

National Aboriginal and Torres Strait Islander Ageing and Aged Care Council

Submission

**Feedback on Release 3 - Provider
Obligations under Chapter 3 of the new
Aged Care Act**

March 2025



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and Aged Care Council



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National Aboriginal and Torres Strait Islander Ageing and Aged Care Council

About

The National Aboriginal and Torres Strait Islander Ageing and Aged Care Council (**NATSIAACC**) is the national peak body for Aboriginal and Torres Strait Islander ageing and aged care. NATSIAACC works to ensure that Aboriginal and Torres Strait Islander Elders and Older Persons can access support and care that is culturally safe, trauma aware and healing-informed, and recognises the importance of their personal connections to community, Country and/or Island Home.

NATSIAACC is building a membership base of:

- Aboriginal and Torres Strait Islander community-controlled providers of ageing and aged care, and
- Entities with an interest in culturally appropriate ageing and aged care services.

NATSIAACC's founding Directors are all leaders in Aboriginal and Torres Strait Islander ageing and aged care provision.

Our Vision

All Aboriginal and Torres Strait Islander people are thriving, healthy, strong, with ongoing cultural connections in their older years.

Our Purpose

NATSIAACC supports Aboriginal and Torres Strait Islander older peoples, their families, and communities to identify, engage in, advocate for, and lead systemic reform to embed culturally safe practices across the aged care and ageing sector.

With thanks

NATSIAACC thanks its members, stakeholders and other peak bodies for their valuable contributions to this submission and for generously giving their time to support older Aboriginal and Torres Strait Islander people.



Funding

NATSIAACC is funded by the Commonwealth Department of Health and Aged Care (the Department). NATSIAACC has been in operation since 2022. In the context of the current aged care reforms and the need for extensive advocacy, input, and leadership in the sector, it will be necessary to provide additional funding to support NATSIAACC to provide the input and engagement required to ensure that the reforms deliver much needed support to Aboriginal and Torres Strait Islander Elders and Older Persons.

NATSIAACC Recommendations

Chapter 1: Aged Care Code of Conduct

Insertion of a new clause in The Code: The Code should be amended to explicitly state:

- “I must, where applicable, act in a culturally safe, trauma-aware, and healing-informed manner.”

Chapter 1: Aged Care Quality Standards

Insertion of a new clause in Standard 1: The Standard should be amended to explicitly state:

- “The provider must ensure that aged care services are delivered in a culturally safe manner for individuals with specific needs and diverse backgrounds, ensuring care is free from cultural bias and supports their cultural identity and connection to Country and/or Island Home.”
- “The provider must ensure that care is trauma-aware and healing-informed for individuals with specific needs and diverse backgrounds.”

Insertion of a new clause in Standard 2: The Standard should be amended to explicitly state:

- “Where relevant, providers must ensure complaints and feedback mechanisms are culturally appropriate and accessible for individuals with specific needs and diverse backgrounds, including the option to report concerns through trusted community representatives.”

Insertion of a new clause in Standard 3: The Standard should be amended to explicitly state:

- “Where relevant, providers must ensure that care and services are culturally safe, culturally appropriate, trauma-aware, and healing-informed for individuals with specific needs and diverse backgrounds.”



- “Where relevant, care planning can involve family, community representatives, and cultural leaders to support culturally appropriate decision-making.”

Insertion of a new clause in Standard 4: The Standard should be amended to explicitly state:

- “Where relevant, providers must ensure that aged care environments incorporate culturally appropriate spaces for Aboriginal and Torres Strait Islander Elders and Older Persons, including designated areas for cultural practices, yarning circles, and outdoor spaces that support connection to land and nature.”

Insertion of a new clause in Standard 5: The Standard should be amended to explicitly state:

- “Where relevant, providers must ensure that Aboriginal and Torres Strait Islander Elders and Older Persons have access to culturally safe clinical care, culturally appropriate palliative care that respects end-of-life traditions, and recognition of Indigenous approaches to health and wellbeing.”

Insertion of a new clause in Standard 6: The Standard should be amended to explicitly state:

- “Where relevant, providers must ensure that Aboriginal and Torres Strait Islander Elders and Older Persons have access to culturally appropriate food and nutrition, including meal options that reflect traditional foods, preparation methods, and communal dining practices.”

Insertion of a new clause in Standard 7: The Standard should be amended to explicitly state:

- “Where relevant, providers must ensure that Aboriginal and Torres Strait Islander Elders and Older Persons have access to culturally safe aged care environments and transition planning that respects the importance of connection to Country and/or Island Home and community.”

Chapter 1: Reportable Incidents

Psychological or emotional abuse (Section 16-5) (7)(8) should be expanded to include:

- “Psychological or emotional abuse includes any act that denies an individual’s cultural identity, including but not limited to preventing participation in cultural practices, restricting access to traditional healers, or limiting connection to Country and/or Island Home.”



Neglect (Section 16-10) (11) should be expanded to include:

- “Neglect includes failing to engage culturally appropriate care, denying an Elder or Older Person access to family or community supports, or failing to provide access to culturally safe aged care workers.”

Unexplained Absences (Section 16-5) (12) should be amended to require aged care providers to:

- “Before reporting an unexplained absence to police, the provider must consider whether the individual has cultural or spiritual reasons for leaving and engage a community liaison or cultural support worker.”

Chapter 1: Restrictive Practices

Seclusion (Section 17-5) (6) should be amended to explicitly state:

- “Before using seclusion, the provider must consider whether a culturally safe space, such as an outdoor area, yarning circle, or connection to Country or Island Home, would be a viable alternative.”

Chemical restraint (Section 17-5 (2) should be amended to explicitly state:

- “Chemical restraint must not be used to suppress cultural expressions, including but not limited to speaking language, engaging in ceremony, or expressing distress in culturally significant ways.”

Chapter 4: Conditions on Providers Registration

- Develop a practical definition of continuous improvement for all providers, especially smaller and community-led ones.
- Reduce administrative burdens on small and community-led providers by introducing more flexible compliance frameworks, simplifying regulatory compliance, and providing financial and IT support.
- Adopt a flexible and culturally appropriate approach to workforce retention and vaccination policies in First Nations aged care, considering unique workforce challenges in remote and community-led aged care services.
- Streamline the integration of various aged care programs, such as HCP, CHSP, and NATSIFACP, to make it easier for First Nations providers to navigate the system.



Chapter 5: Registered Provider, Responsible Person, and Aged Care Worker Obligations

- Timeframes for reporting obligations under Chapter 5, Part 2 be extended to allow greater flexibility for Aboriginal and Torres Strait Islander-led aged care providers.
- Chapter 5, Part 2, Section 166-520 (2)(b) be amended to provide a clear and operational definition of “reasonable grounds” for reporting incidents to police.
- The government should provide smaller providers with visual aids, plain-language executive summaries, and practical implementation guides to ensure they can effectively understand and comply with new regulatory obligations prior to the full implementation of the new Aged Care Act.

Executive Summary

The National Aboriginal and Torres Strait Islander Ageing and Aged Care Council (**NATSIAACC**) welcomes the opportunity to contribute to the Release 3 - Provider Obligations rules, set to come into effect July 2025. As the national peak body for Aboriginal and Torres Strait Islander ageing and aged care, NATSIAACC advocates for reforms that embed cultural safety, respect self-determination, and support community-led service delivery.

However, these reforms fail Aboriginal and Torres Strait Islander providers, Elders, and Older Persons. Despite the Government’s commitment to a human rights-based approach, the proposed Aged Care Rules lack enforceable cultural safety provisions, impose rigid compliance frameworks, and create barriers to workforce participation, all of which undermine the ability of First Nations providers to deliver culturally appropriate care.

The reporting obligations framework places excessive administrative burdens on smaller providers, diverting resources away from frontline care. Unrealistic compliance timeframes fail to acknowledge staffing shortages, remote service delivery challenges, and limited financial resources, making it significantly harder for First Nations-led providers to operate sustainably. Furthermore, the lack of clarity around Priority 1 reportable incidents, particularly “reasonable grounds” for police notification, risks over-reporting and unnecessary law enforcement involvement, further eroding trust between our communities Elders and Older Persons, their providers and the aged care system.

The potential misuse of restrictive practices, including chemical restraint and seclusion, remains a serious issue. The current framework does not protect against cultural misinterpretation, leaving our Elders and Older Persons at risk of being sedated or confined for engaging in cultural expressions such as ceremony, mourning practices, or speaking language. The failure to mandate culturally safe alternatives, such as yarning circles or access to Country and/or Island Home, demonstrates a disconnect between the reforms and the lived realities of Aboriginal and Torres Strait Islander Elders and Older Persons.



Additionally, the complexity of aged care legislation creates significant barriers to compliance for small and community-led providers. Members have expressed frustration over navigating dense legal documents, frequent policy updates, and unclear regulatory expectations. The Government must provide visual aids, plain-language summaries, and practical implementation guides to ensure smaller providers can comply with new obligations without being overwhelmed by unnecessary administrative strain.

Without structural reforms that remove barriers, enforce cultural safety, and empower Indigenous-led providers, these aged care rules will continue to fail Aboriginal and Torres Strait Islander Elders, Older Persons, and the services that support them. NATSIAACC calls for stronger protections, greater flexibility, and practical support to ensure First Nations communities receive the culturally safe and high-quality aged care they deserve.

Chapter 1: Aged Care Code of Conduct

The Aged Care Code of Conduct (The Code) is set to become a legislated framework that prescribes the conduct requirements for registered aged care providers, their workers, and responsible persons under the new Aged Care Act set to come into place on 1 July 2025.

As a key regulatory mechanism, the Code establishes the minimum behavioural expectations for those delivering aged care services. However, it may appear that the Code of Conduct was never designed with Aboriginal and Torres Strait Islander providers in mind.

This omission weakens the commitment of aged care providers to deliver culturally safe, trauma-aware, and healing-informed care, which is essential to the wellbeing of Aboriginal and Torres Strait Islander Elders and Older Persons. Subsequently, this omission weakens the protections that Aboriginal and Torres Strait Islander Elders and Older Persons deserve in order to age safely, peacefully, and on Country and/or Island home.

The Code prescribes broad principles such as dignity, respect, and fairness. While these principles are absolutely necessary, they remain without clear obligations to uphold cultural safety towards the Aboriginal and Torres Strait Islander community.

At present, cultural competence and responsiveness to historical trauma are implied rather than explicitly required, creating a regulatory gap that leads to inconsistent service delivery across providers. This is unacceptable, as it results in avoidable disparities in the quality of care provided to Aboriginal and Torres Strait Islander Elders and Older Persons.

Cultural safety is a fundamental determinant of service effectiveness and trust within Aboriginal and Torres Strait Islander aged care settings. However, there are no dedicated national initiatives that specifically address the aged care needs of Aboriginal and Torres Strait Islander Elders and Older Persons. The absence enforceable cultural safety provisions within



the Code of Conduct further exacerbates this gap, limiting providers' accountability to deliver aged care that respects Indigenous identities, traditions, and community connections. To ensure meaningful change, cultural safety must be embedded as a core requirement within the Code, rather than treated as an aspirational goal.

Without mandatory cultural safety requirements, there is no mechanism to ensure that Aboriginal and Torres Strait Islander Elders and Older Persons receive care that is not only physically adequate but also culturally appropriate and emotionally supportive.

This enhancement does not impose undue regulatory burdens; instead, it clarifies expectations and ensures that all aged care providers are held to the same high standards regarding cultural safety and responsiveness. Without this addition, the Code remains incomplete and fails to reflect the lived realities of Aboriginal and Torres Strait Islander Elders and Older Persons within the aged care system.

This addition ensures that cultural safety is not treated as a discretionary best practice but as a core regulatory expectation, enforceable under the same framework as existing conduct requirements.

By including this obligation explicitly, providers, workers, and responsible persons will be held accountable (where applicable) for actively integrating cultural safety into their service delivery models.

NATSIAACC recommends:

Insertion of a new clause in The Code: The Code should be amended to explicitly state:

- "I must, where applicable, act in a culturally safe, trauma-aware, and healing-informed manner."

Chapter 1: Aged Care Quality Standards

Standard 1: The Individual

The Aged Care Quality Standards establish the minimum requirements relating to the quality of funded aged care services delivered by a registered provider. Standard 1 mandates that aged care providers must prioritise the safety, health, wellbeing, and dignity of individuals by demonstrating an understanding of their identity, culture, ability, diversity, beliefs, and life experiences.

The standard also requires providers to support individuals in exercising dignity of risk, achieving their goals, and maintaining independence. However, this Standard fails to explicitly



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require culturally safe, trauma-aware, and healing-informed care for Aboriginal and Torres Strait Islander Elders and Older Persons.

If the individual is meant to be at the centre of Aged Care Quality Standard 1, there is a clear lack of protections for Aboriginal and Torres Strait Islander Elders and Older Persons in the new provider obligations.

While the Standard reference's identity and culture, it does not create a binding obligation on providers to ensure services are delivered in a culturally safe manner. This omission weakens protections for Aboriginal and Torres Strait Islander Elders and Older Persons, who continue to face systemic barriers to receiving care that is appropriate, culturally responsive, and respectful of their identity and lived experiences. Merely stating that providers should value culture is inadequate, there must be explicit, enforceable requirements for cultural safety to be embedded in all aspects of aged care service delivery.

Additionally, the Standard does not require trauma-aware or healing-informed care, despite the well-documented history of forced removals, institutionalisation, and discrimination that has profoundly impacted many Aboriginal and Torres Strait Islander Elders and Older Persons.

Intergenerational trauma must be acknowledged and addressed in aged care service provision to ensure that Aboriginal and Torres Strait Elders and Older Persons are not further harmed by practices that fail to consider their unique emotional, psychological, and spiritual needs.

The absence of this requirement leaves aged care providers without clear direction on whether they even need to accommodate and support Aboriginal and Torres Strait Islander Elders and Older Persons who may have experienced such intergenerational trauma.

Furthermore, the Standard does not recognise the fundamental importance of connection to Country and/or Island Home for Aboriginal and Torres Strait Islander Elders and Older Persons.

Health and wellbeing for many community Elders and Older Persons are intrinsically tied to their ability to remain on Country and/or Island Home, speak their language, and maintain kinship ties. However, there is no requirement for providers to facilitate culturally appropriate care options that allow Aboriginal and Torres Strait Islander Elders and Older Persons to age on Country and/or Island Home and within their communities.

Without explicit recognition of this need, Aboriginal and Torres Strait Islander Elders and Older Persons may be forcibly relocated away from their cultural and spiritual homes, resulting in poorer health outcomes, loss of cultural identity, and emotional distress.

This gap in protections runs counter to the principles outlined in the Closing the Gap initiative, which aims to ensure better aged care outcomes for Aboriginal and Torres Strait Islander Elders and Older Persons. The absence of enforceable cultural safety provisions within



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Standard 1 directly contradicts these national commitments and limits providers' ability to deliver aged care that respects First Nations identities, traditions, and community connections.

Without mandatory cultural safety requirements, there is no mechanism to ensure that Aboriginal and Torres Strait Islander Elders and Older Persons receive care that is not only physically adequate but also culturally appropriate and emotionally supportive.

The recommendations listed below ensure that cultural safety, trauma awareness, and connection to Country and/or Island Home are not optional considerations but mandatory requirements for all aged care providers delivering services to Aboriginal and Torres Strait Islander Elders and Older Persons.

By incorporating these provisions, aged care providers will be held accountable for delivering services that promote the holistic wellbeing of community Elders and Older Persons, ensuring aged care that is not only physically safe but culturally and emotionally supportive.

NATSIAACC recommends:

Insertion of a new clause in Standard 1: The Standard should be amended to explicitly state:

- As per article 7 of UNDRIP, "The provider must ensure that aged care services are delivered in a culturally safe manner for individuals with specific needs and diverse backgrounds, ensuring care is free from cultural bias and supports their cultural identity and connection to Country and/or Island Home."
- "The provider must ensure that care is trauma-aware and healing-informed for individuals with specific needs and diverse backgrounds."

Standard 2: The Organisation

Standard 2 establishes the governance, risk management, and accountability obligations of aged care providers, setting expectations for how organisations are structured, how they manage risk, and how they handle complaints. The intent of this Standard is to ensure that aged care organisations operate transparently, maintain a strong culture of quality and safety, and provide individuals with a clear pathway for voicing concerns.



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However, the Standard fails to explicitly recognise Indigenous governance models and culturally safe complaints processes, creating systemic barriers for Aboriginal and Torres Strait Islander-led aged care providers and the Elders and Older Persons they serve.

We recognise that these Standards are not designed exclusively for Aboriginal and Torres Strait Islander providers and must cater to the entire aged care provider network across Australia. However, this broad applicability should not come at the expense of acknowledging, supporting, and embedding the needs of First Nations providers, who play a vital role in delivering aged care services that are culturally safe, community-led, and responsive to the specific needs of Aboriginal and Torres Strait Islander Elders and Older Persons.

Ignoring these distinct governance models and cultural considerations undermines the ability of First Nations providers to meet compliance requirements while continuing to serve their communities in a way that aligns with cultural traditions and expectations.

Governance frameworks within the aged care sector are currently structured around Western models, with an emphasis on hierarchical leadership, standardised policies, and formal risk management structures. However, many Aboriginal and Torres Strait Islander-led aged care services operate under community-led decision-making models, where governance is deeply rooted in cultural protocols, kinship systems, and Indigenous leadership structures.

The failure to acknowledge these governance models within Standard 2 means that First Nations providers are expected to conform to a rigid compliance framework that does not necessarily reflect their operational realities. This creates barriers to registration, limits Indigenous provider participation, and ultimately reduces the availability of culturally safe aged care services.

Additionally, while the Standard mandates that providers support individuals to provide feedback and complaints without reprisal, it does not require culturally safe and accessible complaints-handling mechanisms.

Aboriginal and Torres Strait Islander Elders and Older Persons may be deterred from using standard complaints systems due to language barriers, past experiences of institutional racism, and a lack of trust in Western bureaucratic processes.

The absence of Indigenous-led complaints mechanisms, trusted community representatives, and alternative reporting pathways means that many Aboriginal and Torres Strait Islander Elders and Older Persons may be left without a safe way to raise concerns about their care.



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Without these necessary protections, Aboriginal and Torres Strait Islander Elders and Older Persons remain at risk of service failures, neglect, and systemic issues that go unreported due to inaccessible complaints processes.

The failure to acknowledge Indigenous governance models and culturally appropriate complaints handling contradicts the principles of self-determination and community control, which are fundamental to the rights of Aboriginal and Torres Strait Islander peoples in all policy and regulatory settings.

NATSIAACC believes that if the Standards are intended to foster a diverse, inclusive, and responsive aged care system, they must explicitly accommodate and support the governance and service models of First Nations-led aged care organisations, rather than forcing them into an inflexible regulatory framework that does not reflect their communities' needs.

The recommendation listed below will help ensure that Indigenous governance considerations and culturally safe complaints handling are not optional reflections but essential requirements under Standard 2.

By embedding this provision, aged care providers will be held accountable for fostering an environment where Aboriginal and Torres Strait Islander Elders and Older Persons feel safe, supported, and empowered to raise concerns through systems designed to be culturally appropriate and aligned with their lived realities.

These measures are critical to ensuring that Aboriginal and Torres Strait Islander Elders and Older Persons can voice concerns without fear of exclusion, dismissal, or misunderstanding, ultimately strengthening trust in the aged care system.

NATSIAACC recommends:

Insertion of a new clause in Standard 2: The Standard should be amended to explicitly state:

- “Where relevant, providers must ensure complaints and feedback mechanisms are culturally appropriate and accessible for individuals with specific needs and diverse backgrounds, including the option to report concerns through trusted community representatives.”



Standard 3: The Care and Services

Standard 3 sets out the requirements for planning, assessment, and delivery of aged care services to ensure they align with an individual's needs, goals, and preferences. While Section 5 of Standard 3 states that services must be delivered in a way that is culturally safe and culturally appropriate, the wording is too broad and lacks the necessary detail to ensure Aboriginal and Torres Strait Islander Elders and Older Persons receive care that aligns with their cultural identity, connection to Country and/or Island Home, and holistic wellbeing needs.

The Standard assumes that care planning is solely an individual decision, failing to account for the collective decision-making structures that are central to Aboriginal and Torres Strait Islander cultures.

In many cases, community Elders and Older Persons rely on family, cultural leaders, and community representatives to help determine their care needs. Without a formal requirement to involve these key figures, providers may develop care plans that do not reflect Aboriginal and Torres Strait Islander Elder and Older Person's cultural and community obligations, leading to disengagement, reluctance to accept care, and poorer health outcomes.

As previously noted in Standard 1, trauma-aware and healing-informed care must be a fundamental aspect of aged care services, particularly for Aboriginal and Torres Strait Islander Elders and Older Persons who have experienced intergenerational trauma due to past government policies.

However, Standard 3 does not require providers to understand or respond to the impacts of trauma in care delivery, leaving Aboriginal and Torres Strait Islander Elders and Older Persons at risk of receiving services that fail to acknowledge their lived experiences and cultural needs. This oversight contradicts broader government commitments to Closing the Gap and ensuring culturally safe service delivery across the aged care sector.



NATSIAACC recommends:

Insertion of a new clause in Standard 3: The Standard should be amended to explicitly state:

- “Where relevant, providers must ensure that care and services are culturally safe, culturally appropriate, trauma-aware, and healing-informed for individuals with specific needs and diverse backgrounds.”
- “Where relevant, care planning can involve family, community representatives, and cultural leaders, to support culturally appropriate decision-making.”

Standard 4: The Environment

Standard 4 outlines the requirements for ensuring that aged care environments are safe, clean, and comfortable, optimising an individual's sense of belonging, interaction, and function. However, the Standard fails to recognise the cultural needs of First Nations Elders and Older Persons in relation to their aged care environment, overlooking the significance of cultural identity, communal spaces, and connection to Country and/or Island Home in promoting wellbeing.

The current wording in Section 2 of Standard 4 requires providers to deliver services in a “*clean, safe, and comfortable environment*”, but it does not mandate, where relevant, the inclusion of culturally appropriate design principles, spaces for cultural practices, or outdoor areas connected to nature. This omission disregards the significance of cultural identity and communal spaces in fostering wellbeing for Aboriginal and Torres Strait Islander Elders and Older Persons.

While NATSIAACC strongly supports the inclusion of clinical safety and hygiene, both NATSIAACC and its members believe there must be additional protections in place specifically for the needs of First Nations Elders and Older Persons. Aged care facilities must go beyond clinical safety and hygiene to create environments that genuinely support cultural identity and emotional security. Aboriginal and Torres Strait Islander Elders and Older Persons should have access to yarning circles, communal spaces for storytelling and cultural activities, and outdoor areas that enable connection to land and nature. These elements are not optional amenities but essential components of culturally safe aged care.

Aboriginal and Torres Strait Islander Elders and Older Persons often experience dislocation and isolation in aged care settings, and without culturally responsive environments, they may struggle to engage with their surroundings or feel disconnected from their heritage.



Without these considerations, Aboriginal and Torres Strait Islander Elders and Older Persons will continue to receive aged care services in facilities that are physically adequate but culturally deficient. This contradicts broader commitments to Closing the Gap and ensuring that aged care services uphold the rights, dignity, and cultural identity of First Nations peoples.

NATSIAACC recommends:

Insertion of a new clause in Standard 4: The Standard should be amended to explicitly state:

- “Where relevant, providers must ensure that aged care environments incorporate culturally appropriate spaces for Aboriginal and Torres Strait Islander Elders and Older Persons, including designated areas for cultural practices, yarning circles, and outdoor spaces that support connection to land and nature.”

Standard 5: Clinical Care

Aged Care Quality Standard 5 sets out the minimum requirements for the delivery of safe, high-quality, and evidence-based clinical care in aged care settings. It outlines expectations around infection control, medication management, palliative care, and clinical governance.

However, similar to previous remarks, it appears these standards have been devised without the First Nations community in mind. Standard 5 fails to account for the distinct clinical and cultural care needs of Aboriginal and Torres Strait Islander Elders and Older Persons, limiting the effectiveness of aged care services and protections for First Nations communities.

The current provisions outlined in Standard 5 require providers to ensure that clinical care services are comprehensive and person-centred, yet they fail to acknowledge the significance of cultural safety in clinical governance, medical treatment, and palliative care for Aboriginal and Torres Strait Islander Elders and Older Persons. Clinical care for Aboriginal and Torres Strait Islander Elders and Older Persons must go beyond Western medical models to ensure that Elders can access culturally competent health professionals, Indigenous-led care initiatives, and end-of-life care that respects their cultural protocols and community connections.

Additionally, palliative care services under the current Standard 5 framework do not reflect the preferences of Aboriginal and Torres Strait Islander Elders and Older Persons, many of whom wish to pass on Country and/or Island Home or within their community, surrounded by family and cultural support systems.



The failure to incorporate these cultural considerations reinforces the systemic neglect of Indigenous ways of knowing and being within the aged care system.

To ensure that Aged Care Quality Standard 5 is inclusive, responsive, and aligned with creating a clinical care environment that meets the needs of the Aboriginal and Torres Strait Islander community, NATSIAACC recommends adding an explicit provision that mandates culturally safe clinical care and palliative care that upholds Indigenous customs and spiritual beliefs.

NATSIAACC recommends:

Insertion of a new clause in Standard 5: The Standard should be amended to explicitly state:

- “Where relevant, providers must ensure that Aboriginal and Torres Strait Islander Elders and Older Persons have access to culturally safe clinical care, culturally appropriate palliative care that respects end-of-life traditions, and recognition of Indigenous approaches to health and wellbeing.”

Standard 6: Food and Nutrition

Standard 6 establishes the requirement for aged care providers to deliver a quality meals and refreshments service that is nutritious, enjoyable, and meets the preferences of individuals. It also requires providers to ensure that individuals have choice and autonomy in their meals and dining experiences.

While these provisions are critical in supporting the overall health and wellbeing of residents, the Standard lacks specific recognition of the unique dietary and cultural needs of Aboriginal and Torres Strait Islander Elders and Older Persons.

Section 15-35 (2) of Standard 6 requires providers to assess the specific nutritional needs, abilities, and preferences of individuals. While this provision is broad enough to encompass cultural dietary considerations, it does not explicitly require providers to deliver culturally appropriate meals that reflect traditional food practices.

The inclusion of a clear requirement for culturally safe food options would ensure that Aboriginal and Torres Strait Islander Elders and Older Persons receive meals that align with their traditions, dietary customs, and personal preferences.

Additionally, Section 15-35 (3) mandates that meals be nutritionally adequate, appetising, and offer choice. However, it does not guarantee access to traditional foods, bush tucker, or culturally significant preparation methods.



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Many Aboriginal and Torres Strait Islander Elders and Older Persons maintain strong cultural ties to specific foods, including native meats, seafood, and plant-based bush foods, which are often absent from aged care menus. The lack of culturally familiar meals can contribute to reduced meal satisfaction, lower nutritional intake, and feelings of cultural disconnection.

The dining experience outlined in Section 15-35 (5) aims to support social engagement and quality of life, yet it does not specify that providers should accommodate culturally appropriate communal dining experiences also. Aboriginal and Torres Strait Islander communities place significant importance on shared meals as a means of social and cultural connection, and aged care facilities must be required to foster dining environments that support this practice.

To ensure that Standard 6 is culturally inclusive and responsive to the needs of First Nations Elders and Older Persons, the legislation must be amended to provide clear and enforceable requirements (where relevant) for culturally appropriate food and nutrition requirements.

NATSIAACC recommends:

Insertion of a new clause in Standard 6: The Standard should be amended to explicitly state:

- “Where relevant, providers must ensure that Aboriginal and Torres Strait Islander Elders and Older Persons have access to culturally appropriate food and nutrition, including meal options that reflect traditional foods, preparation methods, and communal dining practices.”

Standard 7: The Residential Community

Standard 7 outlines the expectations for aged care providers to ensure that residential care facilities foster a safe, welcoming, and engaging community for individuals. It requires providers to support daily living, social engagement, and smooth transitions between care settings.

While these provisions aim to enhance quality of life, the Standard fails to include specific requirements for culturally safe residential care settings that support the cultural, social, and spiritual wellbeing of Aboriginal and Torres Strait Islander Elders and Older Persons.

Section 15-40 (1) mandates that aged care services must optimise quality of life, promote the use of skills and strengths, and enable individuals to do the things they want to do.

However, it does not explicitly require providers to ensure that Aboriginal and Torres Strait Islander Elders and Older Persons have access to culturally safe communal spaces, storytelling



opportunities, and cultural programs. Without this recognition, First Nations Elders and older Persons may feel disconnected from their traditions, leading to social isolation and emotional distress.

Similarly, Section 15-40 (2) states that individuals should feel safe in their residential care home, but it does not specify how and if cultural safety should be integrated into that environment. Aboriginal and Torres Strait Islander Elders and Older Persons must feel culturally secure in their surroundings, with residential settings incorporating Indigenous artwork, languages, and design elements that reflect cultural identity. Aged care homes that fail to embed these considerations risk alienating First Nations Elders and Older Persons and diminishing their sense of belonging.

The transitions framework in Section 15-40 (3) ensures that individuals experience well-coordinated transitions into and out of care settings, yet it does not include provisions for Aboriginal and Torres Strait Islander Elders and Older Persons who may require cultural support networks during these transitions.

Many First Nations Elders and Older Persons may wish to return to Country and/or Island Home or remain close to community ties during end-of-life care, yet the current Standard does not mandate culturally responsive transition planning.

To ensure that Standard 7 is genuinely inclusive and responsive to the needs of Aboriginal and Torres Strait Islander Elders and Older Persons, explicit provisions must be made to require culturally safe residential environments and transition planning that respects cultural obligations and Country and/or Island Home-based care preferences.

NATSIAACC recommends:

Insertion of a new clause in Standard 7: The Standard should be amended to explicitly state:

- “Where relevant, providers must ensure that Aboriginal and Torres Strait Islander Elders and Older Persons have access to culturally safe aged care environments and transition planning that respects the importance of connection to Country and/or Island Home and community.”

Chapter 1: Reportable incidents

Like previous instances, it appears this section also neglects the unique experiences of Aboriginal and Torres Strait Islander Elders and Older Persons. The Reportable Incidents framework under Part 7, Division 1 of the new Aged Care Act provider obligations is designed



to establish clear guidelines for identifying, reporting, and addressing incidents of harm or neglect in aged care settings.

However, the current framework fails to reflect the cultural vulnerabilities and needs of First Nations Elders and Older Persons, particularly regarding cultural abuse, spiritual neglect, and misinterpretations of cultural practices.

Psychological or Emotional Abuse

Section 16-5 (7) (8) defines psychological or emotional abuse to include taunting, bullying, harassment, intimidation, threats, and humiliation. While these provisions cover general forms of mistreatment, they fail to acknowledge acts that deny an individual's cultural identity as a form of psychological harm.

Aboriginal and Torres Strait Islander Elders and Older Persons have experienced forced assimilation, institutionalisation, and systemic discrimination, making the denial of cultural practices, exclusion from cultural activities, and severing ties to Country and/or Island Home an especially harmful form of psychological abuse which goes against article 7 of UNDRIP.

Without explicit recognition of cultural abuse and spiritual neglect in the reportable incidents framework, providers may be encouraged to overlook culturally harmful practices and fail to protect Aboriginal and Torres Strait Islander Elders and Older Persons from systems that perpetuate cultural disconnection and distress.

NATSIAACC recommends:

Psychological or emotional abuse (Section 16-5) (7) (8) should be expanded to include:

- “Psychological or emotional abuse includes any act that denies an individual's cultural identity, including but not limited to preventing participation in cultural practices, restricting access to traditional healers, or limiting connection to Country and/or Island Home.”

Neglect

The definition of neglect under Section 16-10 (11) is focused on service failures that expose individuals to harm. However, it fails to account for the unique cultural obligations of providers delivering care to First Nations Elders and Older Persons.

For Aboriginal and Torres Strait Islander Elders and Older Persons, neglect is not limited to the failure to provide physical care, it includes the denial of culturally safe care, refusal to



facilitate access to community and kinship networks, and the absence of culturally competent aged care workers.

If aged care providers are not required to address these specific concerns, First Nations Elders and Older Persons risk being placed in aged care settings that meet clinical standards but fail to provide a culturally safe and emotionally supportive environment. This omission leaves Aboriginal and Torres Strait Islander Elders and Older Persons socially isolated, emotionally distressed, and further disconnected from their identity and heritage.

NATSIAACC recommends:

Neglect (Section 16-10) (11) should be expanded to include:

- “Neglect includes failing to engage culturally appropriate care, denying an Elder or Older Person access to family or community supports, or failing to provide access to culturally safe aged care workers.”

Unexplained Absences

Section 16-5 (12) requires aged care providers to report unexplained absences to police, yet this provision does not take into account cultural or spiritual reasons for leaving a facility.

Many Aboriginal and Torres Strait Islander Elders and Older Persons may leave an aged care home to reconnect with Country and/or Island Home, engage in cultural ceremonies, or visit community, actions that do not necessarily indicate risk or harm.

By failing to recognise these cultural obligations, the existing reporting requirements increase the likelihood of unnecessary police involvement, which can be distressing for First Nations Elders and Older Persons, particularly those who have had negative past experiences with law enforcement.

To avoid misinterpretation of cultural practices as risk indicators, aged care providers must be required to engage a cultural support worker or community liaison before escalating a missing person report to authorities.

These amendments will ensure that Aboriginal and Torres Strait Islander Elders and Older Persons are protected from cultural harm, neglect, and unnecessary intervention, while maintaining the integrity of reportable incident provisions within these new Aged Care Rules.



NATSIAACC recommends:

Unexplained Absences (Section 16-5) (12) should be amended to require aged care providers to:

- “Before reporting an unexplained absence to police, the provider must consider whether the individual has cultural or spiritual reasons for leaving and engage a community liaison or cultural support worker.”

Chapter 1: Restrictive Practices

The Restrictive Practices framework under Part 7, Division 2 of the new Aged Care Rules defines the use of chemical, environmental, mechanical, physical restraints, and seclusion as interventions to manage individuals’ behaviours.

However, similar to other areas of the new provider obligations, this section fails to recognise the distinct cultural considerations of Aboriginal and Torres Strait Islander Elders and Older Persons. Without specific safeguards, these restrictive practices risk being misused due to cultural misunderstandings, leading to unnecessary confinement, sedation, or loss of autonomy for First Nations people in aged care settings.

Seclusion

The legislation defines seclusion as the confinement of an individual in a room or physical space where voluntary exit is prevented, typically to control behaviour. However, there is no requirement to explore culturally safe alternatives before seclusion is applied.

Aboriginal and Torres Strait Islander Elders and Older Persons may express distress in culturally significant ways, such as seeking solitude on Country and/or Island Home, engaging in ceremony, or using traditional healing practices. Confinement in a clinical setting not only fails to address their needs but can also cause additional psychological distress by severing their cultural connection.

Aged care providers must consider culturally appropriate alternatives to seclusion, such as outdoor spaces, yarning circles, or areas designed to facilitate connection with Country and/or Island Home, before resorting to isolation-based interventions.



NATSIAACC recommends:

Seclusion (Section 17-5) (6) should be amended to explicitly state:

- “Before using seclusion, the provider must consider whether a culturally safe space, such as an outdoor area, yarning circle, or connection to Country and/or Island Home, would be a viable alternative.”

Chemical Restraints

Chemical restraint is defined as the use of medication to influence behaviour but excludes cases where medication is prescribed for mental disorders or physical conditions. However, there is no protection against the use of chemical restraints to suppress cultural expression.

Expressions of distress, grief, or frustration in First Nations cultures may be loud, physical, or deeply emotional, often involving song, dance, or ceremony. These should never be misinterpreted as 'challenging behaviours' warranting sedation. Without explicit protection in the legislation, First Nations Elders and Older Persons remain at risk of being over-medicated as a means of controlling culturally appropriate behaviours.

NATSIAACC understands that seclusion and chemical restraint may, in some circumstances, be required. However, we stress that these interventions must not be abused or misinterpreted when dealing with Aboriginal and Torres Strait Islander Elders and Older Persons, particularly when they are expressing themselves in a cultural context. It is essential that these practices are not applied in ways that diminish cultural identity or silence culturally significant forms of expression.

NATSIAACC strongly recommends the following amendments to ensure that restrictive practices are not used in ways that diminish cultural identity, sever connections to land and community, or silence culturally appropriate expressions of emotion. Implementing these protections is critical to ensuring the dignity, autonomy, and cultural safety of Aboriginal and Torres Strait Islander Elders and Older Persons in aged care settings.

NATSIAACC recommends:

Chemical restraint (Section 17-5) (2) should be amended to explicitly state:

- “Chemical restraint must not be used to suppress cultural expressions, including but not limited to speaking language, engaging in ceremony, or expressing distress in culturally significant ways.”



Chapter 4: Conditions on Providers Registration

The revised Aged Care Rules have introduced more stringent requirements for providers, focusing on ongoing improvement, staff screening, and adherence to health and safety standards. While these changes aim to improve the quality of care, they may also present operational challenges for providers.

For Aboriginal and Torres Strait Islander communities, these regulations are particularly important as many older Indigenous individuals prefer care that is culturally sensitive and respects their traditions, language, and connection to the land.

However, the rigid compliance frameworks may inadvertently create obstacles for smaller, community-based providers that cater to these populations, potentially limiting access to culturally appropriate care.

NATSIAACC advocates for policies that uphold high-quality care while ensuring that compliance frameworks are practical, culturally responsive, and equitable.

Continuous Improvement Plan

Division 2- Continuous Improvement Section 147-5 and 147-10

While many providers already engage in quality improvement practices through self-assessment and tracking progress, the challenge remains in defining and interpreting "continuous improvement" in a practical and meaningful way.

Variability in how providers document and implement improvements has been identified as a key concern. While some providers use simple methods such as Excel spreadsheets, others employ more advanced systems.

However, smaller providers often lack the capacity for formalised action research, highlighting the need for a definition of continuous improvement that is accessible and achievable for all. There is also a call for clearer guidance, including a glossary to ensure consistent interpretation across the sector.

NATSIAACC Members have stressed the necessity for government consultation with service providers to gain a better understanding of what continuous improvement means in practice. Rather than imposing rigid compliance requirements, the focus should be on recognising "micro-moments" of improvement, small, practical changes that enhance care quality.

A culturally appropriate approach for First Nations communities is also essential, ensuring that improvements are identified and implemented in alignment with Indigenous perspectives and practices.

Members have also underscored the importance of a balanced approach to continuous improvement, one that supports accountability without creating unnecessary and onerous administrative burdens, particularly for smaller providers. Our members also highlighted the



need for a more practical and culturally responsive approach to continuous improvement in aged care, particularly for First Nations communities.

The emphasis should be on ensuring that improvements directly benefit residents rather than merely increasing organisational efficiency or revenue. Continuous improvement should be embedded into the culture of care homes and celebrated in ways that are meaningful to residents.

NATSIAACC recommends:

- To develop a practical definition of continuous improvement for all providers, especially smaller and community-led ones.
- This could involve simplified reporting tools, a glossary of best practices, and a focus on "micro-moments" of improvement. It is also crucial to ensure these practices are culturally appropriate for First Nations communities and align with Indigenous perspectives of care.

Compliance Challenges and Administrative Burden

Part 4- Delivery of funded aged care service,

Division 3—Delivery of funded aged care services [to be drafted]

Division 4—Starting and ceasing the delivery of funded aged care services and continuity of those services [to be drafted]

First Nations aged care providers continue to face significant challenges due to the increasing administrative burden associated with compliance and reporting requirements. Many smaller, community-led organisations operate with limited financial and operational capacity, making it difficult to meet escalating regulatory demands. Government-recommended information technology (IT) systems often fail to align with the specific needs of aged care services, further exacerbating these challenges.

Additionally, the growing complexity of compliance frameworks discourages participation in governance roles, placing additional strain on already limited resources.

NATSIAACC members suggested that, to ensure regulatory requirements are both practical and culturally appropriate, greater consultation with First Nations providers and communities is essential.

A standardised yet adaptable resource kit could support providers in understanding and meeting compliance expectations while allowing for flexibility in implementation based on local contexts.



Moreover, policies must be informed by the lived experiences of providers and residents, avoiding a one-size-fits-all approach that does not account for the realities of service delivery in remote and Indigenous communities.

A key issue remains the disconnect between policy development at the departmental level and the operational realities on the ground. Inflexible compliance measures, such as rigid complaint resolution timeframes, disproportionately impact smaller providers without considering logistical and resource constraints.

Addressing this gap requires stronger communication and collaboration between the Department of Health and Aged Care, the Interim First Nations Aged Care Commissioner's office, and service providers to ensure policy decisions reflect real-world challenges.

NATSIAACC recommends:

- Reduce administrative burdens on small and community-led providers by introducing more flexible compliance frameworks, simplifying regulatory compliance, and providing financial and IT support.
- Ensure compliance frameworks do not disproportionately burden smaller, Indigenous-led organisations or conflict with the cultural values of the communities they serve.

Workforce Screening and Employment Barriers

Part 6—Aged Care Workers, Division 1—Workforce and Aged Care Worker Requirements

Subdivision B—Worker Screening Requirements

Section 152-25: Police certificates [transitional and full implementation periods]

Current workforce screening policies present significant challenges for Aboriginal and Torres Strait Islander individuals seeking employment in aged care. Stricter screening requirements, particularly those related to police checks, disproportionately exclude many skilled and culturally appropriate carers due to past convictions, despite their strong community ties and suitability for the role.

Given the higher incarceration rates among Indigenous Australians, these rigid policies further restrict employment opportunities and prevent qualified individuals from fulfilling their cultural responsibility of caring for Elders and Older Persons.

Additionally, difficulties in obtaining formal identification documents, such as birth certificates, further limit employment pathways for First Nations workers. These administrative barriers often make it difficult for remote and community-based organisations to recruit and retain staff, exacerbating workforce shortages in an already under-resourced sector.



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In response to these challenges, some First Nations organisations are implementing culturally informed workforce screening frameworks. These initiatives include Elder-led review boards that assess candidates on a case-by-case basis, ensuring past convictions do not automatically preclude individuals from contributing to their communities.

This approach seeks to balance regulatory compliance with cultural responsibility, allowing Elders and Older Persons to have a say in who provides their care while maintaining structured supervision and safety protocols. However, the lack of government recognition and support for such initiatives continues to be a barrier to their wider implementation.

Furthermore, NATSIAACC members indicated that there is a disconnect between workforce screening policies and the realities of service provision in remote communities. Limited access to administrative resources, the mobility of clients, and a lack of culturally appropriate consultation contribute to frustrations among First Nations providers attempting to navigate a complex and inflexible system.

NATSIAACC recommends:

- To create flexible, culturally informed workforce screening policies that acknowledge the unique circumstances of Aboriginal and Torres Strait Islander people.
- This could involve an Elder-led review process, reducing barriers related to First Nations staff documentation, and implementing policies that consider the high incarceration rates among Indigenous populations, ensuring qualified individuals are not excluded from working in aged care.

Workforce Retention and Vaccination

Part 6—Aged Care Workers

Division 2—Vaccination

Section 153-5: Kinds of provider to which the condition applies

First Nations aged care providers face significant workforce shortages exacerbated by complex regulatory requirements and social and economic pressures. High absenteeism remains a persistent challenge, making it difficult to sustain even basic levels of care, let alone achieve high-quality service delivery. Staff shortages are further compounded by rigid workforce policies, including vaccination mandates, which have led to worker attrition.

A key concern raised by our members is the impact of vaccination requirements on workforce retention, particularly among external contractors. Many of these workers have refused vaccination, and their withdrawal from services directly affects care provision. Past experiences during the COVID-19 pandemic highlight this issue, where vaccination mandates



led to widespread resignations, only for many workers to return once restrictions eased. Providers now struggle to navigate these ongoing challenges, balancing public health policies with the practical need to retain a stable workforce.

For First Nations communities, these workforce shortages and vaccination mandates have broader implications. The loss of culturally appropriate staff due to rigid policies disrupts the continuity of care, impacting the well-being of our Elders and Older Persons who rely on familiar carers who understand their cultural needs.

Additionally, geographical isolation and limited workforce availability mean that even a small reduction in staff numbers can have severe consequences, delaying essential services and placing undue strain on remaining workers.

NATSIAACC recommends:

- To adopt a flexible and culturally appropriate approach to workforce retention and vaccination policies in First Nations aged care. This approach should include adaptable vaccination policies that consider unique workforce challenges in remote and community-led aged care services (such as regular testing), and targeted workforce retention strategies such as incentives and support measures to encourage workers to remain in the sector.
- Consultation with First Nations communities and providers is essential to ensure that public health policies align with the realities of service delivery in Indigenous settings. Recognising cultural and community ties in workforce planning is crucial to prioritise staff continuity and support the well-being of Elders and Older Persons.

Streamlined Aged Care Program for First Nations Communities

Part 4—Delivery of Funded Aged Care Services

Division 3—Delivery of funded aged care services [to be drafted]

First Nations aged care providers are experiencing significant operational and financial challenges due to ongoing policy changes that shift clients between different funding programs, such as the transition from the Commonwealth Home Support Programme (CHSP) to Home Care Packages (HCP).

These changes disrupt service continuity, create administrative burdens, and fail to account for the realities of delivering aged care in remote Aboriginal and Torres Strait Islander communities. Many providers feel disillusioned with the government's approach, as policy shifts increasingly push them into a system that does not align with the cultural and logistical needs of their clients.



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A key issue is the fragmentation of aged care funding streams. Many First Nations providers operate multiple programs simultaneously, such as CHSP, HCP, and NATSIFACP, within the same service area.

NATSIFACP plays a critical role in ensuring the immediate provision of care without the lengthy registration processes required for other programs. However, recent policy reforms aimed at integrating these services into a single system risk undermining the flexibility that allows providers to respond rapidly to community needs.

Further complicating service delivery are IT system limitations. The platforms designed for HCP and CHSP are not well-suited to managing NATSIFACP services, creating additional administrative burdens for providers who must navigate multiple, incompatible systems. These technological challenges, coupled with increased assessment requirements, make it harder for First Nations organisations to deliver timely, culturally appropriate care.

For Aboriginal and Torres Strait Islander Elders and Older Persons and their families, these governance and program complexities have significant consequences. The uncertainty created by shifting between funding models disrupts access to essential services, leaving vulnerable individuals without the support they need.

Additionally, the bureaucratic nature of the system places an undue burden on Elders and Older Persons and their carers, who must navigate complex eligibility criteria and assessment processes to receive culturally safe care.

NATSIAACC recommends:

- To streamline the integration of various aged care programs, such as HCP, CHSP, and NATSIFACP, to make it easier for First Nations providers to navigate the system.
- This could involve developing a unified system and addressing IT system limitations to ensure software is tailored to competently manage all aspects of service delivery without unnecessary administrative complexity.

Chapter 5: Registered provider, responsible person and aged care worker obligations

Obligations Relating to Reporting, Notifications and Information

Chapter 5 of the Aged Care Rules 2025 establishes the obligations imposed on registered providers, responsible persons, and aged care workers to ensure the consistent and high-quality delivery of aged care services.



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These obligations include mandatory reporting, notifications, and information requirements, all of which are intended to strengthen transparency, regulatory oversight, and accountability within the aged care system. However, similar to other areas of the provider obligations framework, the new rules fail to adequately account for the structural and operational challenges faced by Aboriginal and Torres Strait Islander-led aged care providers.

Under obligations relating to reporting, notifications, and information, providers are required to submit reports within rigid timeframes, ranging from 7 to 28 days, covering areas such as complaints and feedback management, financial performance, and clinical governance.

These stringent deadlines do not consider the realities of service delivery within Aboriginal and Torres Strait Islander communities, where providers often operate with limited administrative capacity, workforce shortages, and geographically dispersed service locations.

Unlike large mainstream aged care organisations that have dedicated compliance teams, many Aboriginal and Torres Strait Islander-led providers function within tight resource constraints, making it significantly more difficult to meet these reporting obligations without diverting critical time and resources away from frontline service delivery.

For Aboriginal and Torres Strait Islander Elders and Older Persons, these administrative burdens translate into delays in accessing culturally safe care, disruptions in service continuity, and an increased risk of provider non-compliance.

If providers are forced to prioritise compliance over direct care, the quality of aged care services delivered to First Nations communities will inevitably suffer. The Government has made commitments under Closing the Gap to improve aged care outcomes for Aboriginal and Torres Strait Islander peoples, yet these new requirements risk creating additional regulatory hurdles that disproportionately impact First Nations providers, rather than supporting them to deliver high-quality, community-led care.

The proposed extension of reporting timeframes is not about reducing transparency or regulatory accountability, it is about ensuring that compliance measures do not come at the cost of service delivery.

By allowing greater flexibility, the Government will enable First Nations providers to meet their obligations without undermining their capacity to provide culturally safe, high-quality aged care. This adjustment will enhance regulatory compliance rates, reduce provider stress, and ultimately lead to stronger, more sustainable aged care services for Aboriginal and Torres Strait Islander Elders and Older Persons.



NATSIAACC recommends:

- Timeframes for reporting obligations under Chapter 5, Part 2 be extended to allow greater flexibility for Aboriginal and Torres Strait Islander-led aged care providers.

Priority 1 Reportable Incidents – ‘Reasonable Grounds’

Under Chapter 5, Part 2, Section 166-520 (2) (b) of the Aged Care Rules 2025, a Priority 1 reportable incident must be notified to the Aged Care Quality and Safety Commissioner within 24 hours if there are reasonable grounds to report the incident to police.

However, the term “reasonable grounds” remains undefined, creating uncertainty for aged care providers, particularly Aboriginal and Torres Strait Islander-led providers, when determining whether an incident warrants escalation to law enforcement.

For NATSIAACC members operating in First Nations communities, this ambiguity poses a serious compliance risk. Without a clear definition, providers may feel compelled to over-report incidents out of fear of non-compliance, even in cases where alternative cultural or community-led responses may be more appropriate.

Overreporting can undermine trust between Elders and Older Persons and service providers and create unnecessary interactions with law enforcement, particularly in communities where historical trauma and over-policing have caused deep mistrust in the justice system.

Conversely, a lack of guidance may result in incidents going unreported due to uncertainty about what constitutes “reasonable grounds.” Providers, particularly those with limited access to legal expertise in remote and regional settings, may struggle to make informed determinations, leading to unintentional non-compliance, regulatory penalties, or adverse outcomes for Elders and Older Persons.

To ensure clarity, consistency, and culturally appropriate application, NATSIAACC recommends that the legislation be amended to explicitly define “reasonable grounds” and provide operational guidance, including examples of situations that meet the threshold for police involvement. This will reduce regulatory uncertainty, ensure proportionate responses to incidents, and support providers in making informed and culturally safe decisions.

NATSIAACC recommends:

- Chapter 5, Part 2, Section 166-520 (2) (b) be amended to provide a clear and operational definition of “reasonable grounds” for reporting incidents to police.



Improving Legislative Accessibility for Aged Care Providers

Legislation governing the aged care sector is often complex, dense, and filled with legal terminology that makes it difficult for providers, particularly small Aboriginal and Torres Strait Islander-led organisations, to digest and implement effectively.

Many NATSIAACC members have expressed frustration with the sheer volume of legislative updates, policies, and regulatory changes, which create significant administrative burdens. Smaller providers, which often operate with limited resources, find it particularly challenging to translate lengthy legislative texts into clear, actionable steps for their teams.

This issue is not one of capacity or intelligence, First Nations aged care providers are deeply skilled and committed to delivering high-quality, culturally safe care. However, the current approach to communicating aged care reforms assumes that all providers have dedicated compliance teams, legal expertise, and the time to parse through extensive legal documents.

This is not the reality for many Aboriginal and Torres Strait Islander providers, who are already overburdened with day-to-day service delivery and workforce shortages. The expectation that these providers can absorb and implement complex regulations without clearer guidance places them at a structural disadvantage.

To ensure that all providers, regardless of size, can meet the required standards and maintain compliance, it is critical that the government takes a more user-friendly approach to communication. Providing visual aids, plain-language summaries, and practical implementation guides would make it significantly easier for small providers to understand their obligations and integrate changes into their operations without unnecessary administrative strain.

A clear, well-structured document that outlines what is required, without unnecessary legal complexity, would not only support compliance but also enhance service delivery by allowing providers to focus on the care of Elders and Older Persons rather than bureaucratic hurdles.

NATSIAACC recommends:

- NATSIAACC recommends that the government provide smaller providers with visual aids, plain-language executive summaries, and practical implementation guides to ensure they can effectively understand and comply with new regulatory obligations prior to the full implementation of the new Aged Care Act.



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Conclusion

The proposed aged care reforms, while aiming to improve the sector, fall short in addressing the unique needs of Aboriginal and Torres Strait Islander providers, Elders and Older Persons. Despite commitments to Closing the Gap and ensuring culturally safe care, the current framework lacks enforceable protections, imposes rigid compliance requirements, and creates additional barriers for First Nations-led services.

Without targeted amendments, these reforms risk undermining the ability of Indigenous providers to deliver the high-quality, culturally appropriate care that Elders and Older Persons deserve.

NATSIAACC firmly believes that cultural safety must be embedded across all aspects of the aged care system, not treated as an optional consideration. The challenges outlined in this submission, ranging from workforce retention and restrictive practices to administrative burdens and legislative accessibility, require practical solutions that reflect the realities of service delivery in Aboriginal and Torres Strait Islander communities.

We welcome the opportunity to work with the government to refine these reforms, ensuring they support, not hinder, First Nations providers in delivering culturally safe and community-led aged care.

NATSIAACC is committed to collaborating with policymakers, industry stakeholders, and community representatives to achieve a system that is both effective and equitable. By incorporating these recommendations, the government can take meaningful steps toward strengthening aged care for Aboriginal and Torres Strait Islander Elders and Older Persons, ensuring their rights, dignity, and cultural identity are upheld.



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