

National Aboriginal and Torres Strait Islander Ageing and Aged Care Council

Submission

**First consultation on National Safety
and Quality Health Service (NSQHS)
Standards (third edition)**

September 2025



NATSIAACC



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Acknowledgement of Country

NATSIAACC acknowledges the Traditional Owners of the lands and waters on which we work, live and gather, as well as Country throughout Australia, and their enduring connections to land, sea and community. NATSIAACC acknowledges that these lands and waters were never ceded, and we acknowledge the sovereignty and self-determination of the Traditional Owners.

NATSIAACC pays its deepest respects to Elders past and present and recognise the continued cultural and spiritual connection to Country and/or Island Home, community, culture and knowledge.

NATSIAACC thanks them for their wisdom and courage, and for sharing their ways of knowing, being and doing – teachings that guide us to cherish and protect our Elders and Older People.

This always was and always will be Aboriginal Land.



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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 People 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 Board of 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, Disability and Ageing (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 People.



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NATSIAACC Recommendations

- To embed NATSIAACC's Cultural Safety Definition into the Standards.
- To embed cultural safety and trauma-informed care as central requirements to address ongoing inequities, systemic racism, and workforce shortages that put Elders and Older Peoples' health and wellbeing at risk.
- To define high performance not only by clinical outcomes but also by measures of cultural safety, Aboriginal and Torres Strait Islander Elders and Older Peoples satisfaction, and community engagement, ensuring services are accountable to Aboriginal and Torres Strait Islander peoples.
- To strengthen cross-sector integration between hospitals, aged care, primary care, and community services, ensuring that Aboriginal and Torres Strait Islander Elders and Older People's experience continuity of care that respects kinship, community connections, and cultural identity.
- To shift the focus from compliance to reflective practice by embedding mechanisms for cultural safety reporting, ongoing staff development, and Aboriginal and Torres Strait Islander Elders and Older People-led feedback to drive continuous learning and system improvement.
- To simplify the Standards using plain language, practical tools, and culturally relevant examples while allowing flexibility for local adaptation across urban, rural, remote, and community-controlled settings.
- To streamline overlapping requirements to reduce administrative burden, especially for Aboriginal Community Controlled Organisations (ACCOs), without compromising cultural or clinical safety.
- To embed Aboriginal and Torres Strait Islander governance, self-determination, and accountability mechanisms across all Standards to ensure that care systems reflect community priorities and uphold the voices of Elders and Older People.



Executive Summary

The National Aboriginal and Torres Strait Islander Ageing and Aged Care Council (NATSIAACC) welcomes the opportunity to contribute and provide feedback on the first consultation on National Safety and Quality Health Service (NSQHS) Standards (third edition). 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.

Although the NSQHS Standards apply to health services broadly, Aboriginal and Torres Strait Islander Elders and Older People experience these systems in parallel with Aged Care, making NATSIAACC's input critical to ensuring cultural safety, governance, and continuity of care are upheld.

Our vision is to ensure that all Aboriginal and Torres Strait Islander Elders and Older People can access culturally safe, trauma-aware, healing-informed care that is grounded in their connection to culture, community and Country and/or Island Home.

NATSIAACC's policy and advocacy work is guided by *Our Care, Our Way, Our Future*, our five-year strategic plan which prioritises eight key areas to transform aged care for our people. These priorities include expanding community-led services, growing the Aboriginal and Torres Strait Islander aged care provider and workforce base, embedding trusted community-based navigators, and strengthening culturally appropriate assessment services.

Our submission draws upon previous NATSIAACC member engagements, including our submissions. Our members have consistently called for cultural safety as a legal requirement and internal principle, not an optional overlay.

NATSIAACC urges the Commission to adopt our recommendations in full. We remain committed to co-designing culturally safe, equitable regulation alongside the Commission and Aboriginal and Torres Strait Islander communities.

We emphasise the need for these Standards to move beyond technical compliance and reflect the realities of our communities. For our Aboriginal and Torres Strait Islander Elders and Older People, health care is not simply about clinical outcomes, it is about feeling safe, respected, and connected to culture, Country and/or Island Home, and community. To achieve meaningful improvements in safety and quality, the Aged Care Quality Standards must embed cultural safety, acknowledge systemic inequities, and ensure Aboriginal and Torres Strait Islander voices are central to governance, delivery, and evaluation. We have identified several priority areas where the Standards can be strengthened to better reflect the needs and aspirations of Aboriginal and Torres Strait Islander Elders and Older People.



Opportunities and Priority Areas

When the NSQHS was first introduced, it did not explicitly address the cultural, social, or holistic needs of Aboriginal and Torres Strait Islander peoples. The second edition streamlined the Standards and introduced a more holistic “Comprehensive Care” standard. While this represented progress, the needs of Aboriginal and Torres Strait Islander Elders and Older People remained marginally addressed. Cultural safety was acknowledged, but only superficially; systemic barriers, intergenerational trauma, and inequities in access and workforce support were not fully incorporated into the framework.

Aboriginal and Torres Strait Islander Elders and Older People continue to experience significant risks within the health and aged care systems that undermine both cultural and clinical safety. Cultural harm arises when services fail to respect language, identity, spirituality, lore, and connection to Country and/or Island Home, creating circumstances where care may appear clinically sound but is unsafe without cultural safety. Past trauma is frequently triggered when unsympathetic or dismissive care echoes the intergenerational wounds of colonisation, forced removals, and institutional discrimination. Systemic racism and bias, whether subtle or overt, erode trust, discourage service use, and contribute to early disengagement. In remote and rural settings, inequities such as workforce shortages, under-resourced facilities, inadequate transport and telehealth, and lack of language support exacerbate these risks.

Care discontinuities across hospitals, primary care, aged care, and community services often result in lost records, poor information transfer, and neglect of cultural context. These challenges are compounded by an overburdened workforce, particularly within Aboriginal Community Controlled Organisations (ACCOs), where staff carry heavy workloads, cultural load, and trauma, often without adequate resources or support.

Evidence reinforces these concerns: the Commission’s rapid review highlights the importance of holistic and culturally respectful care for older Aboriginal and Torres Strait Islander people a systematic review of best practice aged care models demonstrates that approaches aligned with the “Good Spirit Good Life” worldview improve quality of life by incorporating cultural, social, and spiritual determinants¹; and research from SAHMRI confirms that Elders are clear about what constitutes culturally safe and unsafe care, yet providers are still lagging in their responses². These risks are not theoretical, they are lived realities that deny Elders and Older People the right to age with dignity, cultural connection, and safety. The third edition of the NSQHS Standards must therefore embed cultural safety, trauma-informed practice, and Aboriginal and Torres Strait Islander governance at its core to ensure meaningful change in both service delivery and outcomes.

Embedding Cultural Safety and Governance

NATSIAACC was commissioned by the Department of Health, Disability and Aged Care to define “Cultural Safety in Aged Care” following extensive consultation with communities, Elders, Older People, organisations, and aged care providers. The definition states:

¹ Bessarab, D., Taylor, K., Dudgeon, P., & Smith, K. (2024). Best practice models of aged care for First Nations peoples: A systematic review. *BMC Geriatrics*, 24(1), 178. <https://doi.org/10.1186/s12877-024-04781-0>

² South Australian Health and Medical Research Institute. (2021). What does culturally safe aged care look like for Aboriginal and Torres Strait Islander people? SAHMRI.



“Cultural safety in aged care for older Aboriginal and Torres Strait Islander people, is understanding one’s own culture and the impact that your culture, thinking, and actions may have on the culture of others through ongoing critical self-reflection. Gaining such truthful insight about oneself is critical for ensuring access to a culturally safe, respectful, responsive and racism free aged care system providing for the optimal safety, autonomy, dignity, and absolute wellbeing of Aboriginal and/or Torres Strait Islander Elders and older people, and their families. Only the Aboriginal and/or Torres Strait Islander person who is the recipient of a service or interaction can determine whether it is culturally safe.”

Aged care service providers and workers must take responsibility for building trust and relationships with Aboriginal and/or Torres Strait Islander service users, and their families, and for creating a new aged care system which centres on their living experience, cultural, and ageing needs, as determined by Aboriginal and/or Torres Strait Islander service users themselves. The implementation of a trauma aware, healing informed approach to professional practice, and facilitating a greater understanding and respect for individual and collective cultures, histories, knowledges, traditions, stories, and values of Aboriginal and/or Torres Strait Islander service users, and their families, will greatly support the delivery of a quality and culturally safe aged care system. Aged care service providers must also firmly commit to continuously measure and improve structures and behaviours necessary for cultural safety and quality support to remain embedded in the Australian aged care system.”

Following this definition, true cultural safety involves:

- Embedding Aboriginal and Torres Strait Islander governance and leadership across all levels of aged care design, delivery, and evaluation.
- Supporting and uplifting cultural identity, self-determination, and community-led decision-making.
- Employing and empowering an Aboriginal and Torres Strait Islander workforce.
- Ensuring services are responsive to cultural determinants of health, including kinship, spirituality, and cultural practices.
- Actively addressing institutional and interpersonal racism in aged care systems and services.

Cultural safety is essential for delivering equitable, high-quality aged care. It must be continuously reflected upon, measured through the voices and experiences of Elders and Older People, and upheld through strong accountability frameworks.

Central to cultural safety is recognising that only Aboriginal and Torres Strait Islander Elders and Older People themselves can determine whether care is culturally safe in practice. Regulatory oversight must therefore embed mechanisms for Elders and Older Peoples’ voices to be heard directly and consistently, such as mandatory inclusion of Elders and Older Peoples lived experience surveys, interviews, and co-assessments as part of compliance audits. Embedding Elders and Older People as co-determiners of cultural safety ensures accountability to those most impacted and grounds the regulatory system in culturally authority rather than external judgement alone.

Existing and Emerging Risks

Aboriginal and Torres Strait Islander Elders and Older People face multiple interlinked risks, including cultural harm when services disregard language, lore, spirituality, or connection to Country and/or Island Home; triggering of trauma from past policies such as forced removals; systemic racism and implicit bias that undermine trust and access; inequities in workforce, infrastructure, and service availability,



particularly in remote and rural communities; discontinuity across care settings; and high workload pressures in Aboriginal Community Controlled Organisations (ACCOs). These risks are ongoing and must be addressed as part of any meaningful safety and quality framework.

Driving High Performance and Integration

To drive high performance, the Standards must embed culturally safe and trauma-informed practice as core criteria, with explicit recognition of Aboriginal and Torres Strait Islander governance in design, delivery, and evaluation. Integration across health services such as hospitals, primary care, aged care, and community services must be prioritised to ensure seamless transitions, preserve cultural context, and maintain connection to community and kin.

Supporting Continuous Learning

The Standards should foster continuous improvement rather than compliance-focused implementation. This includes safe reporting mechanisms for both clinical and cultural safety incidents, holistic measurement of outcomes that encompass wellbeing, cultural connection, and satisfaction, and structured pathways for workforce development, mentoring, and reflective practice. Staff should be supported in ongoing learning about cultural competence, trauma-informed care, and respectful engagement with Aboriginal and Torres Strait Islander Elders and Older People.

Format, Structure, and Accessibility

The third edition should provide clear, accessible language, practical tools, case studies, and examples, with flexibility for localisation in urban, regional, rural, and remote contexts. Standards should be structured to highlight cultural safety, trauma-informed care, and Aboriginal governance as distinct, measurable domains, while removing redundancies and overlaps from previous editions. This approach ensures that organisations, especially ACCOs and smaller providers, can understand, implement, and monitor compliance without unnecessary complexity.

Additional Considerations

Embedding Aboriginal and Torres Strait Islander voices, leadership, and self-determination throughout the Standards is essential to meaningful impact. Local definitions of cultural safety, community engagement, and workforce priorities must be formally recognised, with resourcing to support implementation. By centering lived experience and cultural knowledge, the third edition can move beyond a purely clinical or compliance-driven approach to deliver truly safe, high-quality, and culturally respectful care for Aboriginal and Torres Strait Islander Elders and Older People.



NATSIAACC recommends:

- To embed NATSIAACC's Cultural Safety Definition into the Standards.
- To embed cultural safety and trauma-informed care as central requirements to address ongoing inequities, systemic racism, and workforce shortages that put Elders and Older Peoples' health and wellbeing at risk.
- To define high performance not only by clinical outcomes but also by measures of cultural safety, Aboriginal and Torres Strait Islander Elders and Older Peoples satisfaction, and community engagement, ensuring services are accountable to Aboriginal and Torres Strait Islander peoples.
- To strengthen cross-sector integration between hospitals, aged care, primary care, and community services, ensuring that Aboriginal and Torres Strait Islander Elders and Older People's experience continuity of care that respects kinship, community connections, and cultural identity.
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- To embed Aboriginal and Torres Strait Islander governance, self-determination, and accountability mechanisms across all Standards to ensure that care systems reflect community priorities and uphold the voices of Elders and Older People.



Conclusion

The third edition of the NSQHS Standards represents a critical opportunity to move beyond clinical frameworks and embed cultural safety, respect, and Elder and Older people-led voices into the heart of safety and quality. For Aboriginal and Torres Strait Islander Elders and Older People, true safety is achieved only when their identity, culture, connection to Country and/or Island Home, and lived experiences are recognised and valued within every care interaction. By addressing systemic risks, prioritising integration, and reducing compliance burdens while embedding governance and accountability to communities, the Standards can become a practical tool for transformation. NATSIAACC urges the Commission to ensure that these reforms are guided by the principles of self-determination and cultural respect, so that Aboriginal and Torres Strait Islander Elders and Older People may age with dignity, security, and wellbeing in systems of care that are both safe and truly responsive to their needs.

