Aged Care

Provider Capacity

Building Workshop

Participant Handbook

2026

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Acknowledgement of Country

Keogh Bay respectfully acknowledges the First Nations Peoples, who are the Traditional Owners and First People of the land on which we meet today. We pay our respects to their Elders, past and present, and recognise their continued connection to culture, land, and waterways.



Agenda

8.30 am - 9.30 am	Tea and coffee, introductions, housekeeping and agenda
Topic 1: Consumer Engagement • Navigating the difficult conversations with consumers.	
10.30 am - 10.45 am	Morning tea
Topic 2: Financial Governance • Managing your organisation's finances (presented by the Commission)	
Topic 3: Support at Home & Residential Care • Tackling common issues at the provider level.	
12.45 pm - 1.30 pm	Lunch
Topics 1, 2 and 3: Questions and Answers • A chance to ask questions on the presentations.	
Topic 4: Current Supports Available • Available support and information (presented by the Department)	
2.45 pm - 3.00 pm	Afternoon tea
Topic 5: Regional Topics of Concern • The issues you tell us matter most.	
4.00 pm - 4.30 pm	Summary of the workshop and close.

Introduction

Overview of the Workshop



This workshop will cover:

- **Consumer Engagement** - navigating the difficult conversations with consumers.
- **Financial Governance** - managing your organisation's finances.
- **Support at Home and Residential Care** - tackling common issues at the provider level.
- **Current Supports Available** - available support and information.
- **Regional Topics of Concern** - the issues you tell us matter most.

Aim of Today's Workshop

This workshop will assist with building provider knowledge and understanding, particularly in the areas outlined in the topics listed, and will be suitable for practical application in your workplace.

Provider capacity will be built by enabling you to implement these learnings and processes in your day-to-day organisational tasks, improve service delivery, and meet your regulatory requirements across your aged care programs.



It is also an opportunity to network, build relationships, and share learnings with other providers and departmental representatives.

To reflect the diversity of participants in the workshop session, we will use a variety of learning activities.

People to Follow Up With

Networking is one of the day's aims. Note who you want to continue the conversation with.

Name	Organisation	Follow up about

Useful Contacts

Jodi Cassar PSM - **Interim First Nations Aged Care Commissioner for Australia**

firstnationsoperationalpolicy@agedcarequality.gov.au

Financial Supervision team – **Financial Governance**

peams@agedcarequality.gov.au

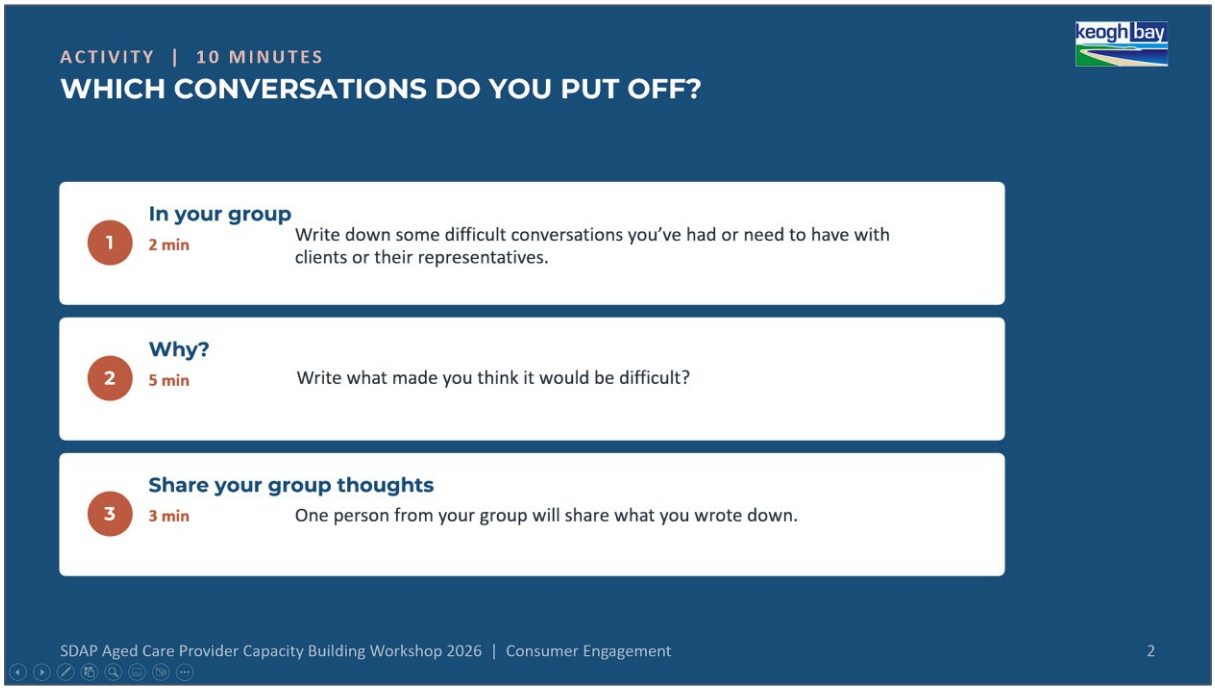
1. Consumer Engagement

Navigating the difficult conversations with consumers

Slide 1



Slide 2



Activity - Which Conversations Do You Put Off?

Instructions

We will split into groups to discuss difficult aged care-related conversations you've had or need to have.

Discussion:

Step 1

Write down some difficult conversations you've had or need to have with clients or their representatives.

Step 2

Write what made you think it would be difficult.

Step 3

One person from your group will share what you wrote down.

My notes:

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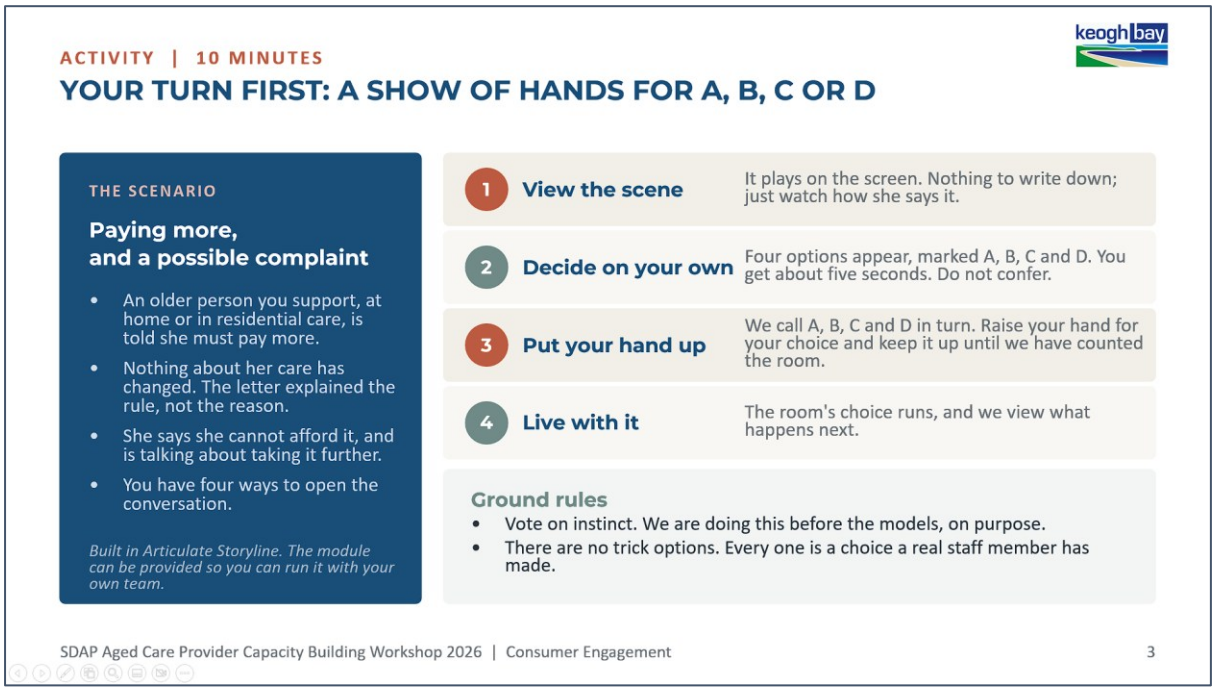
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Slide 3



Activity - The Scenario

Instructions

As a group, decide on the next actions in the scenario.

Step 1

View the scene. https://360.articulate.com/review/content/c19435d8-1820-42bf-bfad-b45d15e929fd/review

Step 2

Decide on your own. Four options appear, marked A, B, C and D. You get about five seconds. Do not confer.

Step 3

Put your hand up. We call A, B, C and D in turn. Raise your hand for your choice and keep it up until we have counted the room.

Step 4

Live with it. The room's choice runs, and we view what happens next.

My notes:

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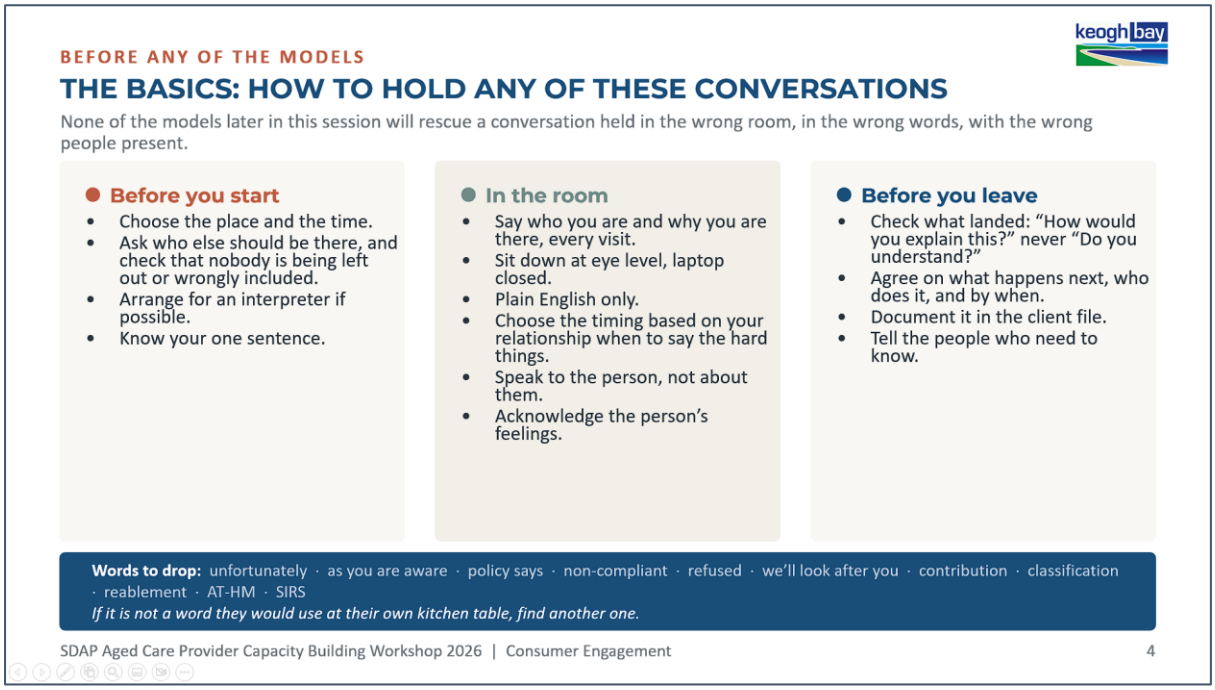
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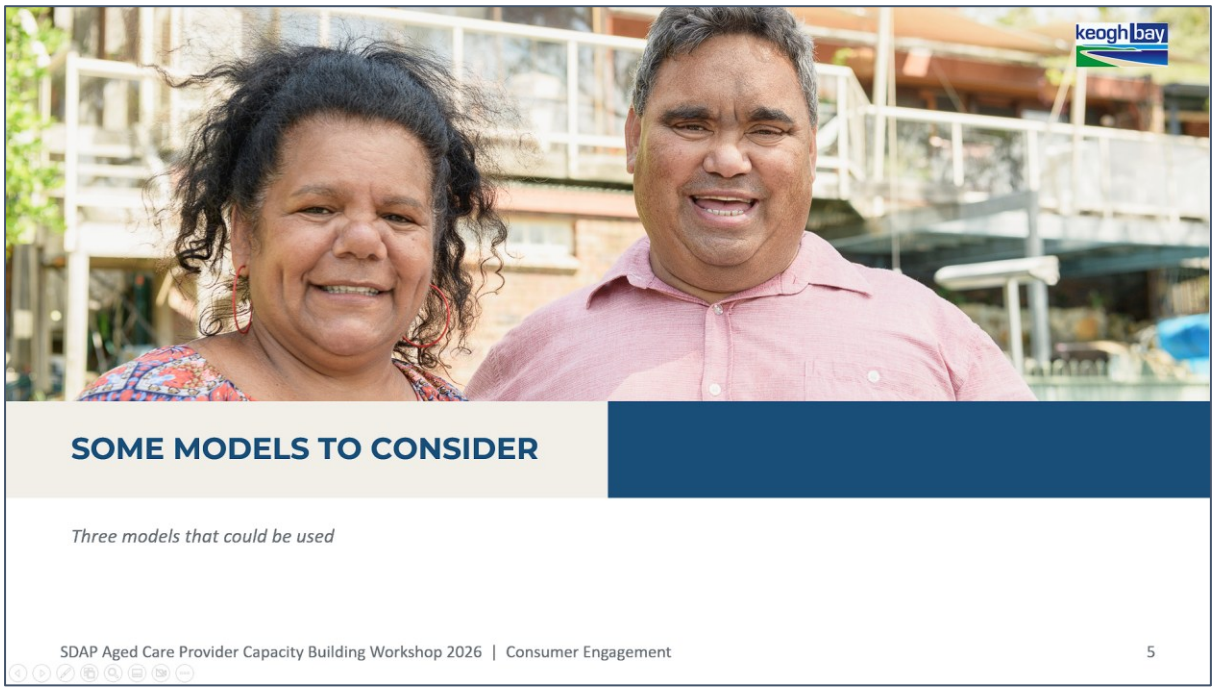
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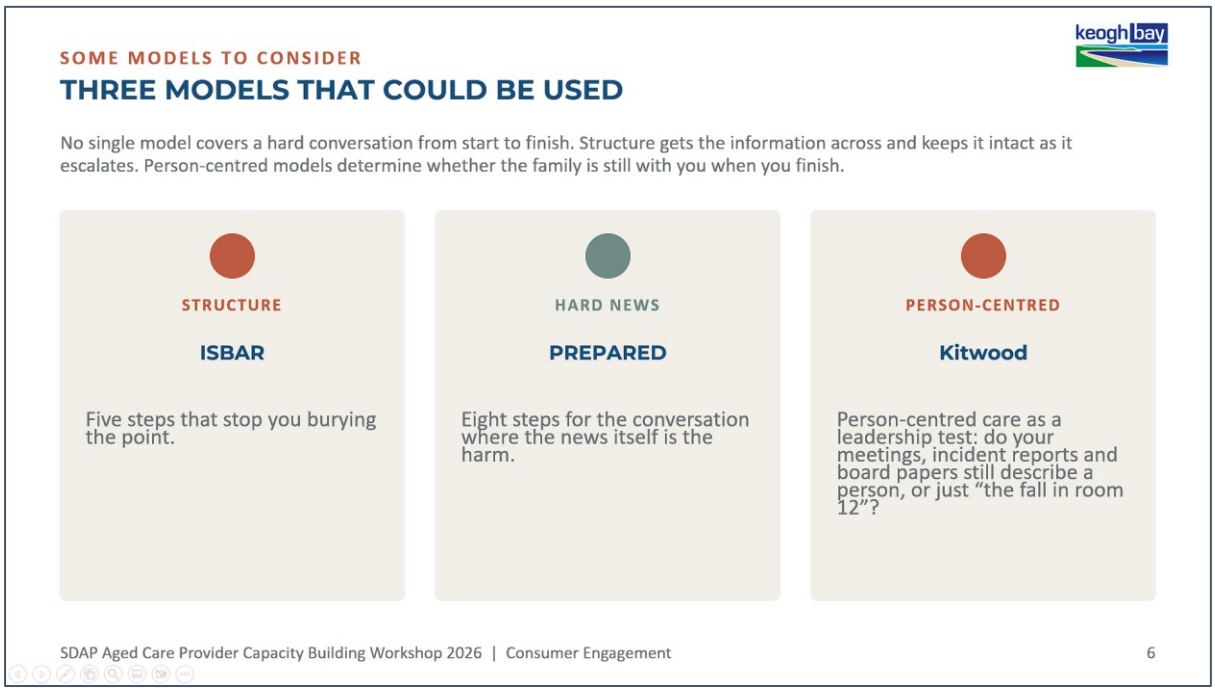
Slide 4


BEFORE ANY OF THE MODELS
THE BASICS: HOW TO HOLD ANY OF THESE CONVERSATIONS
None of the models later in this session will rescue a conversation held in the wrong room, in the wrong words, with the wrong people present.
Before you start
Choose the place and the time.
Ask who else should be there, and check that nobody is being left out or wrongly included.
Arrange for an interpreter if possible.
Know your one sentence.
In the room
Say who you are and why you are there, every visit.
Sit down at eye level, laptop closed.
Plain English only.
Choose the timing based on your relationship when to say the hard things.
Speak to the person, not about them.
Acknowledge the person's feelings.
Before you leave
Check what landed: "How would you explain this?" never "Do you understand?"
Agree on what happens next, who does it, and by when.
Document it in the client file.
Tell the people who need to know.
Words to drop: unfortunately · as you are aware · policy says · non-compliant · refused · we'll look after you · contribution · classification · reablement · AT-HM · SIRS
If it is not a word they would use at their own kitchen table, find another one.
SDAP Aged Care Provider Capacity Building Workshop 2026 | Consumer Engagement
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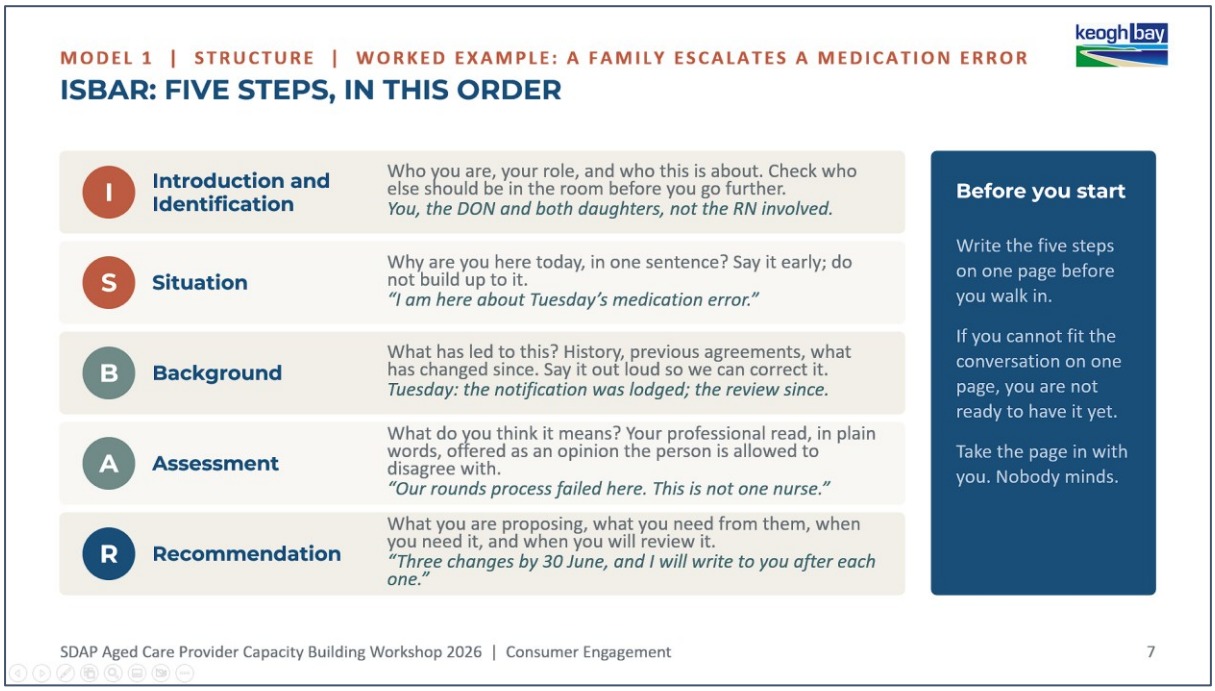
Slide 5



Slide 6



Slide 7



Slide 8



Slide 9

MODEL 2 | IN PRACTICE

WHAT PREPARED SOUNDS LIKE

Openers worth using

- "Is there anyone else you'd like here with you while we talk?"
- "What have you been told so far about what's happening?"
- "How much detail would you like from me today?"
- "What matters most to you about how we look after you now?"
- "If she could tell us herself, what would she want us to know?"
- "Is there anything you really don't want to happen?"
- "What worries you most about what we've talked about?"
- "We can plan for things getting worse and still hope for the best."
- "Have I given you what you needed? Write anything else down and ask me next time."

ISBAR or PREPARED?

- ISBAR when the risk is that information gets lost or the decision does not get made.
- PREPARED when the risk is that the person is distressed by the way they are told.
- Often both: the family conversation, then the handover to the GP and after hours.

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MODEL 3 | PERSON-CENTRED

KITWOOD: WHAT PERSON-CENTRED CARE ASKS OF YOU

D = NI + H + B + P + SP

What you see is the dementia (D) plus neurological impairment, physical health, biography, personality and social psychology: how we treat the person. Only one of those five is fixed.

Five psychological needs, with love at the centre

Comfort	Warmth, closeness, relief from anxiety
Attachment	Bonds that make an unfamiliar world safe
Inclusion	Being part of the group, not beside it
Occupation	Doing something that matters to them
Identity	Knowing and being known as who they are

Malignant social psychology

Ordinary, unmalicious things staff do that strip personhood:

- Outpacing
- Infantilisation
- Invalidation
- Disempowerment
- Labelling
- Objectification
- Intimidation
- Ignoring

Positive person work

What you replace them with:

- Recognition
- Negotiation
- Collaboration
- Play
- Timalation
- Celebration
- Validation
- Facilitation

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PUTTING IT TOGETHER

WHICH APPROACH, WHEN

The moment	Reach for	Because
Handing over to a locum, a hospital or another provider	ISBAR, with a written handover	The risk is lost information, not emotion. Structure and documentation are the intervention.
Telling a family the price or the service is changing	ISBAR, in plain English, plus a written summary	They need the sequence and the record. Give them both, and a review date.
Explaining the End of Life pathway to a Support at Home client	PREPARED	The news itself is the harm. Ask permission, pace it, and answer the emotion before the logistics.
She insists she already paid, and she has not	Kitwood	Invalidation is the failure mode. Arguing the bank statement costs the relationship and will not shift the belief.
He refuses the shower every single visit	Kitwood	Look at what the routine is doing to his dignity before you change the care plan. Outpacing and infantilisation start in the bathroom.
A family in conflict about entering residential care	Yarning, collective decision-making, more time	The decision is not one person's to make. A single signature is not a decision.

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Culturally Safe Conversations

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CULTURALLY SAFE CONVERSATIONS

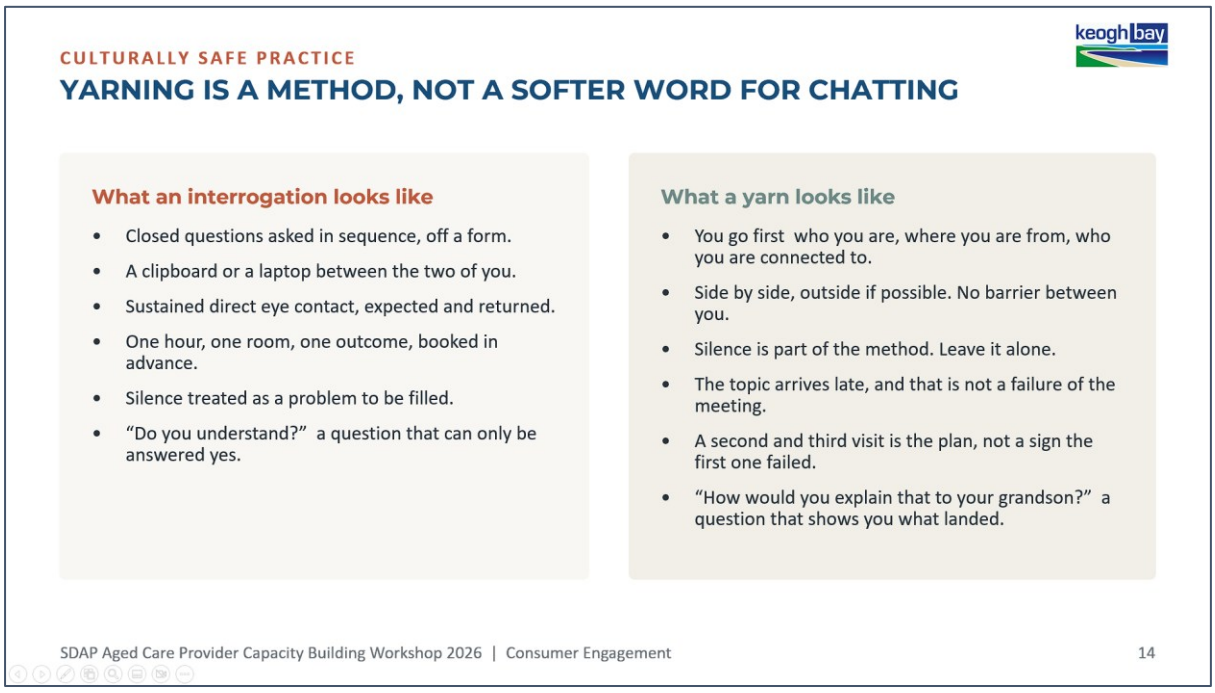
Yarning, kinship, practical tips, and words that land

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CULTURALLY SAFE PRACTICE

TALKING WITH AN ABORIGINAL OLDER PERSON

General guidance, not a rule book. Practice differs between the Kimberley, the Pilbara and the Goldfields and between communities within each. Check it locally before you rely on it.

1 Start with who you are

Your name, where you are from, who you work for, and anyone you know in common. Business comes after that, not before it.

2 Get the name right

Ask what they want to be called. Aunty and Uncle are titles of respect earned in community wait to be invited, do not assume them.

3 Sit, do not stand

Same level, side by side, outside if they would rather. Never talk business standing over someone in a bed or a chair.

4 Leave the silence alone

A long pause is thinking time. Filling it with another question is how you end up with an answer nobody meant.

5 Eye contact is not the test

Looking away can be respect. It is not evasion, and it is not evidence of cognitive decline. Do not record it as either.

6 Offer an interpreter

Aboriginal English is a dialect, not poor English, and many people are speaking a third or fourth language.

Interpreter Connect for First Nations languages is available through My Aged Care, and organising interpreter services is an included care management activity.

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CULTURALLY SAFE PRACTICE

TALKING WITH FAMILY AND THE WIDER DECISION GROUP

1 Ask who speaks for this person	The next of kin recorded on your form may not hold the authority. Ask directly, and ask again if the answer shifts.
2 Check before you convene	Avoidance relationships mean some people cannot be in the same room. Finding that out at the door is too late for everyone.
3 Plan for more than one meeting	Family need to talk it through without you in the room. Build the second and third visit into the care management schedule from the start.
4 Never push for a signature on the day	Consent given to end the pressure gets withdrawn later and costs you the relationship in the meantime.
5 Say the money number plainly and early	Income is often shared across a household. A contribution may come out of what feeds several people. Do not bury it on page four.
6 Know what the move costs the household	The house may be in the older person's name. Entering residential care can leave others with nowhere to live. Ask before you recommend.

Sorry and other community business takes precedence over any appointment you have made.

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CULTURALLY SAFE PRACTICE

SAME MESSAGE, DIFFERENT WORDS

Instead of	Try	Why it matters
"Do you understand?"	**"How would you explain this to your family?"**	The first can only be answered yes. The second shows you what actually landed.
"You'll need to sign this today."	**"Take this away and talk about it. I'll come back Thursday."**	A signature under time pressure is not consent, and it will be revisited.
"We'll look after you."	**"You'd still make your own decisions. Here's what changes and what doesn't."**	That phrase carries the memory of missions and dormitories. Name what stays in the person's control.
"Who is your next of kin?"	**"Who speaks for you? Who should be here when we talk about this?"**	The category on the form and the authority in the family are often different people.
"Why haven't you paid?"	**"Let's have a look at this bill together."**	Why questions read as accusation. Sit on the same side of the paper.
"We'll organise respite."	**"A short stay so your daughter gets a break then you come home."**	Programme words mean nothing. Describe what happens, including the going-home part.
"The client refused services."	**"We haven't found a way that works for her yet."**	The first closes the file. The second keeps the problem yours, where it belongs.

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BEFORE YOU LEAVE

THINGS TO DO ON MONDAY

Your one action

- Pick the conversation you have been putting off and select a model or approach that you will now use.

Your commitment

Write one sentence and address it to yourself.

"One conversation I will have differently before the end of the month is..."

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Activity - Things to Do on Monday

Instructions

Pick the conversation you have been putting off and select a model or approach that you will use now.

Write one sentence addressed to yourself.

Your commitment

"One conversation I will have differently before the end of the month is"

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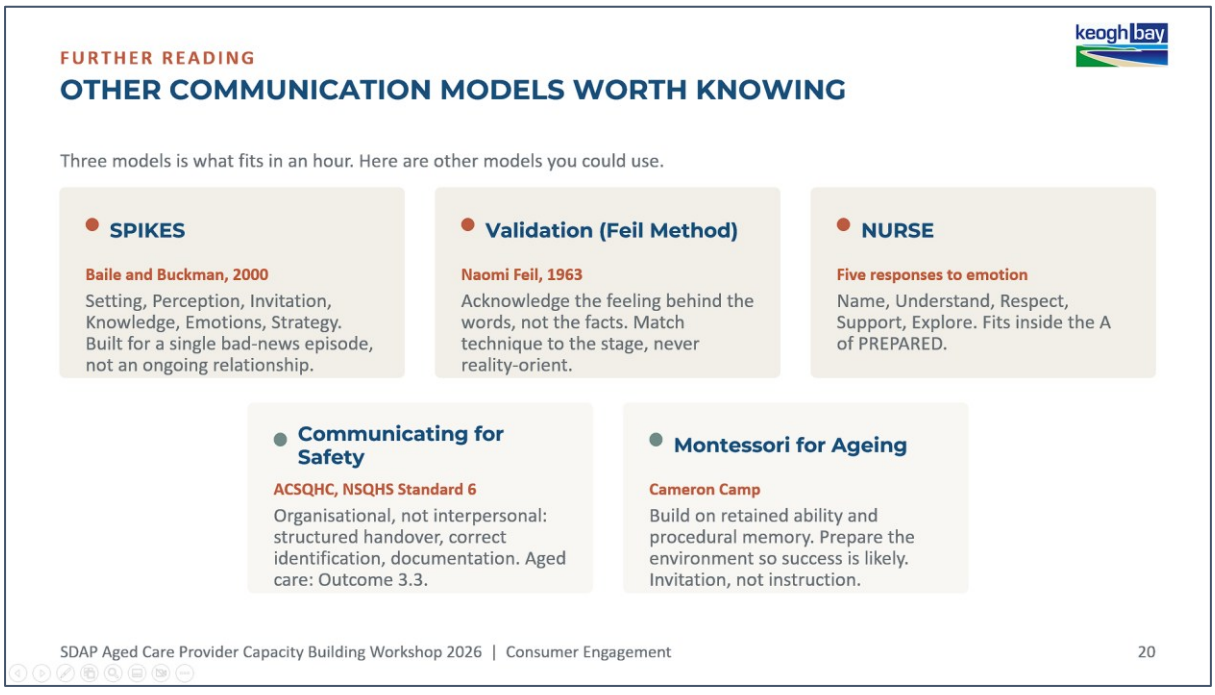
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Additional slide



2. Financial Governance

Presented by the Commission.

This presentation will be provided after the workshop.

3. Support at Home & Residential Care

NEXT TOPIC

SUPPORT AT HOME & RESIDENTIAL CARE



BREAKOUT SESSION

SPLITTING INTO TWO GROUPS

We will now split into two groups so the next session can focus on what is relevant to your service type.

Group 1

- Support at Home, CHSP and NATSIFACP providers

Group 2

- Residential Care providers

Please join the group that matches your service type.



Group 1 - Support at Home, CHSP and NATSIFACP Providers

For Group 2 - Residential Care providers, turn to page 34.

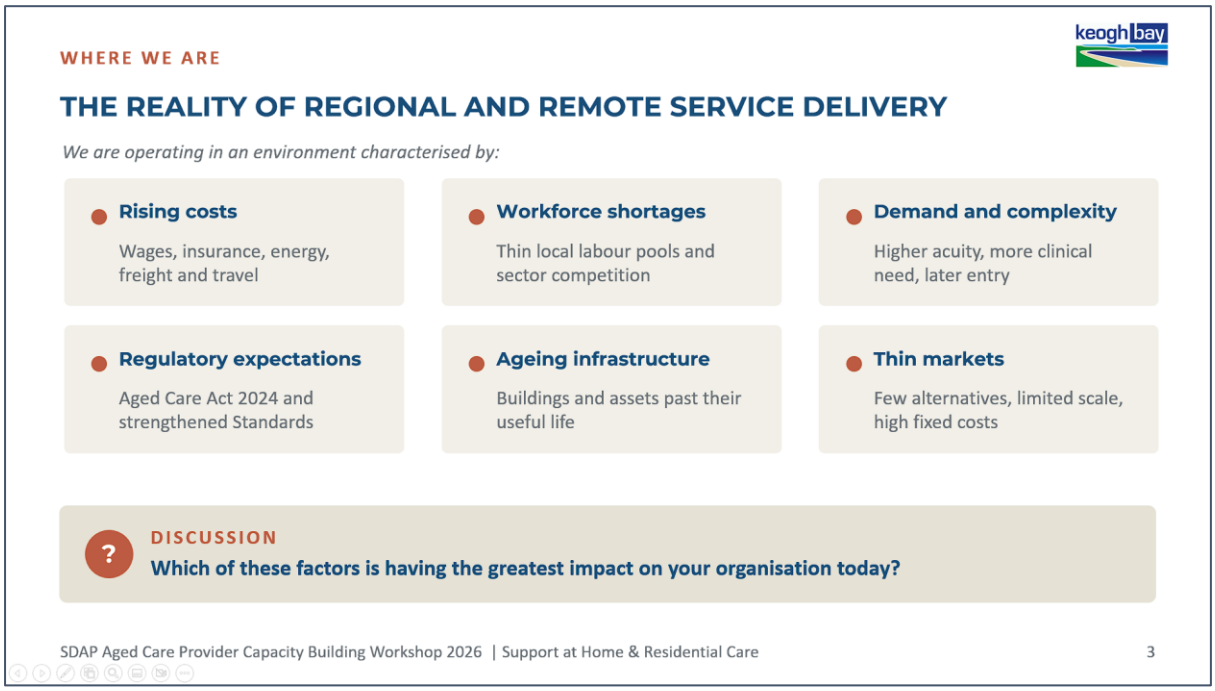
Slide 1



Slide 2



Slide 3



Activity - The Reality of Regional and Remote Service Delivery

Discussion:

Which of these factors is having the greatest impact on your organisation today?

My notes:

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Slide 4

SESSION OVERVIEW

TODAY'S FOCUS: STRATEGY, NOT JUST ISSUE-NAMING

PURPOSE

Move quickly from naming shared issues to committing to practical strategies you can each take back and act on this quarter.

GROUND RULE

Speak freely about approaches and challenges, but keep examples general.

Avoid naming specific clients, staff, or commercially sensitive details. You're in a room with peers from other organisations; it's safe to compare notes.

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STEP 1 | 10 MINUTES

RAPID ISSUE SCAN - WHICH ISSUES COME UP MOST?

1. Regulatory change & governance
2. Workforce capacity & capability
3. Assessment, care planning & review
4. Service availability & continuity
5. Older person involvement & communication
6. Clinical & safeguarding issues
7. Information systems & data quality
8. Third-party (associated provider) delivery
9. Complaints & incident learning
10. Interface between programs

Quick poll: show of hands for each. Which shows up across multiple organisations in the room?

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SHARED REFERENCE | CROSS-PROGRAM

ISSUE → POSSIBLE STRATEGIES: CROSS-PROGRAM (1 OF 2)

ISSUE		POSSIBLE STRATEGY
Regulatory change & governance not keeping pace	→	Program-by-program obligations register with named owners and review dates.
Workforce capacity & capability gaps	→	Workforce dashboard (vacancies, screening, competencies) reviewed monthly.
Assessment, care planning & review weaknesses	→	Quarterly audit of a care-plan sample against goals, risks & funded services.
Service availability & continuity issues	→	Track access, wait times & missed visits; build contingency rosters.
Limited older-person involvement & communication	→	Plain-language templates tested with client/family reference groups.

Starting points for discussion.

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SHARED REFERENCE | CROSS-PROGRAM

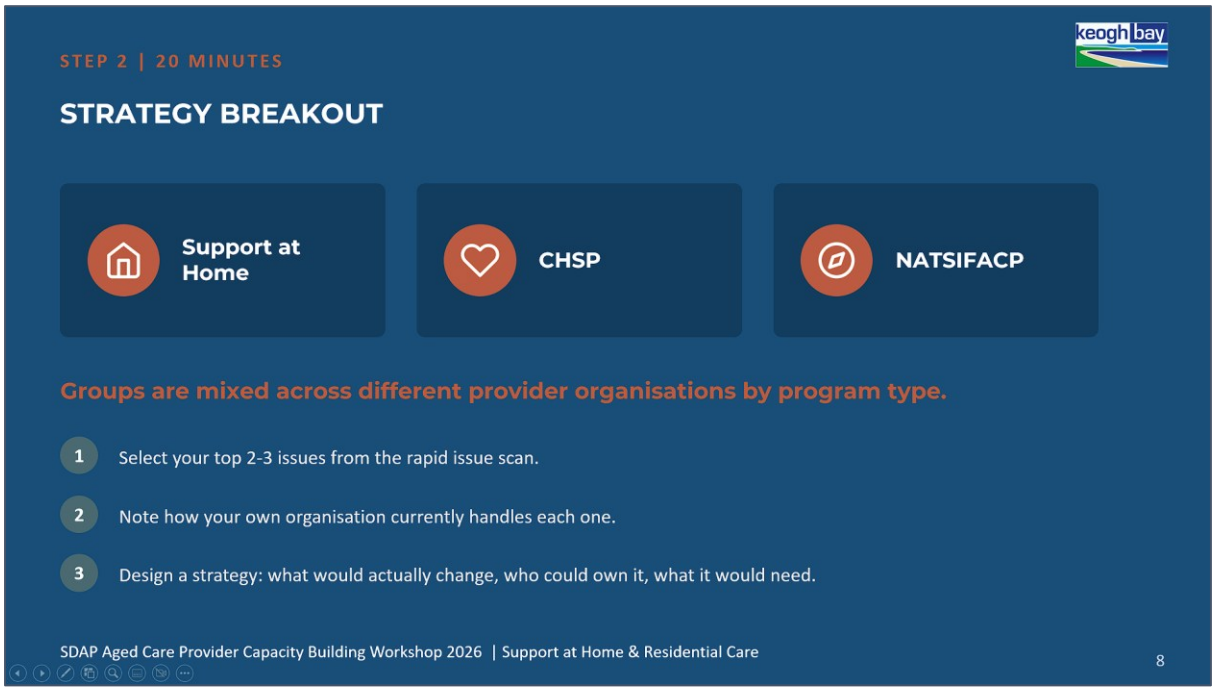
ISSUE → POSSIBLE STRATEGIES: CROSS-PROGRAM (2 OF 2)

ISSUE		POSSIBLE STRATEGY
Clinical & safeguarding inconsistency	→	Escalation protocols aligned to SIRS timeframes (24hrs / 30 days) with feedback loops to frontline teams.
Information systems & data quality issues	→	Routine reconciliation of client, roster, claims & finance data.
Associated provider delivery oversight gaps	→	Risk-based due diligence & documented oversight accountability can't be delegated.
Complaints & incident learning not systematised	→	Centralised capture with mandatory categorisation & quarterly trending.
Unclear interface between programs	→	Clear referral/boundary protocols with one accountable contact.

Starting points for discussion.

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Slide 8



Activity - Strategy Breakout

Instructions

Groups are mixed across different provider organisations by program type.

Step 1

Select your top 2-3 issues from the rapid issue scan.

Step 2

Note how your own organisation currently handles each one.

Step 3

Design a strategy: what would actually change, who could own it, and what it would need.

My notes:

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Slide 9

PROGRAM DEEP-DIVE | SUPPORT AT HOME

SUPPORT AT HOME - POSSIBLE STRATEGIES

ISSUE		POSSIBLE STRATEGY
Pricing compliance issues	→	Quarterly review vs published price & the National Summary of SaH Prices; document any variance.
Service agreement & statement quality	→	Standard templates + pre-send accuracy check against delivery.
Budget management difficulty	→	Monthly forecasting against the quarterly budget, 10% care-management cap & rollover limit.
Service classification & claiming errors	→	Pre-validation step on service/unit mapping before submission.
Transition arrangement uncertainty	→	Dedicated plain-language transition communication plan.

Starting points for discussion - bring your own if your group has a better strategy.

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Slide 10

PROGRAM DEEP-DIVE | CHSP

CHSP - POSSIBLE STRATEGIES

ISSUE		POSSIBLE STRATEGY
Grant compliance issues	→	Live map of funded service types/outputs vs actual delivery.
DEX reporting quality issues	→	Pre-submission validation ahead of the mandatory monthly DEX report.
Inconsistent client contribution practices	→	Clear published policy; train frontline staff for consistency.
Wellness/reablement drift to task-focus	→	Documented, time-bound goals reviewed at set intervals.
Demand exceeding block-funded capacity	→	Transparent, criteria-based waiting list with escalation path.

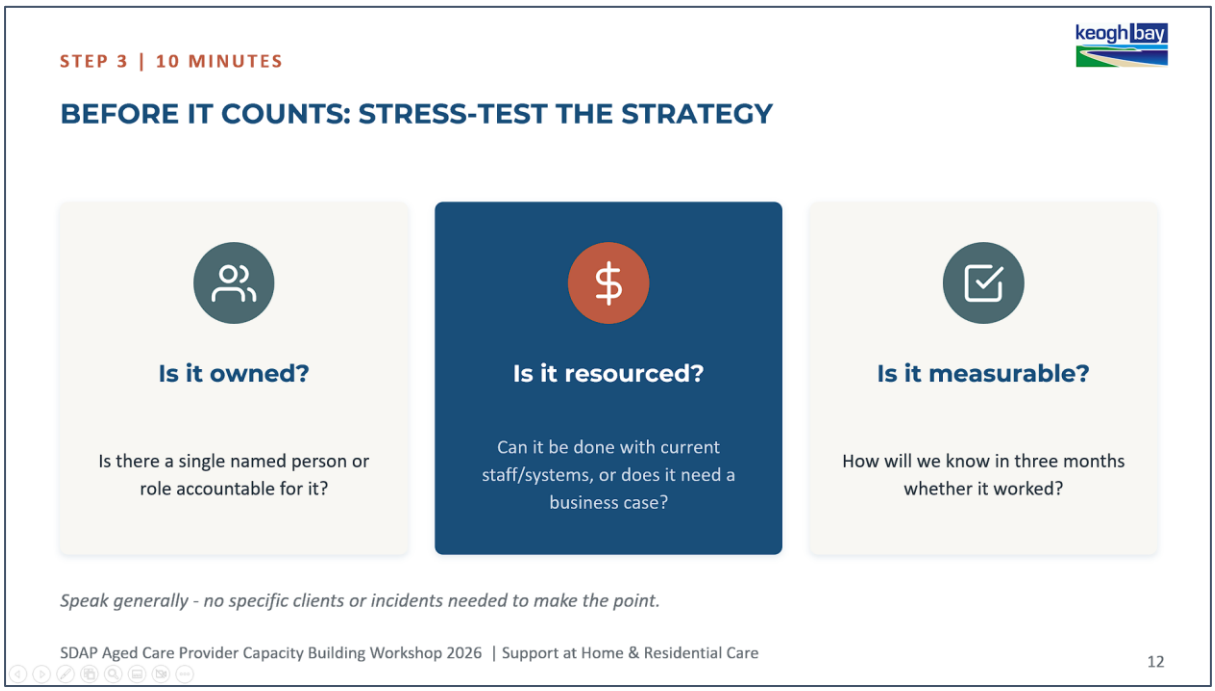
Starting points for discussion - bring your own if your group has a better strategy.

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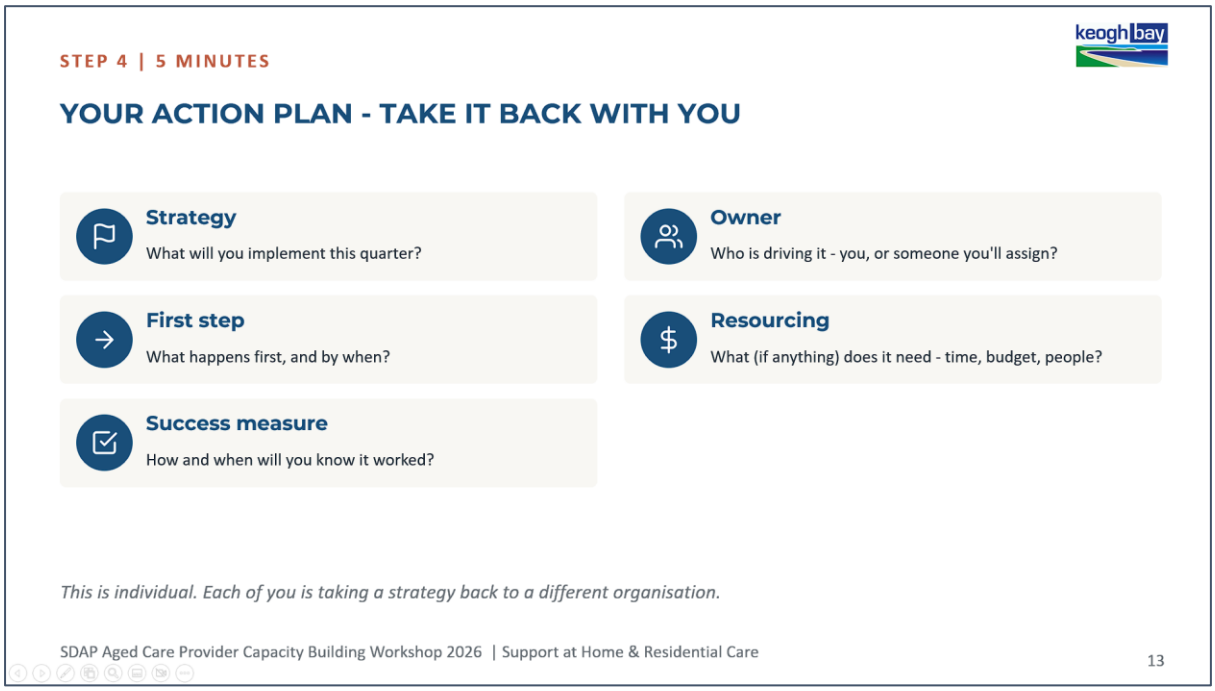
Slide 11



Slide 12



Slide 13


STEP 4 | 5 MINUTES
YOUR ACTION PLAN - TAKE IT BACK WITH YOU
Strategy
What will you implement this quarter?
Owner
Who is driving it - you, or someone you'll assign?
First step
What happens first, and by when?
Resourcing
What (if anything) does it need - time, budget, people?
Success measure
How and when will you know it worked?
This is individual. Each of you is taking a strategy back to a different organisation.
SDAP Aged Care Provider Capacity Building Workshop 2026 | Support at Home & Residential Care
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Your Action Plan - Support at Home, CHSP and NATSIFACP

This is individual. Each of you is taking a strategy back to a different organisation.

Strategy - *What will you implement this quarter?*

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Owner - *Who is driving it - you, or someone you will assign?*

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First step - *What happens first, and by when?*

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Resourcing - *What does it need - time, budget, people?*

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Success measure - *How and when will you know it worked?*

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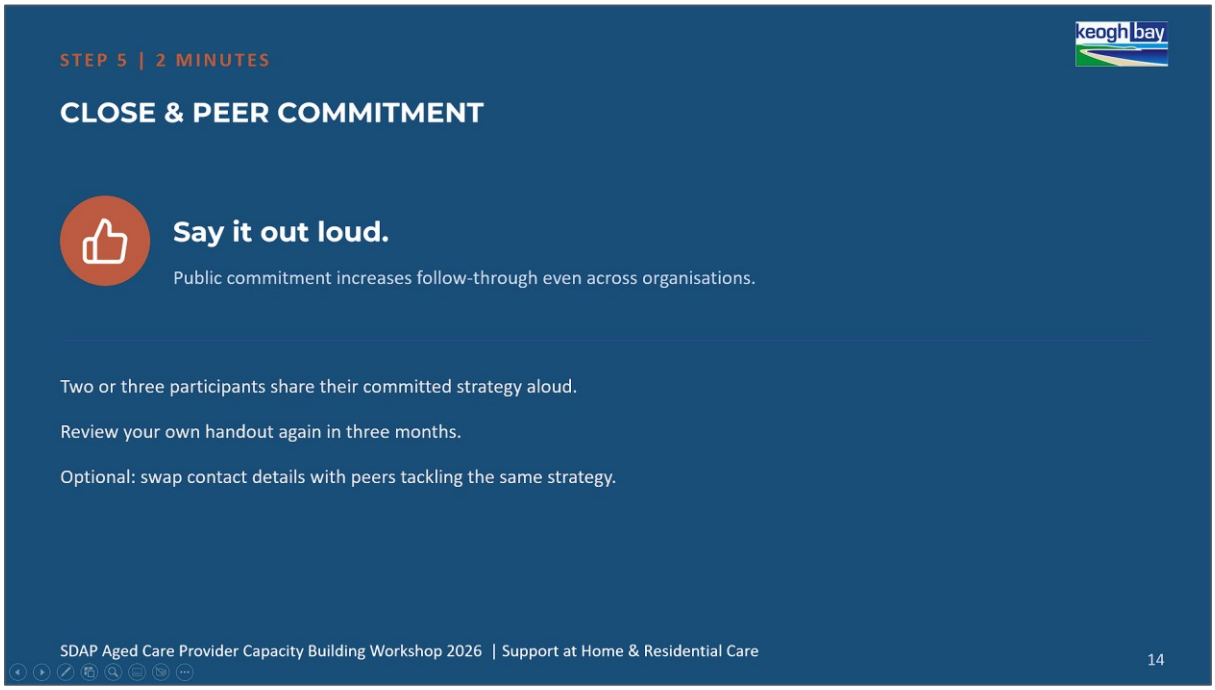
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Review date

Diarise a check-in three months from today and bring this page to it.

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Slide 14



Activity - Close & Peer Commitment

Instructions

Say it out loud. Public commitment increases follow-through, even across organisations.

Two or three participants share their committed strategy aloud.

Review your own handout again in three months.

Optional: swap contact details with peers tackling the same strategy.

My notes:

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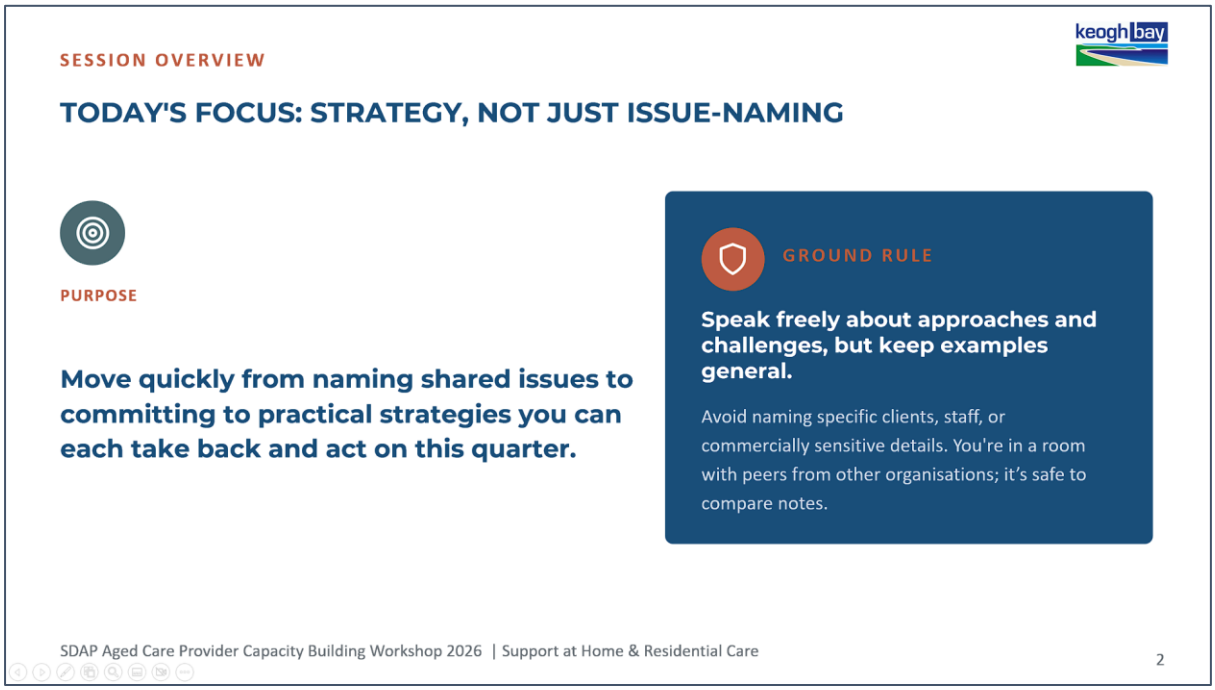
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Group 2 - Residential Care Providers

Slide 1



Slide 2



Slide 3



Activity - The Biggest Issue

Discussion:

What is the single biggest issue keeping you awake at night as a residential aged care leader?

My notes:

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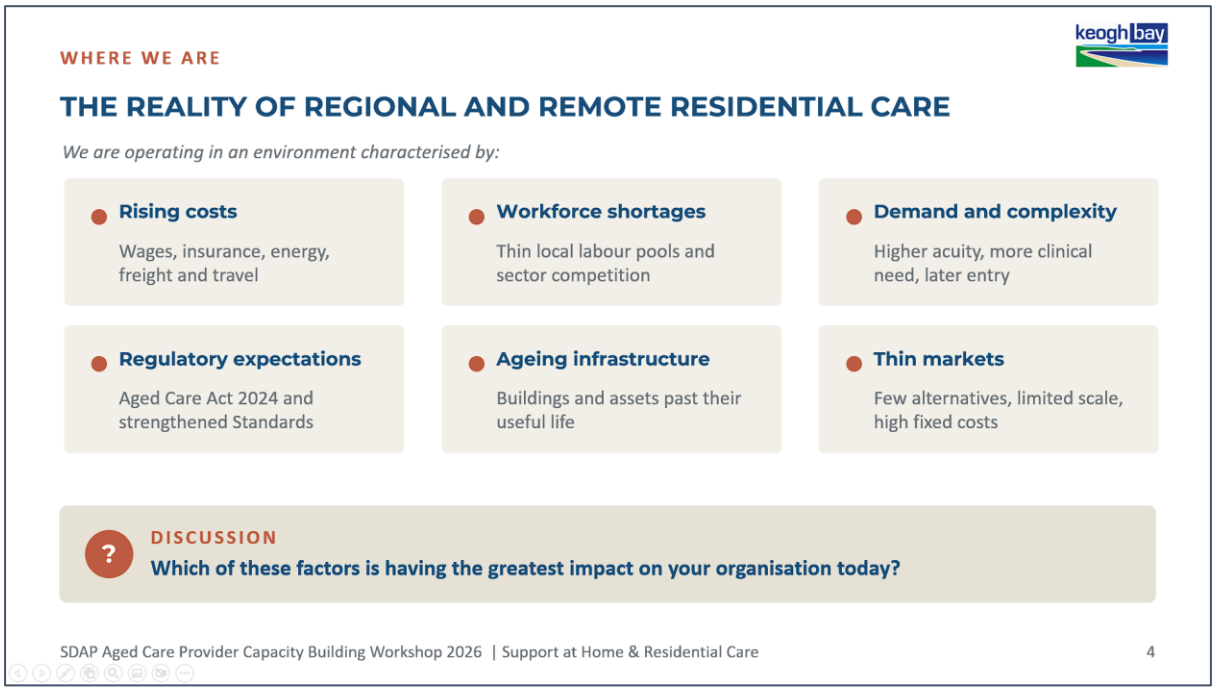
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Slide 4



Activity - The Factors

Discussion:

Which of these factors is having the greatest impact on your organisation today?

My notes:

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Slide 5

CHALLENGE 1 - SUSTAINABILITY

FINANCIAL SUSTAINABILITY

The perfect storm

- Rising workforce costs - wage escalation and care minute compliance
- Occupancy pressures - small fluctuations, large financial consequences
- Increasing compliance costs - reporting, governance and documentation
- Ageing infrastructure - deferred renewal accumulating as risk
- Limited ability to absorb financial shocks or major expenditure items

62% of aged care homes operated at a loss for YTD Mar-26, up from 49% a year earlier

$9.16 average operating deficit per bed day a swing from a $0.91 surplus at Mar-25

Source: StewartBrown Aged Care Financial Performance Survey, Mar-26 YTD (Residential).

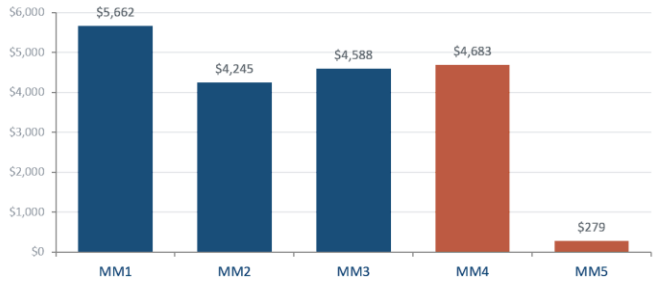
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Slide 6

CHALLENGE 1 - SUSTAINABILITY

REMOTENESS CHANGES THE EQUATION

Operating EBITDA per bed per annum, March 2026 quarter, by Modified Monash location



$20,000 EBITDA per bed per annum widely regarded as the threshold required to encourage ongoing investment in the sector

93.2% MM4 occupancy for the March 2026 quarter, against 96.1% in MM1, the thinner the market, the thinner the buffer

–$14.70 MM4 accommodation margin per bed day, the weakest of any MM category

Source: StewartBrown Aged Care Financial Performance Survey, Mar-26 Residential, Table 6 (March 2026 quarter). Table 6 reports MM1 to MM5.

? **DISCUSSION**

Where does your organisation sit against these benchmarks, and does your board see it that way? How can remote residential aged care remain financially viable under current settings?

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CHALLENGE 1 - SUSTAINABILITY

CAPITAL INVESTMENT

The investment dilemma

Providers need to invest in:

- Buildings and infrastructure
- Resident amenity and living environments
- Technology and connectivity
- Energy efficiency
- Asset replacement and renewal

The RAD constraint

Permitted uses of Refundable Accommodation Deposits limit what providers can fund, even when the spend directly benefits residents.

Providers have raised funds for living-area furniture, flooring and tiling, resident communication and audio-visual equipment, and solar installations that would cut operating costs.

Small regional providers can take several years to accumulate enough funds for purchases they can't make item by item.

? DISCUSSION

What capital investment is most critical for your organisation over the next five years, and what is stopping it?

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Slide 8

CHALLENGE 1 - SUSTAINABILITY

STRATEGIES FOR SUSTAINABILITY

How providers are responding

Providers are focusing on:

- Reviewing service models and operating costs to improve efficiency
- Diversifying service offerings, for example Support at Home, where appropriate
- Strengthening occupancy through community engagement and referral relationships
- Exploring shared services and collaborative arrangements with other providers
- Investing in technology to improve productivity and reduce administrative burden
- Prioritising capital expenditure based on resident outcomes, risk and strategic importance
- Seeking grant funding for infrastructure improvements
- Investing in initiatives that reduce long-term operating costs, such as energy efficiency
- Strengthening financial governance, forecasting and scenario planning

? DISCUSSION

Which of these strategies would make the biggest difference for your organisation, and what is needed to get started?

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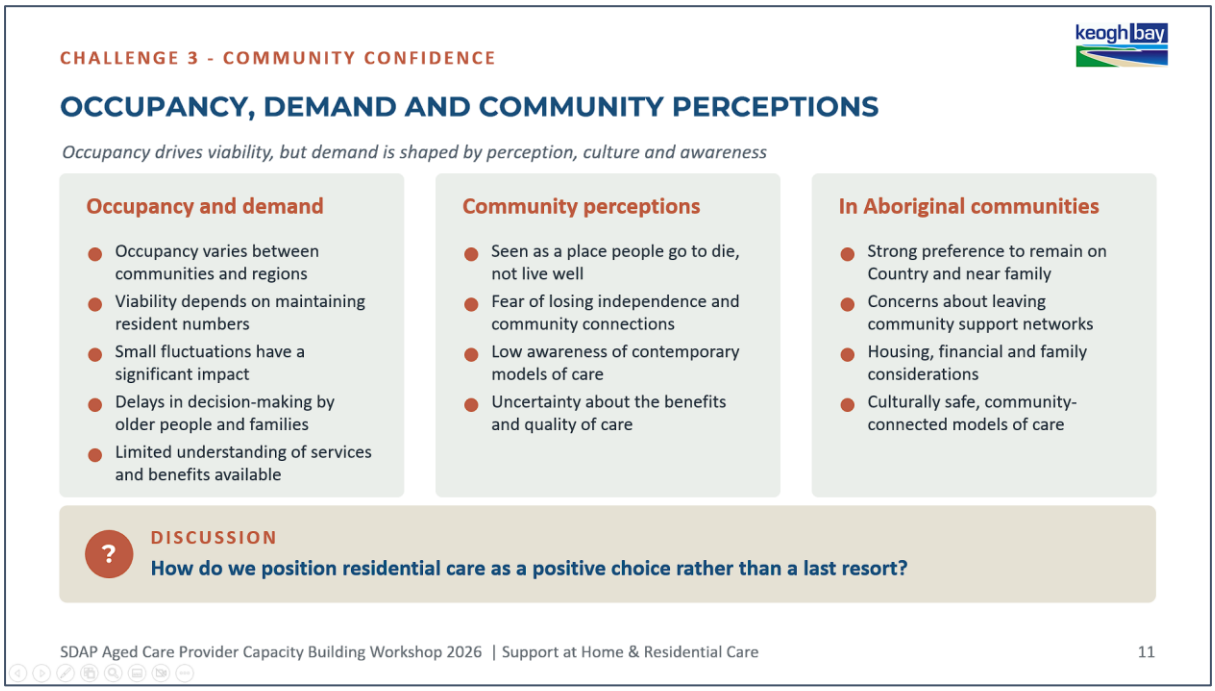
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Slide 15



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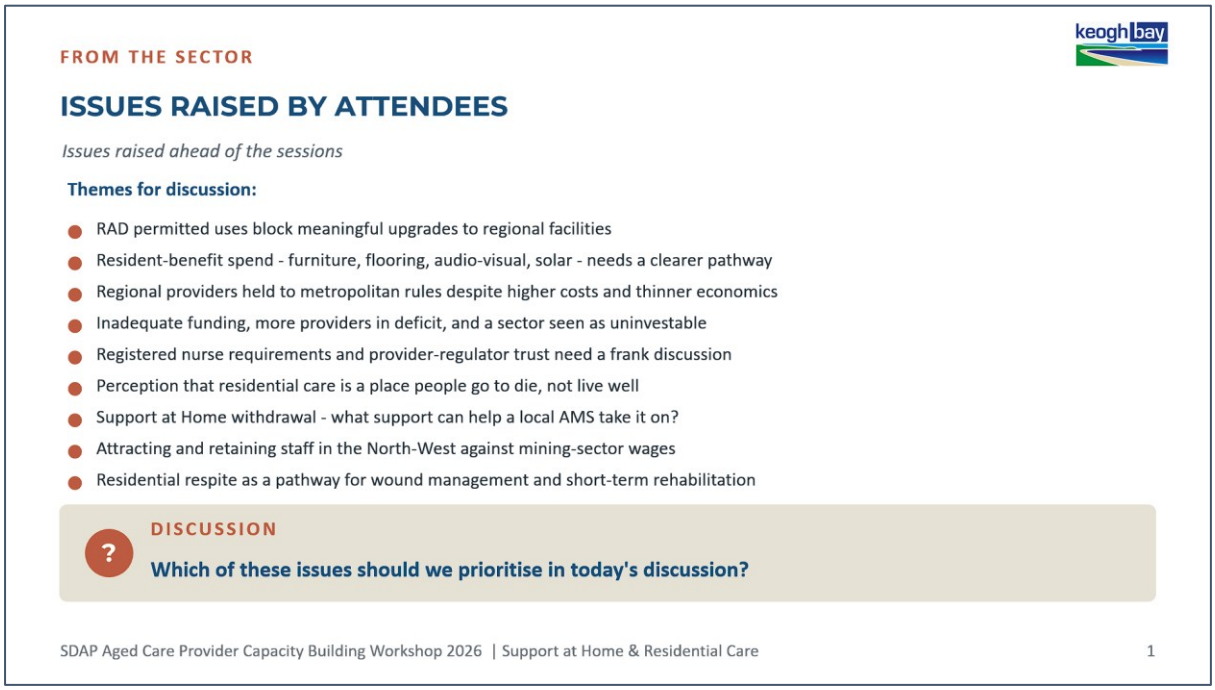
My notes:

4. Current Supports Available

Presented by the Department.

This presentation will be provided after the workshop.

5. Regional Topics of Concern



FROM THE SECTOR

ISSUES RAISED BY ATTENDEES

Issues raised ahead of the sessions

Themes for discussion:

- RAD permitted uses block meaningful upgrades to regional facilities
- Resident-benefit spend - furniture, flooring, audio-visual, solar - needs a clearer pathway
- Regional providers held to metropolitan rules despite higher costs and thinner economics
- Inadequate funding, more providers in deficit, and a sector seen as uninvestable
- Registered nurse requirements and provider-regulator trust need a frank discussion
- Perception that residential care is a place people go to die, not live well
- Support at Home withdrawal - what support can help a local AMS take it on?
- Attracting and retaining staff in the North-West against mining-sector wages
- Residential respite as a pathway for wound management and short-term rehabilitation

? DISCUSSION

Which of these issues should we prioritise in today's discussion?

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Activity - Setting Today's Priorities

Discussion:

Which of these issues should we prioritise in today's discussion?

My notes:

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Appendix A - Program Updates from the Department

Content provided by the Department's Support at Home and CHSP teams for inclusion in the 2026 workshop material, with detail from the program documents it references. Several items move quickly: confirm against the current manuals, Rules and your grant agreement before acting on them.

A1 Support at Home - Core Documents

- Support at Home program manual - a guide for registered providers (v4.3, July 2026)
- Support at Home service list

A2 Assistive Technology and Home Modifications (AT-HM) in Remote Locations

AT-HM remote supplement

- *The AT-HM scheme includes primary supplements for older people living in remote and very remote locations to offset higher costs in the supply of assistive technology and home modifications.*
- *The AT-HM remote supplement rate is an additional 50% of the assistive technology and/or home modifications funding tier for participants living in MM6 or MM7.*
- *Supplements are applied automatically through Services Australia systems.*
- *Supplements are based on an older person's address and their Modified Monash (MM) Model classification (2023) as identified through the aged care needs assessment.*
- *The supplement is added to the assistive technology and/or accounts, and when the budget is drawn upon, the supplement is also drawn upon.*
- *Supplements are subject to individual contributions as per the rest of the assistive technology and/or home modifications funding.*

Remote supplements example

Mia lives in a MM 6-7 location. She is assigned to a HM high tier which means she has access to $15,000 in funding. She is also allocated a remote supplement worth an additional 50% of her tier value so has an additional $7,500 available if needed.

Home modifications high tier - remote contribution reduction

- *Older people allocated to the home modifications high tier who are living in MM6 or MM7 will pay an individual contribution of 66.6% of the cost of their home modification.*
- *This is to offset the additional out-of-pocket costs and ensure they pay a similar contribution amount compared to other older people for the same home modification.*
- *The contribution amount payable is calculated as follows:*
  - *High tier home modification contribution payable = (66% of the claimed cost) x (contribution rate)*
- *This contribution reduction applies to high tier home modifications only.*

Home modifications high tier example

Kamala requires an OT assessment to determine the home modifications required for her to live safely and independently at home. The OT visits from the nearest regional center 3 hours away from Kamala's home. They recommend a couple of grab rails in her bathroom, a ramp to her entryway and a stair lift.

Kamala's provider sources multiple quotes for these modifications and works with Mary to select the best option for her. The costs for these modifications are higher due to Kamala's remote location. To offset the impact this has on Kamala's contribution amount, she is only required to pay an individual contribution on 66.6% of the cost of the home modifications. The costs for the OT prescription and home modifications, including any individual contributions, are recorded in Kamala's individual budget and Kamala's provider applies the high tier remote contribution rate.

AT-HM resources

- *The AT-HM list outlines the products, equipment and home modifications that eligible participants can access through the AT-HM scheme.*
- *The AT-HM scheme guidelines explain the AT-HM scheme and how it operates under the Support at Home program.*

A3 Pricing

Link to pricing resources (not rural/remote specific):
https://www.health.gov.au/resources/collections/support-at-home-pricing-resources?language=en

A4 Priorities, Funding and Reporting

- Further fact sheets are in development and will be circulated when they are ready to be made public.

A5 CHSP Reforms

- *The Commonwealth Home Support Program (CHSP) remains a block-grant funded until 30 June 2027 and continues to have an important role in providing entry-level care and services to the community.*
- *There is still work to be done to consider next steps and ensure a better system is delivered by changing the things that don't work and keeping the things that do.*
- *On 14 May 2026, the Australian National Audit Office (ANAO) tabled its report on the Effectiveness of the Commonwealth Home Support Program and the department agreed with all nine recommendations. The report is available at www.anao.gov.au/work/performance-audit/effectiveness-of-the-commonwealth-home-support-program.*
- *The Senate Inquiry into the transition of the CHSP into Support at Home was tabled on 23 June 2026 and also provides several recommendations for the Government to consider. The report is available at*

www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/CHSP Transition/Report.

- *The ANAO report, the Senate Inquiry report and ongoing stakeholder engagement all form insights for the Government to consider regarding the future of the CHSP.*
- *Any decisions on post 30 June 2027 arrangements are matters for the Government to consider. Any changes to the CHSP will consider the time required by providers to adjust to any new arrangements.*

A6 Sector Support and Development (SSD)

- *Sector Support and Development (SSD) is an activity funded under the CHSP.*
- *As part of the 2026-27 Federal Budget, the Australian Government has agreed to extend SSD agreements for a further 12 months to 30 June 2027. This aligns with the end of the current CHSP grant agreements.*
- *The Department of Health, Disability and Ageing has contacted organisations, with grant agreements to be executed prior to 1 October 2026.*

A7 CHSP Emergency and Critical Need Grant (GO7393)

- *The CHSP Emergency and Critical Need Grant Opportunity (GO7393) is a closed, non-competitive, invitation-only (with application) grant, which offers limited funding under three categories: (1) Emergency, (2) Critical Need and (3) Service Shortages.*
- *CHSP providers can submit an expression of interest via the Community Grants Hub for consideration, and providers should speak to their Funding Arrangement Manager in the first instance.*
- *This grant is not available for any fuel-related requests.*

A8 CHSP Reporting and Funding Agreements

- *DEX reporting requirements and resources are available at: (Appendix F - CHSP Compliance Framework 2025-27 and DEX training resources*
- *Information about submitting financial acquittals for CHSP grant funds is at: (Appendix F - CHSP Compliance Framework 2025-27)*
- *Information about the CHSP selections framework is at: (Appendix G - CHSP Selections Framework) in case they are considering exiting.*
- *It is important for CHSP providers to keep in touch with their Funding Arrangement Managers (FAMS) in relation to any concerns or issues.*

Appendix B - Conversation Templates

Working tools for Topic 1. Each is designed to be copied, adapted to your organisation's language, and used by staff before, during and after a difficult conversation.

Template	Use it for
B1 ISBAR conversation planner	Any conversation where the risk is lost information or a decision that does not get made - price or service changes, incidents, handovers, escalations to the executive or board.
B2 PREPARED planner and record	Conversations where the news itself is the harm - end of life, serious incidents, a service that can no longer meet the person's needs.
B3 Culturally safe meeting planner	Any significant conversation with an Aboriginal or Torres Strait Islander older person and their family.
B4 Conversation file note	Documenting what was discussed and agreed, and who needs to know. Use after every hard conversation.
B5 Personhood check	Executives reviewing incident reports, case conference notes and board papers: does the document still describe a person?

B1 ISBAR Conversation Planner

Write the five steps on one page before you walk in. If the conversation will not fit on one page, you are not ready to have it yet. Take the page in with you.

About (person)	Date/place	Prepared by	Interpreter needed?

My one sentence *Why I am here, said early. No build-up.*	

I - Introduction and identification *Who I am and my role; who this is about. Who else should be in the room - and who should not?*	
S - Situation *Why I am here today, in one sentence.*	
B - Background *What has led to this: history, earlier agreements, what has changed. Said out loud so it can be corrected.*	
A - Assessment *My professional read, in plain words, offered as an opinion the person can disagree with.*	
R - Recommendation *What I propose; what I need from them and by when; when we will review it.*	

Keogh Bay template. Copy and adapt for your organisation.

B2 PREPARED Planner and Record

For conversations where the news itself is the harm. E, P and A are not a sequence: respond to emotion whenever it arrives, then come back to where you were. NSW Clinical Excellence Commission, adapted from Clayton et al., MJA 2007.

About (person)	Date	Present	Led by

Step	Plan before	What happened
P - Prepare *Facts and options confirmed; privacy and time; who is present.*		
R - Relate *Introductions; rapport; cultural and contextual factors*		
E - Explore *What do they already understand? How much do they want to know?*		
P - Provide information *Permission first; about three facts at a time; honest about uncertainty*		
A - Acknowledge emotions *Name fear and distress; staff support afterwards.*		
R - Realistic hope *What we will do and by when; goals that are still realistic*		
E - Encourage questions *Check understanding; offer to talk again.*		
D - Document *Summary written; care team and GP told.*		

Keogh Bay template. Copy and adapt for your organisation.

B3 Culturally Safe Meeting Planner

General guidance, not a rule book. Practice differs between the Kimberley, the Pilbara and the Goldfields, and between communities within each. Check it locally before you rely on it.

Older person	Community	Planned date	Prepared by

Before you convene

Check	Done	Notes
We have asked who speaks for this person. *The next of kin on the form may not hold the authority. Ask again if the answer shifts.*		
We have checked for avoidance relationships. *Some people cannot be in the same room.*		
We have checked for sorry business or other cultural business *If it arises: reschedule. Not a missed appointment, not a refusal, no cancellation fee.*		
The person and family choose the place *Side by side, outside if preferred. No desk or laptop between us.*		
An interpreter has been offered. *Interpreter Connect for First Nations languages via My Aged Care. Organising it is included in care management.*		
A trusted worker or ACCO contact has been offered, if the person wants one.		
Any money amount is ready in plain words, to say early *Income may be shared across a household.*		
We have considered what a move or change costs the household *The house may be in the older person's name.*		

In the room and after

Check	Done	Notes
I introduced myself - name, where I am from, who I know in common - before business.		
I asked what the person wants to be called *Aunty and Uncle are earned titles: wait to be invited.*		
I left the silences alone and did not treat looking away as evasion.		
I checked what landed with "How would you explain this to your family?" *Not "Do you understand?"*		
No signature was sought on the day *Consent given to end pressure is withdrawn later.*		
The second and third visits are in the care management schedule.		

Keogh Bay template. Copy and adapt for your organisation.

B4 Conversation File Note

Complete after every significant conversation and file it in the client record. Tell the people who need to know.

Person	Date and time	Location	Recorded by

Present *Names and relationship to the person. Interpreter used?*	
Purpose *The one sentence: why the conversation was held.*	
What we discussed *Plain summary. Use the person's words where you can.*	
What the person wants *Their goals, preferences and concerns, including any risk they choose to take.*	
What we agreed *Decisions made, and anything still to be decided.*	
Actions *What happens next, who does it, and by when.*	
Concern or complaint raised? *If yes: logged in the complaints system, and the person told how to escalate and where to get independent advocacy - without reprisal.*	
Who has been told *Care team, GP, family or representative, after hours - and when.*	
Follow-up date *When we will talk again.*	

Keogh Bay template. Copy and adapt for your organisation.

B5 Personhood Check - for Reports and Board Papers

Kitwood as a leadership test. Run this over an incident report, a case conference note or a board paper. If most answers are "no", the document describes an event, not a person.

Question	Yes	No	What we will change
Is the person referred to by name - not a room number, a bed or an incident type? *"The fall in room 12" fails.*			
Does it record what the person said, wanted or felt - in their words where possible?			
Does it describe what matters to them: history, culture, relationships, routines?			
Is it free of labelling language? *For example: refused, non-compliant, wanderer, aggressive, behaviours.*			
Does it consider what our routines, environment or staffing contributed - not only the person's condition? *Outpacing and infantilisation start in the bathroom.*			
Does the recommendation respect the person's choices and their right to take risks? *Standard 1, Outcome 1.3.*			
For an Aboriginal or Torres Strait Islander person: does it record who speaks for them and any cultural considerations?			
Would the person, or their family, recognise themselves in this document?			

For the executive

Pick one incident report and one board paper from the last quarter and run this check. What the result tells you about your culture is worth more than what it tells you about the author.

Thank you for your participation.



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