Australian Podiatry Association

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Submission 2026

Inquiry into the Transition of the Commonwealth Home Support Program to the Support at Home Program

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Australian Podiatry Association (APodA) Submission

RE: Inquiry into the Transition of the Commonwealth Support Program to Support at Home Program

30 January 2026

Dear Committee Secretary,

Thank you for the opportunity to provide a submission to the Inquiry into the Transition of the Commonwealth Home Support Program (CHSP) to the Support at Home (SaH) Program.

The Australian Podiatry Association (APodA) is the peak professional body for podiatrists. APodA empowers podiatrists by providing strong advocacy, professional development opportunities, clinical resources, and member support services to assist at every stage of the career journey. Podiatrists are registered through the Australian health Professional Regulatory Authority (Ahpra), Podiatry Board of Australia. As stated, '*the Podiatry Board of Australia works to ensure that Australia's podiatrists and podiatric surgeons are suitable trained, qualified and safe to practise*'.

This submission draws on qualitative survey feedback from practising podiatrists delivering services to older Australians under CHSP and Home Care Package arrangements. It focuses on the transition to SaH and its implications for access, thin markets, provider readiness, and unintended consequences for older Australians, particularly where podiatry services are withdrawn or constrained.

APodA welcomes the opportunity to provide further detail or appear before the Committee if requested. For further information, please contact the APodA Advocacy team at advocacy@podiatry.org.au.

Yours sincerely

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1.0 About podiatrists

Podiatrists are university-qualified healthcare professionals who provide preventative, diagnostic and therapeutic care for conditions affecting the foot, ankle and lower limb. In aged care settings, podiatrists play a critical role in maintaining mobility, preventing falls, managing high-risk foot disease, and delivering wound and infection care for older Australians living in the community.

Podiatrists practise across public and private settings and manage a broad range of conditions including nail and dermatology, ulceration, infection, biomechanical impairment and complications associated with chronic disease. With more than 6,000 podiatrists practising nationally, the profession contributes to reduced hospitalisation risk, preservation of independence and safer ageing in place—particularly for older Australians with complex needs or limited access to services.

2.0 Summary of ApodA Recommendations

APodA recommends that the Commonwealth Department of Health Disability and Ageing:

1. Monitor and respond to consultation on early transition impacts during the preparatory phase of Support at Home Program.

2. Monitor and address access and waiting times for podiatry services during the transition to the Support at Home Program**.**

3. Implement specific safeguards to support practice sustainability and prevent provider withdrawal in thin markets.

4. C**onsult with** peak professional associations to actively involve them in the design and implementation of safeguards and policy settings that impact clinical practice.

5. Review the Support at Home pricing arrangements and adjust to reflect the full cost of delivering podiatry services, including travel time, infection control, consumables, compliance, administration, and indirect clinical time, to support workforce sustainability and provider readiness.

6. Implement protections for continuity of care for older people transitioning to the Support at Home Program.

Review contracting and administrative requirements under Support at Home to ensure they are proportionate, consistent, and legally appropriate.

3.0 Summary of key issues

This submission addresses the Inquiry's Terms of Reference by highlighting the following key issues arising from the transition from CHSP to the Support at Home (SaH) Program:

- Access to podiatry services is already deteriorating in some areas, with increasing waiting times reported.

- Thin markets—particularly in rural, regional and remote areas, are highly vulnerable to provider withdrawal.
- Current SaH-aligned pricing and administrative arrangements do not reflect the true cost of delivering podiatry services.
- Providers are making service delivery decisions now, in advance of the formal transition date and there is a risk of reduced access for older people.

Where podiatry services are reduced or withdrawn, there are clear consequences for older Australians, including increased risk of falls, infection, hospitalisation and loss of independence.

4.0 Transition timeline and early impacts

Although the full transition to SaH is scheduled to occur after 1 July 2027, survey responses from practising podiatrists delivering aged care services indicate that impacts are already being experienced during this transition phase.
This is occurring in the context of the SaH Program introduced 1 November 2025 where funding and policy pressure has led to reduced access for older people with complex.

Responding podiatrists reported that uncertainty around pricing, administrative requirements and service expectations under current SaH arrangements is influencing clinical and business decisions now. These decisions include limiting acceptance of new aged care clients, reducing the frequency of services provided under aged care funding arrangements, or disengaging from aged care service delivery altogether.

APodA members shared the impact that SaH is already having and what this will mean for CHSP patients:

"…….. we aren't accepting any new HCP clients."

"This is a big reason I am actually planning to stop home visits altogether."

Several respondents also reported early impacts linked to service agreement changes and contract non-renewal, resulting in immediate disruption to care prior to the formal transition date.

"When the changes came into effect, this provider cut many provider contracts for podiatrists. I was one of them."

These early behavioural responses reported by podiatrists indicate that the transition timeline is already affecting service availability. Without targeted intervention, there is a risk that access pressures, particularly in thin markets, may compound prior to the formal transition to SaH.

Recommendation 1 – Transition monitoring

APodA recommends that the Department of Health, Disability and Ageing actively monitor and respond to early transition impacts during the preparatory phase of Support at Home, including changes in provider participation, service availability and client access prior to 1 July 2027.

5.0 Impact on access and waiting periods

Podiatrists reported mixed but worrying trends in waiting times for podiatry services over the past 6–12 months. Several respondents indicated that wait times had increased by between two to ten weeks. The reduction in accessibility was increased in areas where there is a workforce shortage, or a provider has withdrawn services.

"One local podiatrist retired in Oct 2025, so my wait list is 8 to 10 weeks."

"Wait times have increased by more than 3 weeks."

In some cases, wait times were reported as unchanged only because practices had already reached capacity or ceased accepting new aged care clients.

"We are booked out for months – never changes."

In thin markets, the withdrawal of services or exit of a single podiatrist resulted in substantial delays, with no alternative providers available locally. Respondents emphasised that delayed access to podiatry, particularly for high-risk foot care and wound management—can lead to rapid deterioration and increased hospital presentations.

"Providing frequent, ongoing wound care is near impossible with clients' budgets now… not ideal for someone with an acute or chronic foot ulcer."

These findings suggest that the transition to SaH, if not carefully managed, risks exacerbating existing access challenges and lead to pressure on the hospital system.

Recommendation 2 – Access and waiting times

APodA recommends that access to podiatry services and associated waiting times be explicitly monitored as part of the Support at Home transition, with escalation mechanisms where service delays or withdrawal are identified—particularly for high-risk cohorts and thin markets.

6.0 Thin markets and provider withdrawal

Thin markets were consistently identified as a point of vulnerability, particularly in rural, regional and remote areas where podiatry services are often delivered by sole practitioners or small practices. Survey responses highlighted the challenges with the current SaH arrangements and how this is impacting on providers considering transition from CHSP:

- Podiatrists are actively considering withdrawal from aged care service delivery.
- Practices limiting engagement to a small number of package managers to manage additional administrative burden imposed through current SaH contracting arrangements.

- Service contracts not being renewed, leaving clients without any podiatry access.

APodA members shared their experience in provision of services, stating:

"I am seriously considering refusing to engage… in my area there is almost no-one to take on any load I stop taking."

"Now nobody in that area has a home-visiting podiatrist."

Respondents also noted that these pressures are compounded by the role CHSP continues to play as a safety net for clients unable to access SaH, increasing demand on already limited provider capacity.

In several cases, respondents noted that there were no alternative podiatry providers available in their area. Withdrawal therefore translated directly into loss of access rather than consumer choice. As one podiatrist stated:

"I had been servicing a regional area for years… when my contract was cut, nobody in that area had a home-visiting podiatrist."

"They have been advertising since November for a podiatrist with very low pay and haven't been able to find anyone."

Respondents reported that service agreements and contracting arrangements under SaH are disrupting long-standing clinician, patient relationships. In some cases, older Australians are no longer able to continue seeing their regular podiatrist due to provider-imposed service agreements, preferred provider arrangements, or contract non-renewal, despite no clinical rationale for a change in clinician. Respondents noted that these disruptions undermine continuity of care, particularly for clients with complex or high-risk foot conditions, and may result in fragmented care or delayed intervention.
These findings demonstrate that even small changes in provider participation can have disproportionate impacts in thin markets, particularly in rural, regional and outer-metropolitan areas.

Recommendation 3 – Thin market safeguards and co-design

APodA recommends that specific safeguards be implemented to support practice sustainability and prevent provider withdrawal in thin markets, recognising the disproportionate impact that single-provider exits can have on access to care, particularly in rural, regional and outer-metropolitan areas.

Recommendation 4

APodA recommends that the Commonwealth Department of Health, Disability and Ageing consult with peak professional associations on the design and implementation of safeguards and policy settings that impact clinical practice.

7.0 Pricing, cost alignment and service viability – Provider readiness and workforce)

Survey responses suggest that provider readiness for the transition is being tested not only by SaH design settings, but by long-standing uncertainty and underinvestment in community-based aged care programs, including CHSP. These pressures are now being amplified by the administrative and contractual requirements associated with delivering services under SaH, aligned arrangements.

Survey respondents overwhelmingly reported that current pricing arrangements do not cover the direct and indirect costs of delivering podiatry services under Support at Home, aligned models. Respondents emphasised that this is not limited to clinical delivery costs, but extends to registration requirements, service agreements, invoicing processes, reporting obligations and compliance activities that are increasingly complex and time intensive.

Commonly identified unfunded or underfunded costs included:

- Travel time and distance required to be travelled
- Consumables and infection control requirements
- Administration, invoicing and compliance
- Indirect time associated with coordination and documentation

"No travel is paid."

"My labour costs for compliance have gone up about $25,000 in the past 12 months."

Several podiatrists noted rising compliance-related labour costs, making continued participation financially unviable, particularly for small and sole-practitioner businesses.

"Providers are marking up our invoice often over 100%."

"We're being bullied into fixed prices well below what we would normally charge, while the provider charges the client full hourly rates."

These pressures directly affect workforce sustainability and provider readiness for the transition, particularly for small and sole-practitioner businesses that make up a significant proportion of aged care podiatry providers.

Recommendation 5

APodA recommends that Support at Home pricing arrangements be reviewed and adjusted to reflect the full cost of delivering podiatry services, including travel time, infection control, consumables, compliance, administration, and indirect clinical time, to support workforce sustainability and provider readiness.

Recommendation 6

APodA recommends that Contracting and administrative requirements under Support at Home be reviewed to ensure they are proportionate, consistent, and legally appropriate, including in relation to privacy obligations, clinical independence, and administrative burden placed on allied health practitioners.

8.0 Conclusion

Podiatrists play a vital role in supporting safe, preventative and community-based care for older Australians. While the transition from CHSP to SaH presents an opportunity to strengthen these outcomes, current transition settings risk accelerating provider withdrawal and worsening access, particularly in thin markets and rural and remote areas.

Ensuring a successful transition from CHSP to SaH will require addressing not only future program settings, but the unresolved pressures and data gaps that currently shape service delivery across both programs.

APodA urges the Committee to consider these findings to ensure the SaH Program delivers equitable, sustainable and safe care for older Australians during and beyond the transition period.