CHSP service list from 1 July 2025** |
| **Cottage Respite** | **Community cottage respite**  |
| Overnight Community Respite | Cottage respite |

### Allied health and therapy services

Allied health and therapy services will be split into:

* Clinical service group: allied health and therapy services
* Independence service group: therapeutic services for independent living.

The decision to allocate services to either allied health or to therapeutic services was based on a determination of which services were most aligned with clinical needs versus support for independence.

* **Allied health and therapy services**: cover a wide range of health disciplines that help maintain or improve general health, physical function and well-being. These services typically focus on rehabilitation, prevention and chronic disease management.
* **Therapeutic services for independent living**: focus more on therapy that enhances functional independencies in daily living activities.

There will be additional services listed under these services. For example, under allied health and therapy services:

* Aboriginal and Torres Strait Islander Health Worker has been split into 2 services:
	+ Aboriginal or Torres Strait Islander Health Practitioner assistance
	+ Aboriginal or Torres Strait Islander Health Practitioner Health Worker assistance
* Counselling or psychotherapy and music therapy have been added.

There are some current CHSP service sub-types that are no longer listed as a distinct service, but can be delivered under one of the other allied health services, including:

* Hydrotherapy, which could be delivered under exercise physiology, physiotherapy or allied health assistance.
* Ongoing and Other Allied Health Services and Restorative Care Services, which have been removed and we will work with providers to reallocate funding to an alternate service on the service list.

There are a few additional services that can now be delivered under therapeutic services for independent living, including:

* acupuncture
* chiropractic
* remedial massage
* art therapy
* osteopathy.

[**Appendix A**](#_Appendix_A:_CHSP) provides more information about changes to allied health and therapy services.

### Specialised Support Services (SSS)

We are proposing to making changes to reduce duplication of services across the aged care system and provide the necessary regulatory protection under the new Act.

SSS providers will be asked to realign their services, where possible, to other service types under the new service list. For example, allied health and therapy services, social support and community engagement, nursing or personal care. Unit pricing will correspond to the newly mapped service.

[**Appendix B**](#_Appendix_B:_Summary) provides an overview of how SSS will be realigned to other services.

We acknowledge that some services may not easily realign, such as vision and dementia advisory services. In these circumstances, SSS providers will continue to be funded through a separate schedule in their CHSP agreement for SSS for one year. During 2025-26 financial year, we will work with these providers on future funding arrangements beyond 30 June 2026.

### Sector Support and Development (SSD)

Since 2021, we have been working to improve the intent of SSD services by:

* introducing primary focus areas
* establishing a community of practice
* expanding service delivery to a national level.

SSD will not be part of the new service list as the services are provider focused and not aligned to direct service delivery to individual clients.

As a result, we are looking at ways to support the entire in-home aged care sector through an In-Home Sector Support Program. To achieve this, the existing SSD sub-program will likely be extended by one year through a separate schedule to the CHSP grant agreement.

We will consult with SSD providers on a possible program redesign during 2025-26 financial year with the intention of implementing any changes from 1 July 2026.

[**Appendix C**](#_Appendix_C:_Initial) provides an initial overview of what may be included in a revised In-Home Sector Support Program from 1 July 2026.

## CHSP services provided in addition to the Support at Home service list

### Home adjustments & equipment and products

These services will **operate in parallel** with the new Assistive Technology and Home Modifications (AT-HM) Scheme when Support at Home commences from 1 July 2025.

In their aged care assessment (or re-assessment), older people will be assessed for either:

* CHSP for equipment and products, and/or home modifications.
* Support at Home for the AT-HM Scheme.

People will be directed to the AT-HM Scheme if they are assessed as also requiring Support at Home, or to CHSP if they require only low risk/low cost Goods, Equipment and Assistive Technology (GEAT) and/or home modifications.

Through the CHSP, the service types will be:

* **Home adjustments:** clients will continue to receive subsidised home modification services through the CHSP. CHSP home modification funding will be aligned to Support at Home and will increase the subsidy from $10,000 to $15,000 per annum.
* **Equipment and products:** clients can continue to access low-cost GEAT through the CHSP with support of up to $1,000 per year.

Table 7: Equipment and products, and home adjustments service types

| **Current CHSP service list** | **Revised CHSP service list from 1 July 2025** |
| --- | --- |
| **Goods, Equipment and Assistive Technology** | **Equipment and products**  |
| Self-care aids | Self-care products |
| Support and mobility aidsCare modifications  | Mobility products |
| *Not currently offered* | Domestic life products |
| Reading aidsPersonal monitoring technologyCommunication aids | Communication and information management products |
| Medical care aids | Managing body functions |
| Other goods and equipment | *Not proposed to be offered* |
| **Home modifications** | **Home adjustments** |
| Home modifications  | Home modifications |

### Respite & hoarding and squalor assistance

Respite and hoarding and squalor assistance serviceswill continue to be offered under the CHSP. However, they are currently not part of the new Support at Home service list. Support at Home participants will be able to access these services through an assessment, if required.

In 2025-26 financial year, we will work with those CHSP providers who are funded to deliver this service to confirm how this will be managed from 1 July 2027.

Assistance with Care and Housing sub-program is proposed to be renamed to hoarding and squalor assistance (service type level). Hoarding and squalor supports (service level) will allow an older person to access support which aids in implementing relevant care and/or a one-off clean-up of the person’s home.

Table 8: Hoarding and squalor assistance service type

|  |  |
| --- | --- |
| **Current CHSP service list** | **Revised CHSP service list from 1 July 2025** |
| **Assistance with Care and Housing** | **Hoarding and squalor assistance** |
| Hoarding and Squalor  | Hoarding and squalor supports |

There will be DEX reporting changes for respite and hoarding and squalor assistance which is detailed in the [proposed DEX changes factsheet](https://www.health.gov.au/resources/publications/proposed-changes-to-commonwealth-home-support-programme-chsp-data-exchange-from-1-july-2025-factsheet).

## Changes to flexibility provisions from 1 July 2025

Currently, flexibility provisions apply across all CHSP service types and service sub-types. The provisions allow providers to respond to changes in demand for services by reallocating funds between services and across Aged Care Planning Regions (ACPRs). There are rules governing the use of flexibility provisions to make sure that service gaps are not created and to maintain compliance with performance reporting requirements. CHSP providers can use flexibility provisions when there is a demonstrated need (e.g. through My Aged Care referral requests).

From 1 July 2025, the vast majority of the current flexibility provisions will remain the same. However, we will be narrowing the scope for home adjustments, equipment and products and SSS so that funds cannot be moved in or out of the service type without written approval. These are the same conditions that already apply to hoarding and squalor assistance and SSD.

These additional restrictions will enable us to identify the baseline funding required for SSS and home adjustments, equipment and products services, without being skewed by funding moving in or out. In addition, the restrictions will inform how these home modifications and equipment and products will interact with Support at Home and the AT-HM Scheme from 1 July 2027.

## Support at Home participants accessing CHSP services

In most cases, older people will only be able to receive in-home aged care services from one program at a time. They can access services through either the CHSP or Support at Home.

However, some exceptions will apply during the transition period (1 July 2025 to no earlier than 30 June 2027) until the CHSP moves to Support at Home:

### Social support group

Support at Home participants who have transitioned from the CHSP may continue to access their existing CHSP social support group on an ongoing basis to allow the continuity of social relationships. This **only** applies to Support at Home participants attending a pre-existing CHSP social support group service.

### Hoarding and squalor assistance

Support at Home participants can access hoarding and squalor assistance services through the CHSP (in addition to their Support at Home funding) via reassessment for those:

* who are living with hoarding behaviour or in a squalid environment
* who are at risk of homelessness or unable to receive the aged care supports they need.

### Community cottage respite

Where a Support at Home participant’s individualised budget has been fully allocated and a carer requires community cottage respite, the participant may access additional planned short-term respite services through the CHSP.

## What do providers need to do?

We will continue to work closely with aged care service providers, older people and everyone connected to the aged care system to ensure the transition to new CHSP arrangements happens as smoothly as possible.

In the meantime, we encourage CHSP providers to:

* **Make your staff aware** of the changes that are coming from 1 July 2025, including the introduction of a new Aged Care Act and the Support at Home program.
* **Plan to make changes** to your systems, business processes and policies in relation to the CHSP in coming months.
* **Reassure your existing clients** that CHSP services are continuing.
* **Look out for communications** from the department to stay across the latest information as it becomes available.

### Next steps

We will keep CHSP providers informed about planned changes to the CHSP and action they need to take.

There will be future opportunities for consultation with CHSP providers in 2025.

The 2025-27 CHSP extension grant opportunity will be published on [GrantConnect](https://www.grants.gov.au/). In December 2024, we will contact providers about their proposed 2025-27 grant agreement.

# Appendix A: CHSP service list comparison

**Legend: & Flexibility Provisions apply | # Support at Home exceptions**

| **Service group** | **Current CHSP Service List** | **Proposed CHSP Service List** |
| --- | --- | --- |
| **Service type** | **Service type** | **High level description** | **What’s changing** |
| **Everyday Living** | **Domestic Assistance** | **Domestic assistance** | The provision of or assistance with domestic services to ensure an older person remains safe at home.No hourly caps for CHSP services under domestic assistance. | Service names |
| General House Cleaning | General house cleaning |
| Linen Services | Laundry services |
| Unaccompanied Shopping (delivered to home) | Shopping assistance |
| **Home Maintenance** | **Home maintenance and repairs** | The provision of or assistance with maintenance of the house and garden to ensure a safe and habitable home environment or facilitate wellness and reablement goals.There are no hourly caps for CHSP services under home maintenance and repairs. | Replacing “major and minor” services with “assistance with home maintenance and repairs”.  |
| Garden Maintenance | Gardening |
| Major Home Maintenance and Repairs | Assistance with home maintenance and repairs  |
| Minor Home Maintenance and Repairs |
| **Meals** | **Meals** | The provision of meals to older people to ensure proper nutrition is maintained, including advice on meal preparation. | Differentiation between meal delivery and meal preparation services for clearer reporting outcomes.Other Food Services will transition to meal preparation services. |
| At Home | Meal delivery  |
| At Centre |
| **Other Food Services** | **Meals** |
| Food Preparation in the Home | Meal preparation |
| Food Advice, Lessons, Training, Food Safety |
| **Independence** | **Social Support Individual** | **Social support and community engagement** | The delivery of services that support an older person’s need for social connection and participation in community life including diverse cultural activities. | Consolidated into one service type to alignment to the Support at Home service list. Services have also been updated based on current scope.Providers will continue to be funded at either individual social support or group social support.  |
| Visiting | Individual social support |
| Accompanied Activities e.g. Shopping | Accompanied activities |
| *Previously offered under SSS* | Cultural support |
| N/A | Digital education and support |
| Telephone/Web Contact | *Offered under Digital education and support* |
| N/A | Assistance to maintain personal affairs |
| **Social Support Group** | Group social support |
| Support - Group |
| **Transport** | **Transport** | The provision of direct and indirect transport services to connect an older person with the community and attend their usual activities. | Proposed to include rideshare services. |
| Direct (driver is a volunteer or worker) | Direct transport |
| Indirect (through vouchers or subsidies) | Indirect transport |
| **Personal Care** | **Personal care** | The provision of support for an older person to engage in activities of daily living that help them maintain appropriate standards of hygiene and grooming. | Service names changed to align to the Support at Home service list.Re-alignment of continence advisory services. |
| Assistance with Self Care | Assistance with self-care and activities of daily living |
| Assistance with Client Self-administration of Medicine | Assistance with the self-administration of medication |
| *Previously offered under SSS* | Continence management (non-clinical) |
| **Clinical Supports** | **Nursing** | **Nursing care** | The provision of clinical care supports and education services provided by a nurse. | Re-named and the new services are based on the professionals eligible to deliver services under this service type (i.e. registered nurses, enrolled nurses and nursing assistant). |
| N/A | Registered nurse |
| N/A | Enrolled nurse |
| N/A | Nursing assistant |
| **Allied Health and Therapy Services** | **Allied health and therapy services** | The provision of supplementary services that restore, improve, or maintain an older person’s health, wellbeing and independence. | Split into allied health and therapy services, and therapeutic services for independent living. Allied health services are focused on clinical needs. |
| Accredited Practising Dietitian or Nutritionist | Diet or nutrition |
| N/A | Aboriginal and Torres Strait Islander Health Practitioner assistance |
| Aboriginal and Torres Strait Islander Health Worker | Aboriginal and Torres Strait Islander Health Worker assistance |
| N/A | Allied health assistance |
| Hydrotherapy | *Offered under Allied health assistance, Exercise physiology, or Physiotherapy* |
| N/A | Counselling or psychotherapy |
| Exercise Physiology | Exercise physiology |
| N/A | Music therapy |
| Occupational Therapy | Occupational therapy |
| Ongoing Allied Health and Therapy Services | N/A |
| Other Allied Health and Therapy Services | N/A |
| Physiotherapy | Physiotherapy |
| Podiatry | Podiatry |
| Psychology | Psychology |
| Restorative Care Services | *Can be offered under other Allied health services depending on professional delivering* |
| Social Work | Social work |
| Speech Pathology | Speech pathology |
| **Independence** | N/A | **Therapeutic services for independent living** | The provision of supplementary therapy services that enhances functional independencies in daily living activities. | Therapeutic services are a new service type with an independent living focus more on therapy that enhances functional independence in daily living activities. |
| N/A | Acupuncture |
| N/A | Chiropractic |
| Diversional Therapy | Diversional therapy |
| N/A | Remedial massage |
| N/A | Art therapy |
| N/A | Osteopathy |
| **Assistance with Care and Housing** | **Hoarding and squalor assistance & #** | The provision of support for an older person who is homeless, at risk of homelessness, or unable to receive the aged care supports they need because of living with hoarding behaviour or living in a squalid environment. | Service name changed to align to the Support at Home service list. |
| Assistance with Care and Housing - Hoarding and Squalor | Hoarding and squalor supports |
| N/A | **Home or community general respite** | The provision of respite as a form of temporary relief to support and maintain care relationships between older people and their carers. | Merged Flexible Respite and Centre Based Respite to “home or community general respite” to assist with improving the user experience and outcomes for carers at the point of assessment. |
| **Flexible Respite** | Flexible respite |
| Community Access - Individual Respite |
| Host Family Day Respite |
| Host Family Overnight Respite |
| In-home Day Respite |
| In-home Overnight Respite |
| Mobile Respite |
| Other Planned Respite |
| **Centre-based Respite** | Community and centre-based respite |
| Centre-based Day Respite |
| Community Access - Group |
| Residential Day Respite |
| Overnight Community Respite |
| **Cottage Respite** | **Community cottage respite #** | The provision of overnight care delivered in a cottage-style respite facility setting to support and maintain care relationships between older people and their carers. | Service name changed to align to the Support at Home service list. |
| N/A | Cottage respite |
| **Goods, Equipment and Assistive Technology** | **Equipment and products &**  | The provision of goods, equipment, or assistive technology to enable an older person to perform tasks they would otherwise be unable to do, promote safety and independence, or support wellness and reablement goals. | Services have been re-named and consolidated to align to the AT-HM Scheme. |
| Self-care Aids | Self-care products |
| Support and Mobility Aids | Mobility products  |
| Car Modifications |
| New service | Domestic life products |
| Reading Aids | Communication and information management products  |
| Personal Monitoring Technology |
| Communication Aids |
| Medical Care Aids | Managing body functions |
| Other Goods and Equipment | N/A |
| **Home Modifications** | **Home adjustments & #**  | The provision of modifications to an older person's home to prevent accidents and support independent living. | Service name changed to align to the Support at Home service list. Annual cap increased to $15,000 to align to the AT-HM Scheme. |
| Home modifications | Home modifications |
| **Advisory Services** | **Specialised Support Services** | **Specialised Support Services &** | The provision of specialised services for frail older people who are living at home with a clinical condition and/or specialised needs. | Will only be extended for 1 year until 30 June 2026.Not part of the current service list due to the lack of regulatory protection. Currently looking to transition SSS services to other CHSP service types to streamline service delivery, where possible. |
| Continence Advisory Services | Continence advisory services |
| Dementia Advisory Services | Dementia advisory services |
| Vision Advisory Services | Vision advisory |
| Hearing Advisory Services | Hearing advisory services |
| Other Support Services | Other clinical advisory support |
| Client Advocacy - Advisory and Support Services for Diverse Groups in Aged Care | Client advocacy |
| **Sector support**  | **Sector Support and Development** | **Sector support and development** **&** | Services aim to increase CHSP provider capability and improve quality of service delivery through activities under atargeted range of primary focus areas. | Will likely be extended by one year while consultation on a program redesignoccurs in 2025. |

# Appendix B: Summary of proposed changes to Specialised Support Services from 1 July 2025

|  |  |
| --- | --- |
| SSS Stream | Alignment Approach |
| **Continence advisory services** | Re-aligned to:* Nursing care – Registered nurse
* Nursing care – Enrolled nurse
* Nursing care – Nursing assistant
* Personal care – Continence management (non-clinical)
 |
| **Client Advocacy** | Re-aligned to:* Social support and community engagement – Cultural support
* Social support and community engagement – Individual social support
* Social support and community engagement – Group social support
 |
| **Dementia advisory services** | Remain in SSS until 1 July 2026. Providers will be funded via a separate Schedule to their grant agreement. |
| **Hearing advisory services** | Re-aligned to: * Social support and community engagement – Assistance to maintain personal affairs
* Allied health and therapy services – Occupational therapy
 |
| **Other support services** | We will work with providers to re-align services to more appropriate CHSP services.  |
| **Vision advisory services** | Remain in SSS until 1 July 2026. Providers will be funded via a separate schedule to their grant agreement. |

# Appendix C: Initial considerations for the design of an In-Home Sector Support Program

| Activity | Description | Eligible provider group |
| --- | --- | --- |
| Capability support | Activities which support in-home aged care providers to uplift their capability to meet obligations in delivering aged care services which meet the Aged Care Quality Standards through:* Development and/or review of clinical and business processes and policies to achieve best practice.
* Improving computer literacy of staff to use the new aged care Information and Communications Technology (ICT) systems being rolled out with aged care reform.
* Supporting providers who have identified areas where they need help to meet their regulatory compliance obligations.
* Assistance to develop operational processes to support reporting requirements under Support at Home/CHSP.
* Supporting providers to maximise client wellbeing, independence, autonomy and capacity through a wellness and reablement approach.
* Networking, partnerships and information sharing across the sector.
* Improving diversity and inclusion in how services are delivered, including culturally appropriate training for staff. Includes a focus on first nations service delivery through mainstream services.
 | Eligible providers must have specialist knowledge and skills to support in-home aged care providers enhance operations and/or connections with a wide array of in-home aged care providers to support departmental policy reform efforts. |
| Sponsorship  | * Sponsorship to support local community events that have a focus on older people/aged care system.
* Sponsorship of Aboriginal Community Controlled Organisations to hold events focussed on older Aboriginal and Torres Strait Islander people.
* Supported by departmental stalls as required to assist and support local communities to understand the aged care system.
* Larger sponsorships for state and national events focussing on older people/aged care system held by organisations who operate at that level.
 | Organisations with strong community footprint, including local governments.Representative bodies holding conferences or similar. |
| Recruitment and retention  | Activities to alleviate workforce pressures including:* advertising or other campaigns to recruit staff
* support for volunteers to attain appropriate accreditations, including subsidising costs (for those successful).
 | Providers who have specialist skills oriented to recruitment (paid workers and volunteers). |
| Social engagement  | Activities that support the social capital of the in-home aged care system by:* promoting volunteer management including funding for a role in the organisation to manage volunteers (i.e. a volunteer coordinator)
* training for volunteers and staff to engage with care recipients, conduct informal welfare checks and report issues
* subsidising the cost to volunteers such as fuel costs.
 | Providers who use volunteers as part of their workforce, or intend to expand to use volunteers.Focus on local community footprint, including local government and local health districts. |
| Minor capital upgrades | Small grants to support upgrades to physical and ICT infrastructure, including:* kitchen/furniture upgrades
* repairs to remove hazards
* accessibility upgrades
* upgrading ICT assets and systems.
 | Local community organisations delivering aged care services. |
| Disaster response | Support to providers who experience service delivery impacts as a result of natural disasters, the standing grant would include one-off funding for disaster response and recovery. | Providers who experience short term revenue loss and require capital repairs.  |
| Peak body funding  | To support national peak bodies to increase engagement and support their members as they transition to Support at Home.Quarterly engagement with the department to work through the issues members are raising with their peak body, through standardised engagement and escalation processes.Standing sponsorship to major events, including invites for departmental representative and/or ministers. | Organisations who provide national representation for:* older people, families and carers
* providers
* specific conditions
* specific demographics.
 |
| Thin market support | Funding for Support at Home providers who operate in thin markets and require supplementary income (in addition to service delivery payments) to be commercially viable under Support at Home. | Providers who operate in thin markets. |