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Australian
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Gerontology



ATSIAAG
Aboriginal and
Torres Strait Islander
Ageing Advisory Group

The new Aged Care Act & Aboriginal and Torres Strait Islander Care Organisations

Preparations and considerations of Aboriginal and Torres Strait Islander Community Controlled Organisations

2025



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Acknowledgement of Country

AAG acknowledges Traditional Owners of Country throughout Australia and recognises the continuing connection to lands, waters and communities. We pay our respect to Aboriginal and Torres Strait Islander cultures, to Elders past and present, and to all Aboriginal and Torres Strait Islander peoples, including members of the Stolen Generations.

For further information, see the AAG [Aboriginal and Torres Strait Islander Ageing Advisory Group](#).

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Contributors

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The new Aged Care Act & Aboriginal and Torres Strait Islander Care Organisations: Preparations and considerations of Aboriginal and Torres Strait Islander Community Controlled Organisations

Background

This paper is based on consultations with members of the Australian Association of Gerontology (AAG) and AAG's Aboriginal and Torres Strait Islander Ageing Advisory Group (ATSIAAG), who are either providers or advocates working with Aboriginal and Torres Strait Islander Community Controlled Organisations (ACCOs). In May 2025, AAG reached out to members and held an online drop-in session to gauge their sense of readiness and steps being taken to prepare for the incoming new Aged Care Act 2024 (at the time scheduled to take effect from 1 July 2025).

Since the postponement of the new Aged Care Act until 1 November 2025, AAG ATSIAAG members have voiced their support for the delayed implementation. Further follow-up with AAG ATSIAAG members has been incorporated into this paper, along with additional details in response to preliminary feedback from the Department of Health, Disability and Ageing on the draft paper.

The questions put to AAG ATSIAAG members, who are either providers or advocates working with ACCOs, were as follows:

In preparation for the new Aged Care Act:

1. Are you feeling ready?
2. What advice would you give a similar organisation thinking of becoming an aged care provider under the new Aged Care Act?
3. What key steps are you taking to get ready?
4. What do you need to know, and what would help to get ready?

These questions structure the basis of this paper, along with a summary of these discussions and contextual findings within the existing literature, including the Interim First Nations Aged Care Commissioner Report (IFNACC) (2024), the Office of the Inspector-General of Aged Care Progress Reports on the implementation of the Recommendations of the Royal Commission into Aged Care Quality and Safety (2024, 2025), and wider consultations with AAG members.



Snapshot of findings

- There is a significant amount of overlap and consistency in the feedback from AAG ATSIAAG members, as documented in the IFNACC Report (2024) and as determined through Interim First Nations Aged Care Commissioner Andrea Kelly's national consultations.
- AAG ATSIAAG members working in ACCOs are too understaffed and under-resourced to meaningfully contribute to consultations and/or review all the proposed incoming changes.
- There is concern that feedback from the ACCO sector is either not being implemented or, if being implemented, not clearly communicated back to communities.
- Though there is a growing number of online resources specific to the aged care reform agenda as it impacts Aboriginal and Torres Strait Islander aged care services, this may not be an effective communication strategy, as it relies on individuals having the time, resources, and skills to access this information.
- Concerns the arrangements under the new Aged Care Act are mainstreaming aged care and undermining the ACCO structure.
- Concerns that plans for individual age care funding packages with strict spending categories will deepen existing inequalities.
- Sector representatives consistently report continued preference for funding arrangements as introduced during the COVID-19 response.
- Concerns about the capacity and preparedness of the wider aged care sector (including ACCOs, mainstream providers, aged care assessors, and Services Australia) for significant increases in the number and needs of older Aboriginal and Torres Strait Islander people.

Questions posed and responses from AAG ATSIAAG members

1. Are you feeling ready?

Overall, AAG ATSIAAG members feel overwhelmed with consultations, remain unable to access information, and do not feel heard.

Members who are also ACCO providers describe frantically trying to find and digest all released information, attend consultations and give feedback on matters when requested by the Department, all the while doing the care work that is their primary function. This has caused significant frustration. As one senior manager at a larger ACCO aged care provider told us:

"I get invited to thousands of consultations without there being much point to them; there's never any options from the various people who want our input for supporting the staff time off that is needed to go to the consultations or review all the materials and learn about the changes."

Additionally, one AAG ATSIAAG member/ACCO provider working in a rural setting told us that, beyond the issues of time and staff coverage, they struggle to be involved in consultations because they cannot take the time to travel to major towns and cities in person, and their online connectivity is patchy. Several AAG ATSIAAG members have also



been impacted by natural disasters, including fires, heavy rain, flooding, and cyclones, causing damage to their facilities. The resulting limited access to telecommunications means that even with the provision of online forums and the Department website materials available, extrinsic barriers to participating, such as natural disasters, continue to exacerbate intrinsic factors, such as the level of comprehension needed to understand all that is being introduced.

As described by a smaller ACCO aged care provider worried about the impending changes as a smaller organisation:

"...for those big providers with legal and policy teams going through this Act and other materials, they'll be fine. It's all the rest of us small providers who are going to be stuffed over because we don't have time to do our jobs, let alone all the other stuff."

These findings echo those presented in the IFNACC Report 2024 (see p.37), where it was reported that the consultations were too rushed; there was a lack of feedback to participants; and discussions seemed fixated on small technical issues rather than the real challenges faced by older Aboriginal and Torres Strait Islander people, ACCOs, and their families.

2. What advice would you give a similar organisation thinking of becoming an aged care provider under the new Aged Care Act?

The issue of sustainability as an aged care provider is a concern for many ACCOs. This concern is largely attributed to difficulties regarding funding, staffing, and accreditation arrangements. While no one had explicit advice to ACCOs considering becoming aged care providers, AAG ATSIAG members offered examples of some of the existing challenges for ACCOs already providing services.

Specifically, current funding arrangements are not meeting the real costs of supporting older Aboriginal and Torres Strait Islander people, with additional funding sources needing to be sourced. This includes the hidden costs of aged care related to client management, the IT and administrative systems required to be an aged care provider, and the level of professional support.

One service provider manager within an incorporated body of various ACCOs stated that without the administrative support of their overarching body, they would not be able to be an aged care provider under the new or old Act. It is only through the overarching body providing their small organisation with Human Resources, IT and additional financial support to cover funding shortfalls that they can provide services to their community. Further, a manager of a small service provider said that they were put into a financially precarious position by the fee-for-service model as a subcontractor for a larger organisation. Delays between lodging invoices and these invoices being paid by the larger provider added to the strain, making it difficult to operate and provide necessary supports when and where needed.

3. What key steps are you taking to get ready?

Staffing shortfalls pose ongoing issues for many organisations. Some non-metro providers said they are considering advertising for 'work from home' type arrangements to fill professional assistance roles with staff who are not available in their region. However, other organisations feel it is not acceptable for them to enter this kind of arrangement due to the



amount of culturally sensitive information that cannot be handed to a remote worker who's not integrated into the community.

4. What do you need to know, and what would help to get ready?

Advocates and staff told us they want clear guidance on their day-to-day tasks. Specifically, easy to find and simple communications related to who is responsible for each stage of the care journey, and assurance that Aboriginal and Torres Strait Islander older people are assessed by Aboriginal and Torres Strait Islander assessment organisations and assessors.

There is also a need for more detailed information on what high-quality care includes and what the pathways are to get there. In particular, how and what is expected in the provision of high-quality care for older Aboriginal and Torres Strait Islander people in terms of their right to culturally safe, trauma-aware, and healing-informed care. There is disappointment that the definition of cultural safety has not featured more prominently in the legislation to help guide providers and service users beyond the explanatory memorandum. This disappointment is echoed in the IFNACC Report (2024, p. 33) findings that:

"[t]he department engaged [the National Aboriginal and Torres Strait Islander Ageing and Aged Care Council] NATSIAACC in February 2023 to develop a definition of cultural safety in the context of Aboriginal and Torres Strait Islander ageing and aged care, as well as provide advice to the Government on the development of cultural safety frameworks. This is something that was positively received by people I met with, so it is disappointing that this was not included in the new Aged Care Bill. I will continue to work with NATSIAACC and the department to progress this."

AAG ATSIAG members also noted that at the time of consultation, the work they have contributed to in developing the Aged Care Diversity Framework and Action Plans appears to be set aside and not embedded in the new Aged Care Act.

Clarity around operating under the new Aged Care Act

Following the delay of the new Aged Care Act's implementation, release of the rules, and follow up consultations, AAG ATSIAG members continue to raise concerns about the content and application of the rules and funding streams.

Overall, AAG ATSIAG members gave us feedback across the months of our consultations that they are concerned by the lack of discernible information on what entitlements are available to whom, the uncertainty about who is responsible for aspects of managing and accessing care, and the fast approach of the introduction of new system requirements.

The concern for a lack of specific guidance is echoed in the Inspector-General of Aged Care Report (2024, p.51)

"[t]he Office was told that communication activities have tended to be piecemeal and sporadic, and have not conveyed a sense of strategic direction underlying First Nations reforms. This was supported in the roundtable discussions, where stakeholders said that while a range of reforms have been initiated, there is a lack of cohesion among activities, their rollout and associated funding."

Advocates that we consulted with want better, more specific advice for their clients, whose particular needs appear misunderstood in the new Aged Care Act. For example, items such



as white goods and refrigerators are not included in the funding rules. While these items were historically not fundable items under aged care provisions, they are vitally important for medication and food storage, and pivotal to health and wellbeing for people living in regional and remote locations and under harsh weather conditions. ACCOs have typically found ways to fund and source these items where possible, usually under block funding arrangements. How they will continue to do so is uncertain under the new Act and new funding arrangements. This important issue was specifically detailed in the IFNACC report (2024, p.46):

“...highlighted further in many of the submissions I received, was home care packages excluding the purchase of essential whitegoods. In remote communities, many older Aboriginal and Torres Strait Islander people do not have a refrigerator or washing machine. This impacts their ability to suitably store medication, secure food and have clean clothes.”

Similarly, AAG ATSIAAG members advise that this also applies to accessing air conditioning or heating systems and is a severe concern. However, the guidelines around the coverage of white goods, including the cost of purchasing and operating heating and cooling systems, are unclear.

As one member told us, there are older Aboriginal and Torres Strait Islander people whose housing precarity means they will never access the home modifications scheme funding they're entitled to and will also miss out on white goods and other types of supports that are not covered by the existing expenditure rules. As a result, the structure of the funding is seen as magnifying disadvantage in already marginalised groups of older people.

Identifying who is responsible along the care journey

Consultations with AAG ATSIAAG members suggest that not all details are known about which government agencies are overseeing specific decisions regarding aged care. It is established that there are high levels of distrust of government and mainstream agencies amongst older Aboriginal and Torres Strait Islander people. This makes it imperative that when older Aboriginal and Torres Strait Islander people come into contact with these agencies and representatives they are treated respectfully, given accurate information in a manner that is comprehensible and can access advocacy supports when needed. Without this, older Aboriginal and Torres Strait Islander people are subject to a system in which they experience little clarity and accountability.

AAG ATSIAAG members have consistently told us that co-contributions are a major concern to ACCOs and older Aboriginal and Torres Strait Islander people. This concern is because introducing the co-contributions brings a risk that older Aboriginal and Torres Strait Islander people will forego aged care services or opt out of the aged care system entirely. Many members we spoke with raised that if the hardship assessment is connected to Services Australia and therefore linked to Centrelink payments, then older Aboriginal and Torres Strait Islander people may withdraw from the system entirely due to concerns about losing existing entitlements or enduring culturally unsafe treatment at the hands of Centrelink representatives.

AAG ATSIAAG members/service providers we work with also raised questions about who is expected to apply on behalf of the older person for this exemption, and what allowances or supports will be available for providers who will likely spend considerable time on this



process. This is an example of how the lack of accessible detail is preventing people from feeling informed and ready for the new age care changes.

Again, we note the advice of the IFNACC report, which advocates for “the Government to develop community facing materials to assist older Aboriginal and Torres Strait Islander people [in] understand[ing] the aged care pathway” (2024, p.31). Appropriate communication and engagement remain imperative to help overcome the distrust of government authorities that many Aboriginal and Torres Strait Islander people have developed over the years. Despite online resources being available, AAG ATSIAAG members frequently express the importance of in-person communication and service access points.

Single aged care assessment framework

There is also some uncertainty around the single aged care assessment framework, with advocates and providers seeking access to information about the framework trials. Members we spoke to had questions about the decisions on what measures were included and why, as well as the rates of rejection and appeals for older Aboriginal and Torres Strait Islander people based on the trials of the single assessment framework. AAG notes that according to the Integrated Assessment Tool (IAT) Live Trial Final Report (2023, p.8):

“[t]he proportions of assessments completed with CALD and First Nations older people were below target, as were the proportion of ACAT assessments completed in a hospital setting.”

This is concerning since this trial data “is now an asset held by the department to be used to support future aged care policy development” (p.10), with the main reason for underrepresentation listed as “likely driven by the availability and willingness to complete the IAT for selected participants as represented in the feedback provided by assessors” (pp. 10-11). What is not accounted for in the IAT Live Trial Final Report, but [raised consistently by AAG members](#), are the cultural competencies of assessors approaching older people. Rather, the Report suggests that the underrepresented populations themselves are the reason for this target not being met. This reinforces concerns of Aboriginal and Torres Strait Islander communities that the responsibility for disengagement with the assessment system sits with the older person and their community, and not the cultural competency of assessment organisations and other bodies.

Culturally appropriate assessments

AAG ATSIAAG members have been eager to receive information and resources on the Aboriginal and Torres Strait Islander aged care assessment organisations and are keen to learn where these organisations will be based and when they will begin their work. However, concerns remain about the cultural appropriateness of aged care assessments.

For example, members asked us whether assessments will be done in person and occur over repeated visits? AAG ATSIAAG members advised us that many older Aboriginal and Torres Strait Islander people will not readily disclose the full extent of their impairments or areas of need and are especially less likely to do so when meeting someone new. Culturally appropriate assessment strategies must include the flexibility and time to visit, observe, and at times investigate individual capabilities and the eligible supports needed by an older person.



Elder Care Support program

We are pleased to note that the Elder Care Support program is developing quickly according to the [list published](#) on the Department of Health, Disability and Ageing website. Feedback from AAG ATSIAG members suggests that where there is access to Elder Care Support workers, these are a helpful addition to navigating the service system.

However, others want a timeline for when they can access the Elder Care Support program and confirmation on whether the program will be integrated nationally. For example, there remain some concern that older Aboriginal and Torres Strait Islander people who travel interstate to see family, or return to Country, will not be supported wherever they are located, and this may detrimentally interact with aspects of the new Aged Care system implemented through Services Australia. This is consistent with feedback included in the Inspector-General of Aged Care Report (2024, p.51), where those consulted:

“... called for more active promotion of the program and for clearer guidelines for the program and greater coordination ‘on the ground’ among those also offering navigational support, such as care finders and Services Australia’s ACSOs.”

Feedback from the AAG ATSIAG members we spoke with aligns with the observations made by both the Inspector-General of Aged Care and the Interim First Nations Aged Care Commissioner regarding the development of the new Aged Care Act and broader system reforms. A recurring concern among members is a sense of frustration that their input is not reaching the decision-makers responsible for designing the new system. This raises questions about the effectiveness of current consultation mechanisms.

Some members have expressed concern that while their feedback may be acknowledged, it is not being meaningfully prioritised in the reform process. Others have noted that, in certain instances, their contributions appear to have been incorporated into the design, which is encouraging. However, even in these cases, there is a lack of clear communication back to ACCOs and older Aboriginal and Torres Strait Islander people about how their feedback has influenced the reforms. This gap in communication undermines trust and transparency while highlighting the need for more responsive and accountable engagement processes.

Funding flexible services

Consistently, AAG ATSIAG members from ACCO aged care providers call for a return to the funding model implemented during the COVID-19 pandemic. This is echoed in the IFNACC report, where the Commissioner writes that:

“Flexibility in program funding improves providers’ ability to meet changing needs within existing funding envelopes. This was demonstrated during the COVID-19 pandemic response when CHSP rules were loosened. The resulting flexibility supported improved localised care, reflecting individual need. I was told since the return to tighter funding to post-COVID arrangements, there is no flexibility to meet individual or community needs.” (2024, p.37)

During the pandemic response, a provider could move all their funding across their different service types under an umbrella approval through the Community Grants Hub instead of having to submit individual variations. This funding flexibility meant services were more



responsive to the changing needs of service users, leading to greater ability to tailor services for the same funding while also relieving the time and administrative duties required of staff.

This feedback consolidates what our members have communicated consistently and aligns with the wider ACCO and Aboriginal and Torres Strait Islander aged care sector consulted by the IFNACC. This consistency and shared dissatisfaction suggest there is a disconnect between the needs and priorities of ACCO aged care providers and the current processes and objectives for designing the new Aged Care Act and system.

Mainstreaming of Aboriginal and Torres Strait Islander aged care

It is highly commendable that the new Aged Care Act foregrounds a human rights approach but sadly the Act has not incorporated the rights of Aboriginal and Torres Strait Islander peoples as Indigenous Peoples. The absence of connection to the UN Declaration on the Rights of Indigenous Peoples in the new Aged Care Act architecture makes this clear. What results is a system which identifies human rights in a universal sense, without acknowledging the politically and culturally unique place of older Aboriginal and Torres Strait Islander people.

Individual packages and care models have strengths such as allowing older people to move between providers when they choose, but there are consequences arising from individualisation which impact Aboriginal and Torres Strait Islander communities and ACCOs. The feedback we received from members highlights that while ‘choice’ is promised interactions within the mainstream aged care system often discourage them from accessing the services they are entitled to and thereby do not provide the freedom to change providers that is envisioned in the aged care architecture. This is similar to the IFNACC report finding that:

“I listened to stories of older Aboriginal and Torres Strait Islander people not being valued or respected across the system, including by assessors and the [Aged Care Quality and Safety Commission] ACQSC. I heard consistently that the lack of cultural safety is the primary deterrent for older Aboriginal and Torres Strait Islander people not accessing aged care.” (2024, p.32)

AAG ATSIAG members shared concerns that the Aboriginal and Torres Strait Islander assessor organisations are not ACCOs and thus not accountable to specific communities like ACCOs are through their governance structures. This is one of the key strengths of ACCOs as a model for care provision. Communities have a say in the direction and conduct of the organisation through boards and staff. A robust ACCO aged care sector is required to ensure that older Aboriginal and Torres Strait Islander people can receive culturally safe aged care no matter where they reside. Building up a network of ACCOs who can undertake assessments, provide services and advocate for older people should be the priority for designing aged care services to older Aboriginal and Torres Strait Islander people.

Moreover, it would be beneficial if the ACCOs were all connected within the Elder Care Support workforce and to the First Nations Aged Care Commissioner role so that the ACCO sector had more resources at its disposal for upskilling and linking in with aged care programs.



What happens when there is no local ACCO to provide aged care, including residential aged care?

As detailed in the IFNACC report, “there is a lack of ACCOs delivering aged care, with uneven geographical coverage. Consideration should be given to how older Aboriginal and Torres Strait Islander people, who do not have access to an ACCO, could access the same services” (2024, p.41). Consequently, AAG ATSIAG members see no real ‘right’ to aged care for older Aboriginal and Torres Strait Islander people under the new Aged Care Act and related aged care system reforms. This is especially true for those who wish to live their later years on Country or Island Home.

Currently, the priority is to assess and register older Aboriginal and Torres Strait Islander people, while the reality of aged care provision beyond assessment seems to be “a door to nothing” (as expressed by one small ACCO working in a remote community). That is, while people can register for an assessment, there is no guarantee they will receive the eligible services, and for many who can access services, there is no guarantee that there will be a culturally safe and fully equipped provider available to them.

This leads to the question of what incentives and measures there will be for existing mainstream providers to upskill and undertake outreach into marginalised and highly complex populations of older people, such as older Aboriginal and Torres Strait Islander people. We know that the Inspector-General’s Progress Report observed that:

“[w]hile training in each is being delivered, there are currently no requirements for mandatory provision, although the Department has advised that the strengthened Aged Care Quality Standards (quality standards) will include requirements for providers to provide workers with training and supervision to support their role” (2024 Progress Report by the Office of the Inspector-General of Aged Care, p.39, cited in IFNACC report 2024, p.35).

To fill existing and impending future gaps, AAG ATSIAG members suggested to us that quality training needs to be mandated and rolled out as a matter of urgency for all people working in aged care.

It was highlighted by one AAG ATSIAG member that it remains unclear whether mainstream aged care services will have an impetus to become culturally safe service providers to Aboriginal and Torres Strait Islander people through practices such as increasing the number of Aboriginal and Torres Strait Islander workers they employ, as well as upskilling existing staff to ensure that they are culturally safe.

The cultural competency of mainstream aged care provider organisations could have been bolstered through the new Aged Care Act, but as recently described by the Aged Care Inspector-General:

“The Royal Commission called for mandatory training in culturally sensitive, trauma-informed care. This should have been included in the Act: a requirement for ‘regular competency-based training’ in the Quality Standards is not the equivalent. The department should participate in genuine co-design with people from diverse backgrounds to support the development of care models and environments that cater for a true breadth of needs.” (2025 Progress Report by the Office of the Inspector-General of Aged Care, pp.44-45).



Thus, while there is a requirement for broader training, there is no mandatory cultural competency training for mainstream organisations providing care to older Aboriginal and Torres Strait Islander people utilising their services.

Another way to contribute to the growth of the ACCO sector in aged care, beyond encouraging ACCOs to become aged care providers themselves, is by partnering with ACCOs who are registered training organisations and engaging them in delivering cultural competency training and auditing of mainstream providers.

A similar conclusion was reached in the Inspector-General's 2025 Progress Report whereby the:

... Inspector-General believes that co-designing an Aboriginal and Torres Strait Islander aged care system in partnership with ACCOs and communities outside of their integration into the mainstream system maximises the potential for older Aboriginal and Torres Strait Islander people to access aged care at a rate commensurate with their assessed needs. Genuine co-design is required by the National Agreement on Closing the Gap, to which all governments are signatories. Genuine co-design means that the government's engagement with ACCOs is not predicated on a predetermined outcome and must start with open questions. (2025 Progress Report by the Office of the Inspector-General of Aged Care, p. 46)

This means that while the reforms have sought to position the strengthened quality and safety standards as a means to provide culturally safe, trauma aware and healing informed care to older Aboriginal and Torres Strait Islander people, it falls short of the government commitments to partnership outlined under the Closing the Gap National Agreement.

The First Nations Aged Care Commissioner Role

AAG ATSIAAG members we spoke with appreciate the outstanding work of Interim First Nations Aged Care Commissioner (IFNACC), Andrea Kelly, connecting with people, sharing information, and being available to organisations and communities. What is unknown is whether this role would continue, and if so, whether Commissioner Kelly would maintain the position. AAG ATSIAAG members desire clarity on whether the IFNACC will be made permanent, and what authority/capacity the Office has in the overall system governance.

There is also support among AAG ATSIAAG members for IFNACC's proposed "10-year transformation plan." Such a plan:

"is needed to articulate the aspirations of older Aboriginal and Torres Strait Islander people, with a clear vision for what transformation looks like, and a strategy to achieve that vision. This plan should contain a real dollar investment, as well as underpinning data to inform decision-making and accountability for delivery" (IFNACC, 2024, p.16).

AAG ATSIAAG members we spoke with agreed with this position and the priority reform areas, including ensuring the aged care system enhances and does not erode the ACCO structure - an irreplaceable asset built by communities around the continent over decades to be supported and replicated rather than brought into conformity with mainstream models.

Data collection and storage: sovereignty, privacy and policy



AAG ATSIAG members we spoke with welcome the news that a data collection strategy is in development for the Aboriginal and Torres Strait Islander Aged Care Framework, and express a preference for this data to be linked to the Closing the Gap strategy, with Closing the Gap targets specific to aged care. Aged care data should also be integrated into other relevant policy, including the new Aboriginal and Torres Strait Islander Elder Abuse Prevention Strategy.

However, AAG ATSIAG members expressed uncertainty about recent changes to aged care data collection and whether these changes align with Aboriginal and Torres Strait Islander data sovereignty principles. There is concern that decisions about the care needs of older Aboriginal and Torres Strait Islander people will rely heavily on mainstream system data or processes that do not reflect the Framework for Governance of Indigenous Data (Commonwealth of Australia, 2024). Specifically, members we talked with highlighted that aged care data collection that is relevant to them includes the importance of accessing specific information, such as clients' Tribal, Nation and Language Group affiliations, proximity to the nearest ACCO aged care provider, Stolen Generations survivor status, and family support systems.

In addition, while aged care data should be accessible by local providers seeking to improve their services, there are fears about identifiability given the small number of older Aboriginal and Torres Strait Islander people and providers in many areas of Australia. Moreover, members talked about the hesitation when it comes to sharing information with Services Australia, including fear of reprisal or unintended consequences (such as losing forms of entitlements due to the interaction of system assessments like reparations scheme payments, and temporary living arrangements), or experiencing racism and trauma when engaging with government representatives and online systems.

Further recommendations from AAG ATSIAG members

In August 2025, AAG held a Yarn Up with members to discuss an initial draft of this paper. AAG ATSIAG members welcomed this feedback and the opportunity to re-engage on this topic. While the Inspector-General of Aged Care recommends that the Commonwealth “consult more broadly and more frequently with First Nations elders, advocates and providers to support the transition to a new aged care system” (2024, p. 51), AAG ATSIAG members voice a continued desire for more opportunities to come together in person and learn about the changes and what this means for older Aboriginal and Torres Strait Islander peoples.

Members at the Yarn Up emphasised that the priority for Aboriginal and Torres Strait Islander aged care services should be integration of care, not individualisation of care. That is, rather than individual packages with specific service allocations to predetermined funding categories, many older Aboriginal and Torres Strait Islander people would benefit from an aged care system that prioritises community self-reliance and sustainability.

In this Yarn Up an urgent concern was also shared regarding the new system of individualised meal delivery. Specifically, that older Aboriginal and Torres Strait Islander people are not getting enough food, and communities are being deskilled by programs that deliver ready-made meals. One AAG ATISAAG member talked of how they cared for a local Elder by taking him out on Country to sit near a fire, hunt and cook food together, and share stories, as an example of culturally safe quality aged care. On the contrary, meal delivery



services keep people in their houses, use pre-made food, and rely on utilities and white goods that may not be available. Not only is there a risk that people won't get adequate dietary intake, but consuming premade meals may also impact older Aboriginal and Torres Strait Islander people who lose the ability to cook for themselves, while packaging waste accumulates in remote areas where disposal options are limited. A preference for building community resources through communal cooking activities is the preferred method of nutrition and dietary support that may also contribute to social engagement, local skills development, and community autonomy.

In addition, it was suggested at the Yarn Up that programs to support small-scale farms and bulk delivery of fresh produce, to be cooked and stored at a central location on Country, are empowering communities and allowing opportunity for older Aboriginal and Torres Strait Islander people to pass on their knowledge to younger generations. Likewise, training and recognising local younger people as caregivers is an opportunity to support those already looking after older Aboriginal and Torres Strait Islander people, rather than relying on outside workers being brought into remote areas. These are the kinds of changes and opportunities that are being lost in the design of an aged care system which envisions quality culturally safe aged care as the product of predetermined services, while reducing the uniqueness of Aboriginal and Torres Strait Islander communities and cultures to a manner of service delivery.

Finally, we note that, at the time of writing, the National Aboriginal and Torres Strait Islander Ageing and Aged Care Advisory Council has released a position statement calling for co-design, cultural safety, dedicated funding, oversight, and workforce pathways tailored to Aboriginal and Torres Strait Islander communities (NATSIAACC, 2025). As an affiliate member of NATSIAACC, AAG takes seriously the urgency in this call and the increasing concern of stakeholders that the new Aged Care Act will not lead to the delivery of quality aged care to older Aboriginal and Torres Strait Islander people as was called for by the Royal Commission into Aged Care Quality and Safety.

Conclusion

The release of the final report of the Royal Commission into Aged Care Quality and Safety (2021) marked a moment of hope for transformative change. However, as the Commonwealth's aged care reform program has progressed, it has become increasingly evident that the specific needs of older Aboriginal and Torres Strait Islander people have not been adequately prioritised. This is particularly concerning given the clear guidance provided in Chapter 7 of the Royal Commission's final report.

Members have repeatedly emphasised the necessity of establishing a parallel aged care system for Aboriginal and Torres Strait Islander communities which is backed by block funding for ACCOs and designed around integrated, wraparound supports. Such a system must be responsive to the unique cultural, social, and historical contexts of older Aboriginal and Torres Strait Islander people, including members of the Stolen Generations.

This call for systemic reform has been echoed in the progress reports of both the Inspector-General of Aged Care and the Interim First Nations Aged Care Commissioner, who have advocated for a co-designed approach with Aboriginal and Torres Strait Islander communities. The consistent message from NATSIAACC and our members is clear: mainstream aged care models have failed to meet the needs of older Aboriginal and Torres



Strait Islander people, and efforts to mainstream their care are not only ineffective but fundamentally misaligned with community aspirations.

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