

National Aboriginal and Torres Strait Islander Ageing and Aged Care Council

Submission

Inquiry into racism, hate and
violence directed at Aboriginal
and Torres Strait Islander people

May 2026



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National Aboriginal & Torres Strait Islander Ageing
and Aged Care Council



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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.

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

Terminology Note: For the purposes of this submission, the term Aboriginal Community Controlled Organisation (ACCO) is used to refer to Aboriginal and Torres Strait Islander Community Controlled Service Providers, including Aboriginal Community Controlled Health Organisations (ACCHOs).

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 Government and works closely with the Department of Health, Disability and Ageing (the Department) in the context of current Ageing and Aged Care reforms. The organisation has been in operation since 2022.



NATSIAACC Recommendations

The following recommendations are provided to support the Parliamentary Joint Standing Committee on Aboriginal and Torres Strait Islander Affairs in identifying practical, system-level actions to address racism, hate and violence experienced by Aboriginal and Torres Strait Islander Elders and Older People within the aged care system.

NATSIAACC makes these recommendations to ensure that aged care policy, funding, access pathways, regulation and oversight actively prevent structural and systemic racism and support culturally safe, trauma-aware and healing-informed care.

NATSIAACC recommends the following priority actions for immediate consideration:

1. Embed cultural safety as a legislated and enforceable requirement across all aged care frameworks, including clear accountability mechanisms, compliance standards, and consequences for failure to deliver culturally safe care.
2. Reform aged care access pathways, including My Aged Care and assessment processes, to remove structural and digital barriers by:
 - Redesigning online platforms and system interfaces to reflect Aboriginal and Torres Strait Islander cultural, social and community contexts.
 - Reducing over-reliance on digital-only access pathways and ensuring equivalent, well-resourced non-digital options.
 - Reforming assessment frameworks so eligibility determinations accurately reflect First Nations' experiences, obligations and ageing needs.
 - Expanding and sustainably resourcing navigation supports, including the Elder Care Support Program, to meet demand without transferring system burden to community-controlled providers.
 - Aligning aged care digital reform with Closing the Gap Target 17, with a specific focus on Elders and Older People.
3. Strengthening First Nations authority and governance mechanisms by:
 - Embedding cultural governance and community-led decision-making as core requirements within aged care policy, funding and regulatory frameworks.
 - Ensuring Aboriginal and Torres Strait Islander leadership and representation in aged care reform, oversight and system design processes.
 - Recognising community control as a mechanism for addressing institutional and systemic racism, not merely as a service delivery option.
4. Expansion of community-controlled service delivery, particularly in thin markets by:
 - Investing in the expansion of Aboriginal Community Controlled aged care services, with a focus on rural, remote, regional and thin markets.
 - Supporting sustainable workforce development, including the growth and retention of an Aboriginal and Torres Strait Islander aged care workforce across all roles.



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- Prioritising long-term funding certainty to enable community-controlled organisations to plan, build capability and respond to growing demand from Elders and Older People.
5. Mandatory, transparent data collection and public reporting on racism within aged care systems to enable accountability and system-level reform.
 6. Strengthening complaints and regulatory responses to ensure culturally safe engagement and accountability.



Executive Summary

NATSIAACC welcomes the opportunity to provide this submission to the Parliamentary Joint Standing Committee on the Inquiry into racism, hate and violence directed at Aboriginal and Torres Strait Islander people. This submission focuses on the experiences of Aboriginal and Torres Strait Islander Elders and Older People within the aged care system, and the ways in which racism, exclusion and inequitable system design continue to shape access to care, service quality and ageing outcomes.

NATSIAACC's central position is that racism in aged care is predominantly structural and systemic. While interpersonal racism remains an issue, the most significant harms arise from the design, funding, governance and delivery of the aged care system itself. Elders and Older People continue to experience culturally unsafe care environments, barriers to access, and service models that do not reflect their cultural, social and historical contexts. These issues contribute to delayed or avoided care, poorer health outcomes and the ongoing disruption of connections to Country, Island Home, family and community. In practice, this shifts care away from the aged care system and back onto families, communities and already stretched hospital systems, reflecting a system that is not consistently delivering on its intended outcomes. From where we sit, the intent of reform is strong, but the system is not yet structured to deliver equitable outcomes for Aboriginal and Torres Strait Islander Elders and Older People. Without structural correction, current reforms risk embedding inequity within new models of care, rather than resolving it.

Digital platforms and assessment systems play an increasingly central role in shaping access to aged care, yet they frequently operate as mechanisms of exclusion for Aboriginal and Torres Strait Islander people. Systems such as My Aged Care (MAC) and the Integrated Assessment Tool (IAT) rely heavily on digital literacy, standardised processes and narrow conceptions of need. These systems often fail to capture cultural obligations, kinship roles and community responsibilities, resulting in misrepresentation of need and inequitable access to services. For many Elders and Older People, particularly those in regional, rural and remote locations, this over-reliance on digital access pathways entrenches systemic discrimination.

NATSIAACC recognises recent government initiatives, including the First Nations Aged Care Assessment Pilot and the Elder Care Support Program, as important steps toward embedding cultural safety within access pathways. However, these initiatives remain constrained by their reliance on underlying system architectures that were not designed for Aboriginal and Torres Strait Islander peoples. Without broader structural reform, there is a risk that these measures will only partially mitigate, rather than resolve, the systemic drivers of inequity.

Evidence consistently demonstrates that racism in aged care is most effectively addressed where Aboriginal and Torres Strait Islander people exercise authority over service design, governance and delivery. Community-controlled organisations provide culturally safe, trusted and accessible models of care that are grounded in self-determination, cultural governance and accountability to community. These models reduce harm, improve engagement and actively disrupt institutional racism by embedding different ways of knowing and caring into aged care practice. Strengthening community



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control, First Nations workforce participation and Aboriginal and Torres Strait Islander leadership across the aged care system is therefore central to reducing both individual and collective harm.

Current avenues for reporting and responding to racism in aged care are not consistently culturally safe, accessible or effective for Elders and Older People. While strengthened Quality Standards and complaints frameworks provide a clearer rights-based foundation, racism is frequently underreported, misclassified or rendered invisible within broader complaint categories such as communication, access or staff conduct. The absence of mandatory, aged care-wide data collection on racism limits accountability and impedes system-level reform. Complaints and regulatory responses must be strengthened to ensure racism is identified, addressed and acted upon as a distinct and systemic issue.

These issues are not only system design challenges, they reflect broader failures in governance, accountability and the extent to which Aboriginal and Torres Strait Islander people are positioned in decision-making about the systems that affect them. Effective reform requires Aboriginal and Torres Strait Islander people to be positioned not only as service providers, but as partners in system design, governance and decision-making.

NATSIAACC's submission emphasises that addressing racism in aged care requires sustained, system-wide reform grounded in cultural safety, community control and accountability. This includes legislating and enforcing cultural safety requirements, reforming digital and assessment systems, expanding and resourcing Aboriginal community-controlled service delivery, strengthening culturally safe complaints mechanisms, and improving data collection. Without these reforms, aged care risks continuing to reproduce inequitable outcomes for Aboriginal and Torres Strait Islander Elders and Older People. NATSIAACC's role is not only to represent the voices of Elders, Older people and communities, but to ensure aged care reform is structured in a way that delivers on its intended outcomes for Aboriginal and Torres Strait Islander people.

NATSIAACC remains committed to working collaboratively with governments, regulators and peak bodies to support the development of an aged care system that enables Elders and Older People to age with dignity, safety and strong connections to culture, community and Country and Island Home.



Response to Terms of Reference

TOR 1: The nature, prevalence and impact of racism, hate and violence towards First Nations people, including trends over time.

Experiences of racism for Aboriginal and Torres Strait Islander Elders and Older People within the aged care system are frequently linked to structural and systemic factors within the design, delivery and governance of the system. It is not confined to interpersonal acts of discrimination, but is reflected in how access pathways operate, how services are funded, and how care is delivered in practice.

Evidence from national consultations led by the Interim Aboriginal and Torres Strait Islander Aged Care Commissioner demonstrated that the aged care system then continued to be experienced as culturally unsafe, difficult to navigate and not designed with Aboriginal and Torres Strait Islander people in mind (Kelly, 2024). These findings reinforce that racism within aged care is shaped by system settings that continue to produce unequal outcomes.

For some Elders and Older People, racism is experienced (but not limited to) through exclusion. This includes exclusion from timely access to care, exclusion from culturally safe service environments and exclusion from care models that support connection to Country and or Island Home, family and community. These forms of exclusion are the consequence of a system that applies standardised approaches to a population with distinct cultural, social and historical needs. These experiences cannot be separated from the broader structural context in which systems were not designed with Aboriginal and Torres Strait Islander people in mind and continue to reflect those foundations.

Access barriers remain a primary mechanism through which these structural factors operate. As identified through national consultations, Aboriginal and Torres Strait Islander people face additional challenges entering and navigating the aged care system, including complex processes, culturally inappropriate communication and over-reliance on digital platforms (Kelly, 2024). These barriers contribute to delayed access to care, disengagement from the system and lower rates of service uptake relative to need. This is reflected in situations where Elders and Older people avoid services altogether, or only enter care at crisis point, often through hospital pathways rather than planned and supported aged care access.

Culturally unsafe care environments further entrench these outcomes. Some Aboriginal and Torres Strait Islander people report that mainstream aged care services are not equipped to meet their cultural needs and, in some cases, actively deter engagement (Kelly, 2024). The absence of culturally safe care throughout all aged care services is consistently identified as a primary reason why some Elders and Older People do not access aged care services, despite having higher levels of need (Kelly, 2024).

The cumulative impact is significant. Delayed or avoided care leads to deterioration in health and wellbeing, increased hospitalisation and entry into the system at more acute stages. At the same time, limited availability of culturally appropriate services results in Elders and Older People being required to leave their communities to access care. This disrupts connection to Country and or Island Home and contributes to profound cultural harm, including the widely reported experience of older people dying away from Country (Kelly, 2024). This results not only in poorer individual outcomes, but

increased pressure on acute health systems, higher long-term costs, and continued inefficiency across the broader care system.

These outcomes suggest that the current aged care system is not consistently delivering its intended outcomes for Aboriginal and Torres Strait Islander communities and continues to contribute to inequitable outcomes, undermining the ability of Elders and Older People to age well.

At the same time, NATSIAACC acknowledges that there are emerging efforts by the Australian Government and the Department of Health, Disability and Aging to begin addressing these systemic issues. Initiatives such as the First Nations Aged Care Assessment Pilot represent a shift toward embedding cultural safety within assessment access pathways. While the outcomes of this pilot are yet to be measured, its intent to ensure that assessment processes are delivered in a culturally appropriate and community-informed way reflects a step in the right direction.

Similarly, the Elder Care Support (ECS) program provides an important mechanism to support Aboriginal and Torres Strait Islander people to navigate the aged care system. By enabling Elders and Older People to engage with culturally appropriate supports prior to entering the system, the program reflects an acknowledgement that access must be supported. This approach aligns with broader efforts to embed cultural safety across the aged care journey, from initial engagement through to service delivery.

In addition to these initiatives, NATSIAACC acknowledges ongoing work within the Department to consider broader First Nations issues as reform progresses.

Collectively, these efforts signal an important shift in policy direction. However, they remain early-stage within a system where structural and systemic issues continue to shape outcomes. Persistent barriers, including access challenges, culturally unsafe care environments and inequitable service availability, remain widespread. Addressing these issues will require sustained, system-wide reform.

NATSIAACC Recommends

Embed cultural safety as a legislated and enforceable requirement across all aged care frameworks, including clear accountability mechanisms, compliance standards, and consequences for failure to deliver culturally safe care.

TOR 2: The effect of online platforms on the reach, prominence and harm caused by racism and hate directed at First Nations people.

Racism is felt by Aboriginal and Torres Strait Islander Elders and Older people not only through personal experiences within the aged care system, but indirectly by structural and systemic barriers. Platforms and interfaces such as My Aged Care (MAC) and the Integrated Assessment Tool (IAT) shape who can engage with the system, how information is disclosed, and how need is interpreted and prioritised. Where these systems are not designed with Aboriginal and Torres Strait Islander contexts in mind, they function as mechanisms of exclusion, reinforcing inequities at a critical point of entry into care.

Digital platforms privilege users who are confident navigating complex online systems, who have reliable internet access, and who can engage with bureaucratic language and standardised processes.



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For Aboriginal and Torres Strait Islander Elders and Older People, particularly those with limited access to technology, low digital literacy or who live in rural, regional, and remote areas, this creates a significant structural barrier embedded with systemic discrimination. This results in not simply inconvenience, but delayed engagement, incomplete assessments and, in some cases, complete disengagement from the aged care system. NATSIAACC echoes Andrea Kellys' findings that the current access pathways over rely on digital guidance and materials, and the disproportionate burden this complex and digitally focused aged care system places on Aboriginal and Torres Strait Islander Elders and Older People (Kelly, 2024).

These impacts are compounded by the way information is elicited and recorded within online and assessment systems. The IAT, which underpins eligibility and service allocation decisions, relies on structured questions and fixed response categories that do not easily accommodate First Nations' cultural obligations, kinship roles, community responsibilities or relationships to Country or Island Home. When assessment tools fail to capture these realities, they risk misrepresenting need and overlooking protective factors and vulnerabilities that are central to Aboriginal and Torres Strait Islander concepts of ageing well on Country or Island Home.

There are also risks associated with who administers these systems through assessments that are conducted by non-Indigenous assessors using a digital tool that does not reflect First Nations cultural, social and community contexts. Elders and Older People may feel uncomfortable disclosing personal, cultural or historical information, due to past experiences of institutional racism, or culturally unsafe interactions. This can lead to underreporting of need, particularly where experiences of trauma, racism or past government intervention are involved. In this way, system design interacts with interpersonal dynamics to produce outcomes that are structurally biased, even in the absence of overt discriminatory intent.

While the current Aboriginal and Torres Strait Islander Aged Care Assessment Pilot represents a positive step toward culturally safe, trauma-aware and healing informed assessments, its reliance on the existing IAT architecture limits its capacity to deliver equitable outcomes. Without parallel reform of the underlying system architecture, assessments will continue to produce outcomes shaped by a model not designed for First Nations peoples, reinforcing inequity at the point of entry rather than resolving it.

Similarly, although the Elder Care Support (ECS) Program provides valuable navigation support, its current scale and resourcing are insufficient to offset the structural barriers embedded within digital access pathways. NATSIAACC members have expressed that the demand for ECS continues to grow, yet in many contexts ACCOs and providers absorb this navigation role without dedicated funding. This places pressure on already stretched services and diverts resources away from frontline care, effectively shifting responsibility for system failure onto community-controlled providers.

Importantly, these issues sit within a broader national context of digital exclusion. Closing the Gap Target 17 (Closing the Gap, 2020) commits governments to improving digital inclusion for Aboriginal and Torres Strait Islander people. However, without specific application of this commitment within

aged care reform, digital systems risk entrenching exclusion during a life stage where support needs are increasing and capacity to navigate complex systems may be declining.

Taken together, online platforms and system interfaces are not merely technical tools; they are gatekeepers that shape access to care. Where they are not culturally informed, trauma-aware and flexible, they operate as structural barriers that disproportionately disadvantage Aboriginal and Torres Strait Islander Elders and Older People. Addressing systemic racism within aged care must therefore include critical examination and reform of digital systems and assessment tools, ensuring they enable rather than obstruct equitable access to appropriate care.

NATSIAACC Recommends

Reform aged care access pathways, including My Aged Care and assessment processes, to remove structural and digital barriers by:

- Redesigning online platforms and system interfaces to reflect Aboriginal and Torres Strait Islander cultural, social and community contexts.
- Reducing over-reliance on digital-only access pathways and ensuring equivalent, well-resourced non-digital options.
- Reforming assessment frameworks so eligibility determinations accurately reflect First Nations' experiences, obligations and ageing needs.
- Expanding and sustainably resourcing navigation supports, including the Elder Care Support Program, to meet demand without transferring system burden to community-controlled providers.
- Aligning aged care digital reform with Closing the Gap Target 17, with a specific focus on Elders and Older People.

TOR 3: Initiatives that are effective in combating racism targeted at First Nations people and reduce individual and collective harm.

Racism in aged care is most effectively addressed where Aboriginal and Torres Strait Islander people exercise authority over how care is designed, governed and delivered. Approaches that centre community control, cultural governance and embedded support consistently demonstrate greater trust, accessibility and cultural safety for Elders and Older People.

Community-controlled service delivery remains one of the strongest mechanisms for reducing both interpersonal and structural racism within aged care. ACCOs and ACCHOs operate from a model that is grounded in community accountability, cultural authority and self-determination. These organisations are designed to respond to the social, cultural and historical contexts that shape Aboriginal and Torres Strait Islander ageing, rather than requiring Elders and Older People to adapt to mainstream systems that were not designed for them.

Where community-controlled models are available, Elders and Older People report higher levels of trust, earlier engagement with services and greater willingness to seek support. Culturally safe environments reduce fear of judgement, surveillance or dismissal, which are common barriers in mainstream settings. Importantly, these models do not merely provide culturally responsive service



delivery; they actively disrupt institutional racism by embedding different ways of knowing and governing appropriate care.

Cultural governance is central to this success. Community-led decision-making ensures that services prioritise connection to Country and or Island Home, family, kinship networks and community roles as core components of wellbeing. Governance structures led by Aboriginal and Torres Strait Islander people enable services to adapt flexibly to local circumstances, uphold cultural protocols and ensure accountability to community rather than solely to funding bodies or regulators. In this way, governance itself operates as a protective factor against inequitable care and systemic discrimination.

A strong Aboriginal and Torres Strait Islander workforce across assessment, navigation, care delivery and leadership roles is essential to culturally informed practice and the reduction of harm within aged care. “Mob caring for mob” is not simply a preference but a proven mechanism for safety, trust and effective communication. Aboriginal and Torres Strait Islander workers are often better positioned to understand cultural obligations, recognise non-linear care needs and engage sensitively with Elders and Older people whose experiences of trauma or racism shape their interactions with systems.

Overall, initiatives that succeed in reducing racism in aged care share common features: they are led by Aboriginal and Torres Strait Islander people, supported by cultural governance, staffed by a First Nations workforce, and designed to remove rather than shift systemic burden. Strengthening these approaches is critical to reducing individual and collective harm and ensuring Elders and Older People can age with dignity, safety and cultural integrity.

NATSIAACC Recommends

Strengthening First Nations authority and governance mechanisms by:

- Embedding cultural governance and community-led decision-making as core requirements within aged care policy, funding and regulatory frameworks.
- Ensuring Aboriginal and Torres Strait Islander leadership and representation in aged care reform, oversight and system design processes.
- Recognising community control as a mechanism for addressing institutional and systemic racism, not merely as a service delivery option.

Expansion of community-controlled service delivery, particularly in thin markets, by:

- Investing in the expansion of Aboriginal Community Controlled aged care services, with a focus on rural, remote, regional and thin markets.
- Supporting sustainable workforce development, including the growth and retention of an Aboriginal and Torres Strait Islander aged care workforce across all roles.
- Prioritising long-term funding certainty to enable community-controlled organisations to plan, build capability and respond to growing demand from Elders and Older People.

TOR 5: The effectiveness of avenues for reporting and responding to racism against Aboriginal and Torres Strait Islander people, including the consistency, timeliness and appropriateness of outcomes across jurisdictions and institutions.

Current aged care reporting and response mechanisms provide formal pathways for complaints, feedback and regulatory action. However, these mechanisms are not yet consistently designed or

applied in a way that captures racism experienced by Aboriginal and Torres Strait Islander Elders and Older People, particularly where that racism is structural, cumulative or embedded in-service access and delivery.

At present, concerns about aged care can generally be raised through provider-level complaints systems, direct complaints to the Aged Care Quality and Safety Commission, the Aged Care Complaints Commissioner, advocacy support through the Older Persons Advocacy Network and broader regulatory oversight by the Commission.

Under the strengthened Quality Standards, providers are required to encourage and support people to make complaints and feedback without reprisal, transparently manage complaints, record and report on complaints and feedback, and use this information to improve care quality (Aged Care Quality and Safety Commission, 2025a).

The Commission's own complaints reporting also recognises that providers are responsible for managing feedback and complaints about their services and that people may approach the Commission where they do not feel confident raising issues directly with their provider or where a provider's complaints process has not addressed their concerns (Aged Care Quality and Safety Commission, 2024).

The new aged care framework also includes stronger rights-based and regulatory architecture. The Aged Care Code of Conduct requires providers, responsible persons and aged care workers to act with dignity and respect, value diversity, act on quality and safety concerns and deliver aged care free from violence, discrimination, exploitation, neglect and abuse (Aged Care Quality and Safety Commission, 2025b). Standard 1 of the strengthened Quality Standards also expressly refers to dignity, respect, individuality, diversity, culturally safe care, choice and control as core concepts underpinning aged care delivery (Aged Care Quality and Safety Commission, 2025c).

NATSIAACC acknowledges these reforms are important. They provide a clearer foundation for rights, complaints, provider obligations and regulatory oversight than has previously existed. The Commission has also begun developing First Nations-specific resources and communications, including a First Nations Hub developed with First Nations stakeholders and communities to support culturally appropriate and safe aged care for First Nations older people (Aged Care Quality and Safety Commission, 2025d).

However, the existence of formal complaints pathways does not mean they are culturally safe, accessible or effective for Aboriginal and Torres Strait Islander Elders and Older People in practice. Andrea Kelly's national consultations found that many older Aboriginal and Torres Strait Islander people experienced complaints mechanisms as culturally unsafe or unresponsive. People often did not understand how their complaints were being handled, did not understand the outcome, or felt their issue had not been resolved (Kelly, 2024). Kelly also observed that even assisting individuals to navigate complaints mechanisms could be difficult, highlighting the need for more information, education and awareness about what supports are available and how they can be accessed (Kelly, 2024).



This matters because the current complaints system largely relies on individuals identifying harm, understanding their rights, trusting the system and having the confidence and capacity to raise concern. For Aboriginal and Torres Strait Islander Elders and Older People, this cannot be assumed.

Experiences of institutional racism, past government control and culturally unsafe interactions with mainstream systems can make formal complaints processes intimidating or inappropriate. This is particularly relevant for Stolen Generations survivors and other Elders and Older People whose engagement with institutional systems may itself be a source of trauma.

The structure of current complaints pathways also means that racism may be underreported or misclassified. A person may complain about poor communication, lack of respect, delayed care, refusal to adapt services, inappropriate assessment behaviour, or being unable to access culturally safe care, without the issue being recorded or analysed as racism. In this context, racism in aged care may appear in complaints data as “communication”, “choice and dignity”, “staff conduct”, “access”, “assessment”, “care planning” or “service availability”, rather than as racism. This limits the ability of governments, regulators and providers to identify patterns and respond to root causes.

This is a key weakness in the current reporting architecture. The Aged Care Quality and Safety Commission publishes complaints data and encourages transparency, and providers are expected to collect and analyse complaints and feedback data to improve care (Aged Care Quality and Safety Commission, 2024; Aged Care Quality and Safety Commission, 2025a). However, there is no clear mandatory aged care-wide reporting requirement (that NATSIAACC has seen) that specifically captures racism experienced by Aboriginal and Torres Strait Islander Elders and Older People, including structural racism, culturally unsafe care, or the failure to provide culturally appropriate services.

This gap is consistent with Kelly’s finding that there is a significant lack of Aboriginal and Torres Strait Islander-specific data on the needs and experiences of Elders and Older People in aged care. Kelly noted that this lack of data inhibits informed, context-specific policy and program decisions and that governments must boost available data while adhering to the data-sharing principles under Priority Reform 4 of the National Agreement on Closing the Gap (Kelly, 2024).

The issue is therefore not simply whether complaints pathways exist. The issue is whether those pathways can identify racism when it occurs, whether Elders and Older People feel safe to use them, whether complaints are handled in a culturally safe way, and whether the information gathered is used to drive regulatory and system-level accountability.

NATSIAACC’s position is that current reporting and response mechanisms must be strengthened so that racism in aged care is no longer invisible within broader complaints categories. This requires complaints systems, provider reporting, Commission data and regulatory responses to be capable of identifying racism as a distinct and reportable issue, including where it presents through exclusion, culturally unsafe care, delayed access, poor communication, or failure to support connection to Country and or Island Home, family and community.

It also requires regulatory responses to move beyond individual complaint resolution. Where complaints or feedback reveal patterns of culturally unsafe care, lack of access, repeated failure to engage appropriately with Aboriginal and Torres Strait Islander people, or systemic exclusion from



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services, these matters should inform provider monitoring, quality assessment, compliance action and broader policy reform.

NATSIAACC also acknowledges that culturally safe reporting cannot be achieved through regulator-led processes alone. Aboriginal and Torres Strait Islander community-controlled organisations, trusted advocates, Elders' groups and local community structures must be recognised as essential parts of a culturally safe reporting environment. This does not remove the responsibility of providers or regulators. Rather, it recognises that Elders and Older People are more likely to raise concerns where they are supported by trusted people and organisations who understand their community, culture and lived experience.

Accordingly, strengthening complaints and reporting mechanisms must be understood as part of a broader shift toward cultural safety across the aged care system. A complaints system that is difficult to understand, culturally unsafe or unable to identify racism cannot provide meaningful accountability. A system that does not collect data on racism cannot demonstrate whether reform is improving outcomes.

NATSIAACC Recommends

Mandatory, transparent data collection and public reporting on racism within aged care systems to enable accountability and system-level reform.

Strengthening complaints and regulatory responses to ensure culturally safe engagement and accountability.



Conclusion

This submission outlines that racism experienced by Aboriginal and Torres Strait Islander Elders and Older People within the aged care system is predominantly structural and systemic, embedded in policy settings, system design, access pathways, service models and accountability frameworks. While recent reforms and targeted initiatives signal an important shift toward recognising cultural safety, they remain constrained by underlying architectures that were not designed for First Nations peoples and continue to reproduce inequity in practice.

Addressing racism, hate and violence in aged care therefore requires sustained, system-wide reform that goes beyond isolated programs or discretionary initiatives. Cultural safety must be legislated, enforced and treated as a core requirement across the system. Digital and assessment frameworks must be redesigned to remove exclusionary barriers, complaints and reporting mechanisms must be strengthened to identify and respond to racism as a distinct issue, and data collection must support meaningful accountability and reform.

Central to this reform agenda is strengthening Aboriginal and Torres Strait Islander authority, governance and community control. Evidence consistently shows that culturally safe, community-controlled models of care, supported by a strong Aboriginal and Torres Strait Islander workforce, are most effective in reducing harm, improving access and disrupting institutional racism. Expanding and sustainably resourcing these models is essential to ensuring Elders and Older People can age with dignity, safety and strong connections to culture, community and Country and Island Home. Without these changes, aged care reform will continue to operate on assumptions that do not hold for Aboriginal and Torres Strait Islander Elders and Older people, resulting in continued under-access, late entry to care, and avoidable harm.

These issues are not only isolated to aged care but reflect broader patterns across service systems where Aboriginal and Torres Strait Islander people are required to navigate models not designed for their realities. Addressing these issues requires coordinated national leadership, with consistent expectations across jurisdictions, systems and providers.

NATSIAACC remains committed to working collaboratively with governments, regulators and peak bodies to support reform that delivers a genuinely equitable aged care system for Aboriginal and Torres Strait Islander Elders and Older People. Without decisive action to address the structural drivers of racism, aged care reforms risk perpetuating the very harms they seek to resolve.



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