CENTRAL AUSTRALIAN ABORIGINAL CONGRESS
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Standing Committee on Health, Aged Care and Disability Inquiry into the Support at Home Program Public Hearing 25 August 2026 2:30 – 3:15 pm (ACST)

Opening Statement by Marah Prior General Manager Health Programs, Central Australian Aboriginal Congress

Good afternoon Committee Members,

Thank you for inviting us to appear at this public hearing.

My name is Marah Prior.

I am an Arrernte woman born and raised in Mparntwe (Alice Springs), from where I am speaking to you today.

I am the General Manager Health Programs at Central Australian Aboriginal Congress and I am accompanied by Tony Corcoran our Senior Manager Care Coordination and Support Services and Bella Labastida who is our Elder Care Support Program Coordinator.

Established more than fifty years ago, Congress is a large Aboriginal Community Controlled Health Service delivering comprehensive primary health care to more than 17,000 people living across the Central Australia.

Through our aged care, allied health and Elder Care Connect programs, we support older Aboriginal people to remain living safely, independently and with dignity in their homes and communities, with their family and kin.

Many older Aboriginal people we work with do not want to go residential aged care unless *absolutely* necessary.

However, there are challenges within the current aged care system.

We are particularly concerned that aspects of the Support at Home Program limit their ability to access the timely, affordable and culturally responsive support they need to be healthy and live independently at home.

One of the most significant issues is delays in assessment and approvals to access to services.

Across Central Australia, we have found that older Aboriginal people can wait up to roughly 8 weeks for their assessments and then face a waiting period of up to 12 months before their support is actually approved and provided.

During this waiting period they often end up requiring residential aged care or hospital admission as their health declines before appropriate support is available.

These delays are particularly concerning in Central Australia where residential aged care is constantly at capacity with a long waiting list.

As a result, older people can remain in hospital for long periods while waiting for a place at a residential care facility.

This then contributes to bed blocks in the one hospital in Central Australia, making it a pseudo aged care facility.

Congress is also troubled about assessments being conducted by assessors who are not based in Central Australia and have no understanding of our communities' cultural contexts and service availability.

Along with language barriers, these assessments occur through highly structured assessment tools that do not capture a person's real circumstances.

Additionally, assessors often use an AI computer scoring system to decide what services are needed which is deeply disappointing.

Our staff have to sit in these assessments to advocate for our clients' needs and keep the assessors accountable.

Without local knowledge, culturally safe support and trusted relationships, our clients' service needs can easily be missed.

Human judgement and local knowledge *cannot* be replaced by computer-generated scoring systems.

The proposed co-contribution arrangements – under Support at Home – are another area of significant concern.

Many older Aboriginal people in Central Australia live on fixed and limited incomes.

Even small increases in service fees can create financial hardship.

Our staff have already observed clients withdrawing from services or cancelling support after receiving bills.

A system intended to support independent living should not create financial barriers that discourage people from accessing care.

Lastly, Congress wishes to highlight several operational issues that affect service delivery in remote and regional areas.

Current referral processes are often complex and inefficient.

Referrals are regularly directed to providers outside our service catchment area. It is then nearly impossible to fix this error.

To reject an accidental accepted referral requires client consent on the phone with My Aged Care which – as you can imagine – is difficult when clients have very limited phone access, poor reception or not in the same geographical area.

These administrative requirements create unnecessary service delays and additional workload for our staff.

Accessing My Aged Care identification can delay billing and service delivery.

With the absence of emergency CHSP funding pathways for allied health services means some older people cannot receive urgent support when it is most needed.

We respectfully urge the committee to consider providing Elder Care Support Program with emergency funding codes for allied health, which can be used in the interim while waiting for an assessment.

Reforms must be flexible enough to respond to local realities and ensure equitable access regardless of where a person lives.

Congress supports aged care reform that enables older Aboriginal people to live safely and independently at home.

This goal requires timely assessments, culturally safe services, affordable care and adequate investment in remote Aboriginal communities.

Thank you for your attention.

We welcome the opportunity to answer any questions the Committee may have.