



**NACCHO**

National Aboriginal Community  
Controlled Health Organisation  
*Aboriginal health in Aboriginal hands*

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# **New Aged Care Act Exposure Draft**

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Submission to  
Department of Health  
and Aged Care

March 2024

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## About NACCHO

NACCHO is the national peak body for Aboriginal and Torres Strait Islander health in Australia. We represent 145 Aboriginal Community Controlled Health Organisations (ACCHOs) and assist several other community-controlled organisations to improve health outcomes for Aboriginal and Torres Strait Islander people.

Our sector has more than fifty years' collective service. In 1971, Aboriginal people established the first Aboriginal medical service in Redfern, NSW. Mainstream health services were not working and there was an urgent need to provide decent, accessible health services for the medically uninsured Aboriginal population (pre-dating Medicare (1975)). Similar Aboriginal medical services quickly sprung up around the country. In 1974, a national representative body was formed to represent these Aboriginal medical services. That body has grown into what NACCHO is today.

NACCHO liaises with its membership (ACCHOs) and eight state/territory affiliates, governments, and other organisations, to develop policy, provide advice and advocate for better health and wellbeing outcomes for Aboriginal and Torres Strait Islander people. Together we address health issues including service delivery, information and education, research, public health, financing, and programs.

ACCHOs range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small services which rely on Aboriginal health practitioners and/or nurses to provide the bulk of primary health care services. Our 145 members provide services from about 550 clinics. Our sector provides over 3.1 million episodes of care per year for over 410,000 people across Australia; about one million of these episodes of care are delivered in very remote regions.

ACCHOs contribute to improving Aboriginal and Torres Strait Islander health and wellbeing by providing comprehensive primary health care, and by integrating and coordinating care and services. They provide home and site visits; medical, public health and health promotion services; allied health; nursing services; assistance with making appointments and transport; help accessing childcare or dealing with the justice system; drug and alcohol services; and help with income support.

ACCHOs build ongoing relationships to provide continuity of care. This helps chronic conditions to be better managed and provides more opportunities for preventative health care. Through local engagement and a proven service delivery model, our clients 'stick'. Cultural safety in our services is a key factor of our success.

ACCHOs are also closing the employment gap. Collectively, we employ about 7,000 staff – 54 per cent of whom are Aboriginal or Torres Strait Islanders. This makes us the third largest employer of Aboriginal or Torres Strait people in the country.

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## Acknowledgements

NACCHO welcomes the opportunity to provide feedback to this consultation and have appreciated the opportunities to participate in associated workshops and webinars, particularly those focused on the Aboriginal and Torres Strait Islander sector. We would be delighted to participate further, as appropriate, to support Aboriginal and Torres Strait Islander aged care.

## Foreword

In respect of our focus on healthcare and wellbeing for Aboriginal and Torres Strait Islander people, our response addresses selected elements from Chapters of the Act. It is important to note that omission of commentary on any element does not signify NACCHO's endorsement. It may instead reflect our capacity to proffer opinions on the broad spectrum of aged care service provision covered by the Act, and the large number of questions posed in the consultation papers.

Regretfully, with this consultation and others from the Department of Health and Aged Care, the onus is on organisations such as ours, with limited resources, to wade through volumes of often repetitive consultation material and prioritise areas for response. It would be helpful if public consultations could identify specific and priority areas for feedback relevant to target audiences rather than assume a one size fits all approach.

## Recommendations

NACCHO recommends:

1. that the New Aged Care Act aligns with and supports the National Agreement and its four Priority Reform Areas.
2. that the Objects of the Act include a specific aim to provide equitable access to appropriate aged care for eligible Aboriginal and Torres Strait Islander people.
3. that the accompanying Note to Clause 22 (4) of the Act regarding Statement of Principles, should be expanded to include individuals who:
  - have managed, pre-existing chronic health conditions
  - have a background of substance use or incarceration.
4. that in line with Priority Reform 2 of the National Agreement, regulatory controls and associated legislation provide flexibility to support ACCHOs to become aged care providers and to build workforce capacity to provide aged care services that support local cultural and service delivery needs.
5. the New Aged Care Act supports specific service types and assessment mechanisms to accommodate flexible pathways to support Aboriginal and Torres Strait Islander people to access and deliver aged care services.
6. that supported decision-making models and complaints mechanisms support Aboriginal and Torres Strait Islander people to use a trusted pathway.
7. that the establishment and functions of the First Nations Aged Care Commissioner are written into the Act.

8. that Clause 132 (1) (a) of the Act, relating to the System Governor, is amended to read: ‘facilitate equitable access to funded aged care services, regardless of a person’s diversity, abilities, background, life experiences, culture, beliefs, or location’. The Clause should include the ‘Note’ from Clause 22 (4) (from the Statement of Principles) and that Note should be expanded to include individuals who:
  - have managed, pre-existing chronic health conditions
  - have a background of substance use or incarceration.
9. NACCHO recommends that regulatory mechanisms recognise that ‘best practice in aged care’ in Aboriginal and/or Torres Strait Islander community settings may look different from that in mainstream settings and adjusts provider obligations accordingly.

## National Agreement on Closing the Gap

At the meeting of National Cabinet in early February 2023, First Ministers agreed to renew their commitment to Closing the Gap by re-signing the National Agreement, first signed in July 2020. The reforms and targets outlined in the National Agreement seek to overcome the inequality experienced by Aboriginal and Torres Strait Islander people and achieve life outcomes equal to all Australians.

This Government’s first Closing the Gap Implementation Plan commits to achieving Closing the Gap targets *through implementation of the Priority Reforms*. This represents a shift away from focussing on the Targets, towards the structural changes that the Priority Reforms require, and which are more likely to achieve meaningful outcomes for our people in the long term.

The four Priority Reforms offer a roadmap to meaningfully impact structural drivers of chronic disease for Aboriginal and Torres Strait Islander people:

### Priority Reform Area 1 – Formal partnerships and shared decision-making

This Priority Reform commits to building and strengthening structures that empower Aboriginal and Torres Strait Islander people to share decision-making authority with governments to accelerate policy and place-based progress against Closing the Gap.

### Priority Reform Area 2 – Building the community-controlled sector

This Priority Reform commits to building Aboriginal and Torres Strait Islander community-controlled sectors to deliver services to support Closing the Gap. In recognition that Aboriginal and Torres Strait Islander community-controlled services are better for Aboriginal and Torres Strait Islander people, achieve better results, employ more Aboriginal and Torres Strait Islander people, and are often preferred over mainstream services.

### Priority Reform Area 3 – Transformation of mainstream institutions

This Priority Reform commits to systemic and structural transformation of mainstream government organisations to improve to identify and eliminate racism, embed and practice cultural safety, deliver services in partnership with Aboriginal and Torres Strait Islander people, support truth telling about agencies’ history with Aboriginal and Torres Strait Islander people, and engage fully and transparently with Aboriginal and Torres Strait Islander people when programs are being changed.

## Priority Reform 4 – Sharing data and information to support decision making

This Priority Reform commits to shared access to location-specific data and information (data sovereignty) to inform local-decision making and support Aboriginal and Torres Strait Islander communities and organisations to support the achievement of the first three Priority Reforms.

### Review of Closing the Gap

In its first review of the National Agreement on Closing the Gap, the Productivity Commission found that governments are not adequately delivering on their commitments. Despite support for the Priority Reforms and some good practice, progress has been slow, uncoordinated, and piecemeal.

The Commission noted that to enable better outcomes, the Australian government needs to relinquish some control and acknowledge that Aboriginal and Torres Strait Islander people know what is best for their communities. It needs to share decision making with Aboriginal Community Controlled Organisations (ACCOs), recognise them as critical partners rather than passive funding recipients, and then trust them to design, deliver and measure government services in ways that are culturally safe and meaningful for their communities.

‘Without external perspectives, government organisations will not be able to overcome any blind spots relating to institutional racism, cultural safety and unconscious bias.’<sup>1</sup>

NACCHO recommends that the New Aged Care Act aligns with and supports the National Agreement and its four Priority Reform Areas.

### Aged care for Aboriginal and Torres Strait Islander people

Aboriginal Community Controlled Health Organisations (ACCHOs) play a central role providing culturally safe, trauma-informed primary health care for Aboriginal and Torres Strait Islander communities. They are trusted and accessible. Their person-centred approach to care prioritises individual client needs and incorporates wraparound services that are not generally available through mainstream services. These additional services such as language support, transport to appointments and assistance navigating health systems, help Aboriginal and Torres Strait Islander people to overcome barriers that can make it difficult to access care.

The community-controlled sector reflects the strength of Aboriginal and Torres Strait Islander communities, including the value attributed to community Elders and care provided within families to frail and aged family and community members<sup>2</sup>. Ironically that strength is contributing to additional, unsustainable load on family carers and an associated need to expand culturally safe aged care services.<sup>3</sup>

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<sup>1</sup> Productivity Commission, Review of the National Agreement on Closing the Gap, Study Report, Canberra, 7 Feb 2024 [Study Report - Closing the Gap review - Productivity Commission \(pc.gov.au\)](https://www.pc.gov.au/research/indigenous/closing-the-gap).

<sup>2</sup> Lesli Hokanson et al., “A Systematic Review of Indigenous Caregiver Functioning and Interventions,” *Quality of Life Research* 27, no. 8 (2018), 2007-2017, <https://doi.org/10.1007/s11136-018-1836-1>.

<sup>3</sup> Dina LoGiudice et al., “The Well-Being of Carers of Older Aboriginal People Living in the Kimberley Region of Remote Western Australia: Empowerment, Depression, and Carer Burden,” *Journal of Applied Gerontology* 40, no. 7 (October 2020), 693-702, <https://doi.org/10.1177/0733464819898667>; Afaf Girgis and Sylvie Lambert, “Cost of informal caregiving in cancer care”, *Cancer Forum*, vol. 41, no. 2 (2017),16-22, <https://search.informit.org/doi/10.3316/informit.112312308779892/>.

Aboriginal and Torres Strait Islander people prefer to access community-controlled services, however there is a lack of access to community-controlled aged care, and aged care generally, especially in remote areas. To understand cultural intelligence and have that instilled in staff that work directly with clients, mainstream aged care providers need leaders who embrace cultural competence. Without this, no amount of training for staff will deliver cultural safety for Aboriginal and Torres Strait Islander clients. Critically, the onus of cultural competence should not rest solely with the ACCO sector and the communities they serve – mainstream services also need to be accountable for the provision of culturally safe services.

## Alignment with Royal Commission policy intent and vision

We know that Aboriginal and Torres Strait Islander people do not access aged care at a rate commensurate with or appropriate to their level of need<sup>4</sup>.

NACCHO reiterates its support for full implementation of the Royal Commission's (RC) recommendations with respect to aged care for Aboriginal and Torres Strait Islander people.

We welcome the appointment of the Interim First Nations Aged Care Commissioner to foster, promote and develop culturally safe and tailored and flexible aged care services for Aboriginal and Torres Strait Islander people.

We note that currently there is no reference to the role of this position in the Act.

We welcome regulatory and legislative frameworks that support:

- a person-centred approach, as this aligns with the ACCO model of care<sup>5</sup>
- an aged care system where all services are centred around and culturally appropriate for the person receiving care
- aged care services that are free of discrimination and racism and delivered flexibly to optimise health outcomes for the person receiving care
- aged care services that respect and acknowledge the collective, holistic view of family, community, relationships with Elders, and connections with Country including the Torres Strait Islands or other islands as central to Aboriginal and Torres Strait Islander wellbeing
- an aged care system where Aboriginal Community-Controlled aged care providers are supported to determine and deliver an integrated model of care to meet the aged care, disability care and primary health care needs within their community.

## Adoption of previous feedback

We acknowledge and welcome the adoption into the Act of previous recommendations with respect to Aboriginal and Torres Strait Islander people accessing funded aged care services. Specifically, we acknowledge the elements of the Act listed below:

### **The Objects of the Act:**

- in conjunction with other laws, give effect to Australia's obligations under the International Covenant on Economic Social and Cultural Rights
- provide an aged care system designed to assist individuals accessing funded aged care services to:

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<sup>4</sup> Royal Commission into Aged Care Quality and Safety, 2021, Final Report: Care, Dignity and Respect, <https://agedcare.royalcommission.gov.au/publications/final-report>

<sup>5</sup> NACCHO Core Services and Outcomes Framework <https://csof.naccho.org.au/>



- live self-determined lives
- ensure equitable access regardless of location, background and life experience
- participate in society on an equal basis with others
- access integrated services in other sectors where required
- have individual choice and control in the planning and delivery of services
- have accessible complaint mechanisms
- provide feedback on services without reprisal
- expect a diverse, trained and appropriately skilled workforce (to support their cultural safety).

**The Statement of Rights:**

- equitable access to assessment or reassessment of needs for funded aged care services in a manner which is culturally safe, culturally appropriate, trauma-aware and healing-informed
- equitable and non-discriminatory treatment
- Aboriginal or Torres Strait Islander people to have a right to opportunities, and assistance, to stay connected with community and Country.

**The Statement of Principles:**

- an amendment to acknowledge that persons who are Aboriginal or Torres Strait Islander persons may also include those from stolen generations.

**The System Governor:**

- facilitates equitable access to funded aged care services, including in respect of location and individuals who identify with a number of diversity characteristics.

**The Complaints Commissioner:**

- upholds rights to culturally safe processes to make complaints and provide feedback.

**The Conditions on provider registration:**

provide flexibility to support ACCHOs and ACCOs to become aged care providers, for example by providing them exclusions from:

- needing to have majority governing body members as independent non-executive
- needing to have at least one governing body member with experience in clinical care.

## Chapter 1 - Introduction

### Objects

Currently, older Aboriginal and Torres Strait Islander people do not have equitable access to aged care. Only 16% of those eligible receive aged care services compared with 30% of the eligible non-Indigenous population<sup>6</sup>.

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<sup>6</sup> Department of Health and Aged Care, Roundtable Consultation on a new Aged Care Act, 5 February 2024.



Applying an equity lens will acknowledge that Aboriginal and Torres Strait Islander people need cultural safety and may face additional challenges accessing care due to more complex health needs, social circumstance, and geography.

We welcome any relevant inclusion in the Act that would support equity of access for Aboriginal and Torres Strait Islander people.

NACCHO recommends that the Objects of the Act include a specific aim to provide equitable access to appropriate aged care for eligible Aboriginal and Torres Strait Islander people.

## Statements of Rights and Principles

NACCHO supports the inclusion of a Statement of Rights that describes what people can expect when considering and accessing funded aged care services.

In our submission to the consultation on the Foundations of the New Aged Care Act, NACCHO recommended adding a right for Aboriginal and Torres Strait Islander people to maintain personal connection to community and Country.

NACCHO supports the revised wording proposed during the Department's Roundtable consultation on 5 February (Department's Roundtable), i.e. that the right enables Aboriginal and Torres Strait Islander people to *maintain personal connection to community and Country, including the Torres Strait Islands or other islands*.

To limit opportunities for discrimination, the Statement of Principles should extend access to culturally safe, culturally appropriate, trauma-aware and healing-informed, funded aged care services to individuals who have managed, pre-existing chronic health conditions, or have a background of substance use or incarceration.

NACCHO recommends that the accompanying Note to Clause 22 (4) of the Act regarding Statement of Principles, should be expanded to include individuals who:

- have managed, pre-existing chronic health conditions
- have a background of substance use or incarceration.

## Definitions and key concepts

NACCHO welcomes the focus on and inclusion of a definition of high-quality care. To achieve high quality care for Aboriginal and Torres Strait Islander people, NACCHO recommends prioritising care that aligns with our Core Services Outcomes Framework (CSOF), a person-centred, community controlled model forged in 1971. The model, now incorporated in 145 ACCHOs across Australia, has been widely acknowledged as the best example of community-based health infrastructure improving health and wellbeing.

An in-depth study<sup>7</sup> of two metropolitan Aboriginal community controlled, aged care services, found that community controlled aged care supports Aboriginal and Torres Strait Islander identity, connection with elders and communities and respect for self-determination. The associated

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<sup>7</sup> Dawson, A., Harfield, S., Davy, C., Baker, A., Kite, E., Aitken, G., Morey, K., Braunack-Mayer, A., & Brown, A. (2021). Aboriginal community-controlled aged care: Principles, practices and actions to integrate with primary health care. *Primary Health Care Research & Development*, 22(e50). <https://doi.org/10.1017/s1463423621000542>

community-based governance model and partnerships with Aboriginal and Torres Strait islander workforce and culturally safe non-Indigenous workforce enable culturally safe aged care.

Recognising that Aboriginal Community Controlled Organisations (ACCOs) can achieve better results for Aboriginal and Torres Strait islander people<sup>8</sup>, and the Productivity Commission's recommendation<sup>9</sup> that governments need to take steps to strengthen the capability of ACCOs in key sectors, it is essential that the new Aged Care Act supports the ACCO sector to deliver aged care services.

The Act's definition of high-quality care should reference the CSOF as an exemplary model of care. It should acknowledge that aged care services integrated with this successful, well-established model of ACCHO primary health care offer many benefits for Aboriginal and Torres Strait Islander people needing aged care services. These include:

- Promoting elder wellbeing and safety through intimate knowledge of and connections to family and community
- Better access to aged care by reducing complexities of needing to navigate multiple services and systems
- Maintaining Indigenous identity
- Supporting management of comorbidities and social complexities experienced by many older Aboriginal and Torres Strait Islander people through holistic services that incorporate social supports.<sup>7</sup>

In line with RC Recommendation 54: *Ensuring the provision of aged care in regional, rural and remote areas*, and to support equity of access to aged care services, we support specific service types and associated assessment pathways and compliance requirements for Aboriginal and Torres Strait Islander aged care providers. This would provide greater flexibility, particularly in rural, remote, and regional areas, and in thin markets – or environments with very limited numbers of providers. It is in these circumstances, where markets don't really exist, that providers may need flexibility such as reduced reporting obligations or alternate methods for demonstrating necessary capability.

In line with Priority Reform 2 – to grow and support the Aboriginal community controlled sector, RC Recommendation 50: *Prioritising Aboriginal and Torres Strait Islander organisations as aged care providers*, and the recent report on Closing the Gap which called for governments to share power with Aboriginal and Torres Strait Islander people, service types could be used to support ACCHOs as aged care providers. They could reduce barriers to entering the market, by accommodating exemptions such as registration fees, and supporting ACCHOs to grow their workforce, and implement aged care services to support their local cultural and service delivery needs and care for ageing community members. This may include additional staff to provide navigation support, such as Aged Care Connectors and Aged Care Support Coordinators, as per the current Elder Care Support program.

Service types for Aboriginal and Torres Strait Islander people should also accommodate specific cultural needs such as return to Country.

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<sup>8</sup> Productivity Commission 2024, Review of the National Agreement on Closing the Gap, Canberra, fact sheets, Priority Reform 2, p3.

<sup>9</sup> Productivity Commission 2024, Review of the National Agreement on Closing the Gap, Study report, volume 1, Canberra.

NACCHO recommends that in line with Priority Reform 2 of the National Agreement, regulatory controls and associated legislation provide flexibility to support ACCHOs to become aged care providers and to build workforce capacity to provide aged care services that support local cultural and service delivery needs.

NACCHO recommends the New Aged Care Act supports specific service types and assessment mechanisms to accommodate flexible pathways to support Aboriginal and Torres Strait Islander people to access and deliver aged care services.

## Embedding supported decision-making

Nominee arrangements are complex and are likely to be difficult to navigate. Processes for supported decision making must be accessible to and ensure cultural safety for Aboriginal and Torres Strait Islander people. They should consider Aboriginal and Torres Strait Islander kinship and decision-making structures, including a possible need for more than one 'supporter'. NACCHO supports older people being able to nominate both a representative *and* one or more supporters.

There are several reasons why an Aboriginal or Torres Strait Islander person with decision making capability might still need to or prefer to appoint a representative. Reasons might include:

- lack of trust in institutionalised systems and organisations due to associations with historical forced removal practices
- needing assistance with system navigation
- lack of confidence articulating preferences
- language barriers.

NACCHO recommends that supported decision-making models and complaints mechanisms support Aboriginal and Torres Strait Islander people to use a trusted pathway.

In the Department's Roundtable, concerns were raised around the roles of supporters and representatives. NACCHO supports the call for further clarification around these roles, specifically the following issues:

- the intent of these legally appointed supporters/representatives
- can a supporter be an 'organisation' – e.g. an ACCHO?
- relationship with state-based legislation/guidance, power of attorney, guardianships etc.?
- relationship with Elder Support aged care connectors and coordinators.

## Chapter 2 – Entry to the Commonwealth aged care system

### Transitional arrangements

Persons who were eligible for aged care under the existing arrangements should not lose access to aged care services they are already receiving, during or after transition to the new aged care system.

In Aboriginal and Torres Strait Islander care settings, when people need support, they are not refused care. Providers assume that when people present and ask for help, that they need help, and so they are offered help. Many of them present with complex, chronic illnesses and have nowhere else to go.

NACCHO supports a specific and separate pathway for Aboriginal and Torres Strait Islander people (RC Recommendation 47). This pathway would support providers to sustain this type of care (care for which they are not currently resourced) and support aged persons to access culturally safe care. A separate pathway would provide:

- Assessments conducted by Aboriginal or Torres Strait Islander community assessors
- Access to services in emergency or urgent care situations, prior to needs assessment.

## Chapter 4 – Fees, payments and subsidies (pending)

### Structure of Chapter 4

The proposed structure of the chapter seems logical, and it makes sense to move means testing to this chapter.

Acknowledging that compensation monies for past trauma should be protected, NACCHO supports provision in the Act to exclude redress compensation payments from income tests for means testing.

### Subsidies

The person-centred subsidy aligns with the person-centred approach.

NACCHO supports the additional provision for one-off subsidy payments to providers for specific purposes, other than aged-care services.

In the context of Aboriginal and Torres Strait Islander persons, and in line with Closing the Gap outcomes 15 and 16, the subsidy framework could also be used to resource providers to deliver wraparound type supports or cultural supports such as return to Country.

## Chapter 5 – Governance of the aged care system

NACCHO welcomes the recent appointment of an Interim First Nations Aged Care Commissioner in response to RC Recommendation 49. Noting that relevant functions and powers for the role are still being finalised, it would be appropriate for the First Nations Aged Care Commissioner's role and associated functions to be written into the Act, as has been done for the System Governor, the Commissioner of the Aged Care quality and Safety Commission, the Advisory Council, and the Complaints Commissioner.

To further reduce the likelihood of discrimination, Clause 132 (1) (a) regarding System Governor functions can be strengthened as described in our recommendation below.

NACCHO recommends that the establishment and functions of the First Nations Aged Care Commissioner are written into the Act.

NACCHO recommends that Clause 132 (1) (a) of the Act, relating to the System Governor, is amended to read: 'facilitate equitable access to funded aged care services, regardless of a person's diversity, abilities, background, life experiences, culture, beliefs, or location'. The Clause should include the 'Note' from Clause 22 (4) (from the Statement of Principles) and that Note should be expanded to include individuals who:

- have managed, pre-existing chronic health conditions
- have a background of substance use or incarceration.

## Chapter 6 – Regulatory mechanisms

As suggested by participants at the Department's Roundtable, aged care regulatory mechanisms should aim to take a more supportive and less punitive approach.

We welcome the Aged Care Quality and Safety's Commission's stated support for innovation and openness to aged-care provider discretion as to how they achieve compliance.<sup>10</sup>

The nature of care provided in Aboriginal community controlled settings is such that, despite resourcing challenges to meet service needs, people in need are not turned away when they need help. In situations, particularly in thin markets in rural and remote regions, where community providers face huge challenges meeting service needs, having adequate staffing, having access to housing and other local, environmental challenges, problems and issues of aged care compliance should be met with understanding of the setting. Addressing problems should begin with offering support, education, resources etc. to help resolve and improve the situation, with a focus on continuous quality improvement.

Genuine partnering with the Aboriginal community controlled sector and growing an Aboriginal and Torres Strait Islander workforce to support a regional presence for aged care workers, including assessors and regulators, would ultimately deliver improved access to culturally safe, aged care services for Aboriginal and Torres Strait Islander people, and better care outcomes.

NACCHO recommends that regulatory mechanisms recognise that 'best practice in aged care' in Aboriginal and/or Torres Strait Islander community settings may look different from that in mainstream settings and adjusts provider obligations accordingly.

## Chapter 7 – Information management

### Barriers to disclosure

In close-knit Aboriginal communities, both rural and urban, people may be reluctant to make disclosures, because they may fear repercussions for themselves and their families.

### Protections for whistle-blowers

Whistleblower protections must ensure cultural safety for Aboriginal and Torres Strait Islander people. NACCHO supports having appropriately trained and educated, designated persons in care settings and in independent services to whom disclosures and complaints about aged care could be made without fear of reprisal in local communities or from service providers.

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<sup>10</sup> Department of Health and Aged Care New Aged Care Act Exposure Draft consultation webinar, 18 January 2024