



LGNSW SUBMISSION
**SENATE COMMUNITY AFFAIRS
REFERENCES COMMITTEE**

**INQUIRY INTO THE
TRANSITION OF THE
COMMONWEALTH HOME
SUPPORT PROGRAM TO THE
SUPPORT AT HOME PROGRAM**

FEBRUARY 2026



Local Government NSW (LGNSW) is the peak body for local government in NSW, representing NSW general purpose councils and related entities. LGNSW facilitates the development of an effective community-based system of local government in the State.

OVERVIEW OF THE LOCAL GOVERNMENT SECTOR



Employ nearly **50,000 people**



Manage more than **1,800 community & public centres**



Maintain more than **168,000km of roads & bridges**



Manage more than **\$220 billion of community assets**



Recycle **1.75 million tonnes of waste**



Spend more than **\$2.5 billion each year on caring for the environment**



Operate more than **380 libraries that attract tens of millions of visits each year**



Make kerbside waste collections for more than **3.1 million households**



Manage an estimated **4 million tonnes of waste each year**



Spend more than **\$2.4 billion on culture and recreation**

Local Government NSW acknowledges and pays respect to the Traditional Owners of the lands on which we work, and the lands we travel through. We also acknowledge our Elders – past, present and emerging.

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Introduction

Local Government NSW (LGNSW) welcomes the opportunity to provide feedback to the Senate Community Affairs References Committee Inquiry into the transition of the Commonwealth Home Support Program (CHSP) to the Support at Home Program.

LGNSW is the peak body for local government in NSW, representing general purpose councils and related entities across the state. By providing advocacy, representation and support, LGNSW helps member councils deliver improved services and better outcomes for their local communities.

This submission has been informed by consultation with NSW councils providing CHSP services and LGNSW's policy position and previous submissions made to the [Australian National Audit Office Audit of the effectiveness of the CHSP 2025](#) and the [Independent Health and Aged Care Pricing Authority Consultation Paper on the Pricing Framework for Australian Support at Home Aged Care Services 2026-27](#).

This submission was endorsed by the LGNSW Board in April 2026.

Role of councils

Local government is a significant provider and supporter of essential and inclusive services to all members of their diverse communities. Councils fill the gaps in the provision of essential human services when there are no other providers, particularly in rural and remote areas, and advocate for equitable access to infrastructure and services. Council-run services are more likely to support vulnerable seniors, low-income families, seniors with a disability and seniors living in regional and rural communities.

In NSW, councils play a key role in delivering, facilitating, or supporting aged care services, shaped by local needs, available funding and community priorities. Councils across NSW deliver a range of aged care services including domestic assistance, community transport, meals, social support programs, respite, home modifications, nursing, personal care and allied health.

Approximately thirty-six NSW councils remain as direct CHSP providers, maintaining community trust through local knowledge and volunteer networks. In many rural and remote areas, a council is the sole provider. This community-based approach enables cost-effective service provision while building social capital and sustaining relationships with residents.

In recent years, several councils have ceased providing direct CHSP services. Councils are often required to supplement CHSP grant funding with their own funds to ensure service continuity and that the needs of older residents are met, particularly in thin markets. Financial sustainability issues facing councils, skills shortages, as well as the increased regulatory, governance and administrative burden associated with aged care reforms are cited as reasons for council withdrawal.^{1,2,3}

This pattern reflects longstanding concerns about cost shifting and the inadequacy of Commonwealth and state funding to support both direct service delivery and council's core infrastructure and planning roles.

LGNSW Position and policy platform

The [LGNSW Policy Platform](#) consolidates the collective positions of councils across NSW on issues of importance and guides LGNSW advocacy on behalf of the local government sector.

LGNSW calls on the Commonwealth and NSW governments to guarantee equitable and adequate access to essential aged care services for all communities.

To build strong and inclusive communities for older residents, LGNSW advocates for continued State and Commonwealth funding to supplement the contribution of NSW councils of approximately 60 per cent towards the cost of community development, ageing and disability staff positions (Position Statement 20.1). This supplementary funding is essential given councils' ongoing responsibility to support an ageing population within the constraints of rate-capping and limited revenue-raising capacity, while still providing critical governance, corporate and operational support to local aged care and community services.

¹ Government News, [Aged care shake-up forces councils to review services](#), September 2022

² The Weekly Source, [NSW's Eurobodalla Council quits home care after more than 30 years](#), April 2025

³ The Weekly Source, [80 Councils nationwide jump ship from CHSP in less than three years](#), February 2024

LGNSW advocates for funding and policy settings to address accessible and liveable housing design standards, housing affordability, access to public housing, and homelessness, including funding for councils to deliver initiatives at the local level (Position Statement 20.5).

LGNSW advocates for improvements to aged care service provision through adequate State and Federal Government funding to ensure the financial viability of local government aged care services (Position Statement 20.6). Without such funding certainty, councils cannot sustainably deliver services, particularly in thin markets where commercial providers do not operate.

In rural and regional communities, LGNSW advocates for equitable service delivery and funding flows by State and Commonwealth agencies (Position Statement 4.1). This reflects the principle that State and Commonwealth Governments must accept that rural councils will never be able to fund basic infrastructure and public services to which all Australians are entitled from own source revenue alone (Position Statement 4.2).

LGNSW further advocates for recognition of the higher costs of infrastructure and service delivery faced by rural communities due to inherent and unavoidable economies of scale (Position Statement 4.3).

Most critically, LGNSW advocates for new models for rural and regional aged care service delivery, including consideration of council coordination and implementation that avoids cost shifting and is built on close collaboration between local, state, and federal governments and NGOs (Position Statement 4.4).

Terms of reference

This inquiry follows the Senate Community Affairs References Committee's October 2025 report *Aged care service delivery*⁴, which found that the CHSP is stretched beyond capacity. The report documented workforce exhaustion, inadequate funding growth and service closures threatening 835,000 older Australians dependent on entry level aged care. The inquiry revealed fundamental system pressures including 121,596

⁴ Senate Community Affairs References Committee (2025) [Inquiry report: Aged care service delivery](#). Commonwealth of Australia.

people waiting on aged care assessments, stretched CHSP services substituting for unavailable Home Care Packages, and thin markets with no alternative providers.

Recommendation 4 of that report specifically recommended investigation of the timeline for the CHSP's transition to Support at Home, including impacts on waiting times, the \$15,000 lifetime home modifications cap, End-of-Life Pathway limits.

The terms of reference for the current inquiry include:

- a) The timeline for the transition of the Commonwealth Home Support Program to the Support at Home Program after 1 July 2027.
- b) The expected impact of this transition, including on:
 - i. waiting periods for assessment and receipt of care
 - ii. the lifetime cap of \$15,000 on home modifications
 - iii. the End-of-Life Pathway time limits and
 - iv. thin markets with a small number of aged care service providers.
- c) Aged care provider readiness for the transition, including their workforce.
- d) Any other related matters.

LGNSW's submission responds to all terms of reference except for the expected impact of the transition on End-of-Life Pathway time limits.

Timeline for transition and program architecture

LACK OF A PUBLISHED TRANSITION PLAN

LGNSW acknowledges the Government's intention to integrate the CHSP into the Support at Home Program after 1 July 2027. However, significant concerns exist about both the integration approach and the proposed timeline.

Despite the 18 month timeframe to 1 July 2027, the Department of Health, Disability and Ageing (the Department) has not published a transition plan. Further, the Department has not modelled the impact on Support at Home package wait times when 835,000

CHSP clients move to the new program. In October 2025, the Department confirmed that transition details were "still to be determined."⁵

SECTOR SUPPORT AND DEVELOPMENT AND WORKFORCE CAPACITY

The Sector Support and Development (SSD) program plays a critical role for councils. As CHSP providers, councils rely on SSD for practical guidance on aged care reforms and the capacity-building support required to operate effectively and meet program objectives. In addition, some councils use SSD funding to deliver local coordination, networks and capability-building in their communities, ensuring seniors' needs are met through stronger collaboration with local CHSP providers.

However, with SSD funding only guaranteed until June 2026, councils face uncertainty in maintaining aged care positions and the coordination functions essential for integrated local services. SSD has been central to building provider capability and supporting collaboration across CHSP organisations throughout ongoing reforms. Without clarity on future funding, councils' ability to sustain local networks, retain skilled staff and prepare communities and providers for the transition to Support at Home is significantly compromised.

THE CASE FOR RETAINING AND MODERNISING THE CHSP

For decades CHSP operated as an effective and entry-level aged care program for people with lower level needs, often defined as a program for older people requiring six hours or less of support a week. CHSP grant funding, supplemented by council contributions and extensive volunteer involvement, has enabled councils to continue to deliver vital services such as community transport, meals and social support. These locally delivered, low intensity supports enable people to remain safely at home, maintain community connections and informal support networks and achieve better health and wellbeing outcomes than would otherwise be possible.

The Inspector-General of Aged Care, in her submission to this inquiry, identifies the CHSP as the Government's primary prevention vehicle in aged care, enabling older people to age in place, stay connected to their communities and avoid premature entry into higher cost residential and hospital care, even though the CHSP represents only about 8 per cent of Commonwealth aged care expenditure.⁶

⁵Community Care Review. [CHSP transition timeline still uncertain](#). 14 October 2025.

⁶ Office of the Inspector-General of Aged Care 2026, [Submission to the Senate Community Affairs Legislation Committee inquiry into the transition of the Commonwealth Home Support Program to the Support at Home Program, January 2026](#).

Councils providing entry-level services such as meals, social support and community transport report severe cost pressures including the rising cost of ingredients, energy, fuel, workforce and compliance. Funding levels and indexation must reflect the true cost of service delivery to avoid service contraction, particularly for small, volunteer-supported organisations. Regulatory requirements under the new Aged Care Act should be proportionate to risk. Excessive compliance diverts scarce resources from frontline delivery and threatens the viability of local, volunteer-based models that generate significant social capital.

LGNSW urges the Government to retain and modernise the CHSP rather than absorb it into Support at Home. Many councils indicate they may exit the program if grant funding is removed. In thin markets, where councils are often the only provider, withdrawal would leave vulnerable older people without essential services.

- **Recommendation 1: CHSP program architecture and transition timing**
That the Australian Government retain the CHSP as a permanent, separate and predominantly grant funded, entry level program and defer any transition of CHSP clients into Support at Home until key design, assessment and funding issues with Support at Home are resolved.
- **Recommendation 2: Retain the Sector Support and Development (SSD) program**
That the Australian Government continue to invest in the capacity of the CHSP workforce and the established SSD community of practice.

Expected impacts

WAITING PERIODS FOR ASSESSMENT AND RECEIPT OF CARE

Extended waiting times for assessment or receipt of care can result in premature residential aged care admission, functional decline from delayed allied health interventions, and increased hospitalisation, adding pressure to the broader health system.

Transitioning CHSP clients into Support at Home would require comprehensive assessments for an additional 835,000 people using the new Integrated Assessment Tool (IAT), classification into funding tiers, and formal service agreements. New recipients of Support at Home are currently experiencing lengthy delays, with

assessments taking many months and up to a year in some cases. An increasing number of clients are also receiving phone-based assessments, which are often inaccurate and fall short of best practice.

Significant concerns have also been raised about the IAT's heavy reliance on algorithm-driven decisions and the limited ability of assessors to adjust outcomes when clinical judgment differs. This can result in older people receiving insufficient support, with limited transparency or recourse. Adding hundreds of thousands more clients to the system before these issues are resolved risks further delays and poorer outcomes for older residents.

Given the significant assessment delays already being experienced and the likelihood these will increase if transitioned, the absorption of entry-level CHSP clients into the national waitlist would risk leaving older people without timely access to essential early intervention supports.

➤ **Recommendation 3: Single Assessment System and Integrated Assessment Tool review**

That the Australian Government commission an independent review of the Single Assessment System and Integrated Assessment Tool, including any algorithmic decision making, with clear performance standards, transparency measures and protocols enabling assessors to override algorithmic outputs where clinical judgement indicates this is necessary.

LIFETIME CAP ON HOME MODIFICATIONS

The new Assistive Technology and Home Modifications scheme introduces three funding tiers for home modifications. The highest tier provides \$15,000 as a lifetime cap, not an annual or per modification limit. Once a participant exhausts this allocation, no further funding is available regardless of changing needs, deterioration or relocation.

By comparison, the CHSP provides a subsidy for basic, entry level home modifications up to a national cap per client per financial year (commonly around \$10,000 to \$15,000). Costs above this cap are met by the client.

Many older Australians experience progressive conditions requiring staged modifications as their needs evolve. The lifetime cap forces impossible choices between current safety and future needs. People with dementia may require staged environmental modifications spanning years. Renters also face additional barriers with capital investment in modifications on properties they do not own.

Regional and rural councils have reported significantly higher costs due to:

- Limited availability of qualified trades.
- Higher labor and contractor rates.
- Substantial travel time and costs.
- Fewer local suppliers and stock.

The uniform \$15,000 cap fails to account for geographic cost differentials, leaving older people living in rural areas with insufficient funding for equivalent modifications.

➤ **Recommendation 4: Home modifications caps, regional price adjustments and residence rules**

That the Australian Government replace the \$15,000 lifetime cap on home modifications with a renewable, needs based model and provide price loadings for regional and remote areas to reflect higher costs.

THIN MARKETS, SUSTAINABLE FUNDING AND WORKFORCE IN RURAL AGED CARE

Funding model and pricing in thin markets

The Support at Home funding model relies primarily on individual package style funding, paid in arrears, with under-served areas addressed mainly through time-limited or project-based competitive grants. Evidence shows that grant (block) funding is the most workable and equitable way to sustain entry-level aged care services such as transport, social support and home maintenance in rural, remote and Indigenous communities. Recommendation 18 of the Aged Care Taskforce Final Report advises continuing grant funding in thin markets.⁷

Financial sustainability remains a significant concern for the 36 NSW councils that deliver CHSP services. These councils operate in an environment of increasing regulatory requirements, rising operating and compliance costs, constrained revenue-raising capacity due to rate-capping and cost-shifting from other levels of government⁸. In many cases, the funding available through aged care programs does not meet the full cost of delivering home support services, resulting in operational deficits and compounding the challenges of maintaining ageing community assets and essential local infrastructure.

⁷ Australian Government Department of Health and Aged Care 2024, [Final report of the Aged Care Taskforce](#), Department of Health and Aged Care, Canberra, viewed 9 February 2026.

⁸ LGNSW, [Cost Shifting Report 2025](#)

For councils, the sustainability of CHSP services under a new funding and regulatory model will depend on whether the Support at Home Program acknowledges:

- the cost structures of local government
- the challenges of providing services in rural and remote areas
- councils' limited ability to raise revenue
- the role councils play in filling market gaps
- the need for funding certainty to maintain workforce and asset investment.

Workforce pressures

Local government providers face the same nationwide workforce shortages affecting the aged care sector. Councils report increasing difficulty attracting and retaining qualified staff, rising wage pressures, and, at times, the need to cap or limit client intake for CHSP services due to insufficient staffing. Around 30 per cent of rural and regional NSW councils report⁹ skills shortages in ageing and disability, limiting their capacity to maintain and grow local aged care services.

Service withdrawals and risks

As a result of chronic under-resourcing and rising compliance costs, some councils have already exited CHSP, even where they were the primary or sole CHSP provider.^{10,11} Wollongong City Council, for example, has elected to transition out of the CHSP, transferring social support and community transport to non-government providers in response to changes in aged care legislation and funding that would impact the council's ability to deliver these services.¹² LGNSW expects that more NSW councils will withdraw from CHSP services if the system becomes more complex and operational expenditure increases without commensurate funding.

➤ Recommendation 5: National CHSP thin markets program

That the Australian Government create a national CHSP thin markets program, informed by regular CHSP gap analyses across MMM 2-7, and provide five-year, indexed grants for all CHSP providers, with flexible top-up funding where demand increases sharply in rural, regional and remote communities.

⁹ SGS Economics & Planning [2022 Local Government Workforce Skills and Capability Survey – NSW Report](#)

¹⁰ Stonnington City Council 31 October 2023, [Stonnington Council ends aged care services from July 2024](#), Stonnington City Council, viewed 9 February 2026.

¹¹ City of Unley 2026, [Commonwealth Home Support Program Transition](#), 28 January 2026, City of Unley, viewed 9 February 2026.

¹² Wollongong City Council 2025, [Social support services transition to local providers](#), media release, 20 November 2025, Wollongong City Council, viewed 9 February 2026.

➤ **Recommendation 6: Price loadings and workforce support for rural CHSP providers**

That the Australian Government undertake comprehensive studies of the costs of delivering CHSP in rural and remote areas and, informed by this evidence, apply appropriate rural and remote price loadings across MMM 2-7 and invest in targeted workforce programs to attract, retain and skill staff, so that providers in under-served communities remain viable and services are sustainable.

Aged care provider readiness for the transition

Aged care reform is occurring at the same time as severe workforce shortages and financial stress, leaving many providers under-prepared for the CHSP transition. The new Support at Home requirements introduce additional complexity including transitioning from grant funding to individualised client budgets with significant increases in administration and new regulatory obligations.

Councils face distinct readiness challenges. The introduction of the Aged Care Act 2024 and the move toward a rights-based aged care framework place new expectations on all approved providers, including local governments. While councils strongly support the intent of improving safety, quality and autonomy for older people, the escalating governance, reporting and compliance obligations fall heavily on local government providers who are required to meet both Commonwealth aged care legislation and NSW local government statutory responsibilities. In practice, councils must also manage operational and legal risks arising from conflicting or overlapping legislative frameworks, which can impose contradictory duties or standards. These dual, and at times misaligned, compliance regimes create significant administrative, financial and risk-management burdens, particularly for smaller councils serving dispersed or disadvantaged populations.

Local government governance and decision-making processes require careful sequencing to ensure democratic accountability. Statutory obligations, such as consulting with the community on fees and charges, can extend transition timeframes. Councils face unresolved competitive neutrality questions about entering for-profit competitive markets and potential redundancies and staff transitions create industrial relations complexity. As noted above, Wollongong City Council recently elected to exit

CHSP social support services in November 2025 due to changes to legislation and funding. These readiness issues require targeted action, as set out in the recommendations below.

On top of these pressures, the 2025 LGNSW Cost Shifting Report¹³ shows that NSW councils are already absorbing around 1.5 billion dollars per year in under-funded State and Commonwealth responsibilities, equivalent to almost \$500 per ratepayer, constraining their capacity to invest in new aged care operational systems and workforce development, without additional support. In many rural and regional communities, councils face higher costs to recruit, train and retain aged care staff, including limited access to local training providers and the need to co-fund training and incentives, which are not adequately recognised in current funding models.

➤ **Recommendation 7: Streamlining regulation and reporting**

That the Department of Health, Disability and Ageing streamline compliance, reporting and funding processes under the new Aged Care Act to reduce administrative burden and support the viability of small and regional providers, including councils.

➤ **Recommendation 8: Investing in local government workforce and infrastructure**

That the Australian Government provide a time-limited transition grant to councils for governance, ICT, data and quality systems uplift, recognising dual Commonwealth and state obligations and the longer lead times required by local government decision-making processes.

Other related matters

SUITABILITY REQUIREMENTS FOR RESPONSIBLE PERSONS: LOCAL GOVERNMENT COUNCILLORS

When the Aged Care Act 2024 came into operation in November 2025, it introduced a new “responsible person” duty that requires key decision makers of approved providers to exercise due diligence to ensure safe, lawful and high-quality aged care services. A responsible person is defined as a director, senior executive or manager with responsibility for day-to-day operations or with significant influence over planning, directing or controlling the provider’s activities.

¹³ LGNSW, [Cost Shifting Report 2025](#)

Under the Act, responsible persons must comply with prescribed “suitability matters” and ongoing monitoring requirements. For local government providers, however, the Act and Aged Care Rules 2025 operate inconsistently. Councils are exempt from some governing body and advisory body obligations because of their existing public governance frameworks, yet elected councillors are still captured as responsible persons and subject to the full suitability regime. This means councillors must satisfy the same suitability assessments as non-government board members, even though they are already subject to strong state and territory integrity and conduct controls.

Elected councillors are subject to statutory codes of conduct, conflict-of-interest rules, financial disclosure obligations and oversight by independent integrity bodies at the state and territory level, yet the Commonwealth legislation does not clearly acknowledge or integrate these mechanisms. As a result, local government providers face ongoing obligations to assess councillor suitability annually, monitor changes and notify the regulator, the Aged Care Quality and Safety Commission, even though councillors are not appointed, employed or removable by the council. Targeted regulatory guidance, tailored to local government, covering how existing integrity frameworks should be considered and what evidence is required to comply with the new obligations, would assist councils to implement the Act in a consistent and proportionate way.

While LGNSW supports the Act’s goal of improving the safety and quality of aged care services, refinement of the responsible person regime is needed so that it recognises councillors’ status as elected officials with separate integrity and removal processes under the *Local Government Act 1993 (NSW)*. Councils cannot terminate a councillor if the responsible person obligations are not met, which limits how the Commonwealth suitability framework can operate in practice. Without amendment, the uncertainty and additional burden created by the new rules may lead to further council exits from aged care service delivery.

➤ **Recommendation 9: Clarifying suitability requirements for councillors**

That the Australian Government either amend section 7 of the Aged Care Act 2024 to include local government as a government entity, or amend the Aged Care Rules 2025 to recognise state and territory integrity frameworks as meeting councillor suitability requirements, and/or that the Aged Care Quality and Safety Commission issue guidance on information sources, assessment methods and notification expectations for councillor suitability checks.

Conclusion

The proposed transition of the CHSP to Support at Home represents the most significant restructure of entry level aged care in Australia's history, affecting over 835,000 vulnerable older Australians and more than 1,300 providers. While the reform aims to deliver a more consistent and person-centred system, it is progressing amid unresolved concerns about planning, modelling, assessment capacity, service continuity and sustainability in thin markets, as highlighted by the 2025 senate inquiry into aged care services.

LGNSW supports the intent of in-home aged care reform but considers that the CHSP should remain a permanent, predominantly grant funded entry level pillar, with any movement of CHSP clients into Support at Home contingent on the new program demonstrably operating safely, equitably and effectively.

The CHSP's major strengths lie in its ability to deliver low cost, accessible and community-based support to a large and growing cohort of older Australians needing assistance to remain living at home, underpinned by secure grant funding and a strong volunteer base. The program delivers entry-level care that reduces avoidable hospitalisations, delays progression to higher-cost aged care, and supports social inclusion and wellbeing. It remains a proven, long-standing cornerstone of Australia's aged care system, with strong capacity for innovation and responsiveness to local needs.

For further information about this submission, please contact communitypolicy@lgnsw.org.au.

Recommendations

Recommendation 1: CHSP program architecture and transition timing

That the Australian Government retain the CHSP as a permanent, separate and predominantly grant funded, entry level program and defer any transition of CHSP clients into Support at Home until key design, assessment and funding issues with Support at Home are resolved.

Recommendation 2: Retain the Sector Support and Development (SSD) program

That the Australian Government continue to invest in the capacity of the CHSP workforce and the established SSD community of practice.

Recommendation 3: Single Assessment System and Integrated Assessment Tool review

That the Australian Government commission an independent review of the Single Assessment System and Integrated Assessment Tool, including any algorithmic decision making, with clear performance standards, transparency measures and protocols enabling assessors to override algorithmic outputs where clinical judgement indicates this is necessary.

Recommendation 4: Home modifications caps, regional price adjustments and residence rules

That the Australian Government replace the \$15,000 lifetime cap on home modifications with a renewable, needs based model, provide price loadings for regional and remote areas to reflect higher costs.

Recommendation 5: National CHSP thin markets program

That the Australian Government create a national CHSP thin-markets program, informed by regular CHSP gap analyses across MMM 2-7, and provide five-year, indexed grants for all CHSP providers, with flexible top-up funding where demand increases sharply in rural, regional and remote communities.

Recommendation 6: Price loadings and workforce support for rural CHSP providers

That the Australian Government undertake comprehensive studies of the costs of delivering CHSP in rural and remote areas and, informed by this evidence, apply appropriate rural and remote price loadings across MMM 2-7 and invest in targeted workforce programs to attract, retain and skill staff, so that providers in under-served communities remain viable and services are sustainable.

Recommendations continued

Recommendation 7: Streamlining regulation and reporting

That the Department of Health, Disability and Ageing streamline compliance, reporting and funding processes under the new Aged Care Act to reduce administrative burden and support the viability of small and regional providers, including councils.

Recommendation 8: Investing in local government workforce and infrastructure

That the Australian Government provide a time limited transition grant to councils for governance, ICT, data and quality systems uplift, recognising dual Commonwealth and state obligations and the longer lead times required by local government decision making processes.

Recommendation 9: Clarifying suitability requirements for councillors

That the Australian Government either amend section 7 of the Aged Care Act 2024 to include local government as a government entity, or amend the Aged Care Rules 2025 to recognise state and territory integrity frameworks as meeting councillor suitability requirements, and/or that the Aged Care Quality and Safety Commissioner issue guidance on information sources, assessment methods and notification expectations for councillor suitability checks.