First Nations Aged Care Reform: A Five-Year Plan 2026-2031

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Acknowledgements

We respectfully acknowledge the Traditional Custodians of the lands of the many Nations, whose ancestral lands and waters we have the privilege to live and work across.

We pay our deepest respects to their Elders, past and present, and recognise their continuing connection to culture, community, and Country.

We also extend our respect to all Aboriginal and Torres Strait Islander peoples and acknowledge their unique and valuable contributions to our society.

We especially honour and value the experiences, strengths, and contributions of the older First Nations people our organisations connect with. Their voices, stories, and perspectives give us purpose and are crucial in shaping the work we do.

Terminology

The terms *Aboriginal and Torres Strait Islander, First Nations* and *Indigenous* are used interchangeably throughout this document with respect.

Contents

Executive Summary

There is around **a 10 percentage point parity gap** for Aboriginal and Torres Strait Islander older persons accessing aged care compared with non-Indigenous Australians. Considering all the known indicators of social disadvantage, the **equity gap is likely double.**

This second *Five-Year Plan* has been developed and endorsed by the eight (8) Aboriginal Community Controlled Organisations (ACCOs) funded to deliver or build capacity to deliver non-residential aged care services to Aboriginal and Torres Strait Islander older persons in five (5) States and Territories.

Together, we are united in our resolve to eliminate the racially discriminatory outcomes embedded in the *Aged Care Act 2024* and to continue advocacy to the Australian Government and Parliament for implementation of the Aboriginal and Torres Strait Islander aged care reform recommendations from the *Final Report* of the Royal Commission into Aged Care Quality and Safety in 2021, which included:

- An Aboriginal and Torres Strait Islander aged care pathway within the new aged care system
- Ensuring cultural safety in the aged care sector
- An Aboriginal and Torres Strait Islander Aged Care Commissioner
- Prioritising Aboriginal and Torres Strait Islander organisations as aged care providers
- Employment and training for Aboriginal and Torres Strait Islander aged care
- Setting a funding cycle for Aboriginal and Torres Strait Islander aged care
- Providing appropriate funding and program streams for Aboriginal and Torres Strait Islander aged care.

Preceding the release of the Aged Care Royal Commission's *Final Report* the then Commonwealth Minister for Health and Aged Care, The Hon Greg Hunt, MP, invited the Institute for Urban Indigenous Health (IUIH) to come forward with a coherent five-year plan describing the future directions of Indigenous Aged Care.

The inaugural five-year plan *Our Care: Our Way: National Aboriginal and Torres Strait Islander Aged Care Plan 2021-2026* was drafted by IUIH then endorsed and launched by the National Advisory Group on Aboriginal and Torres Strait Islander Aged Care (NAGATSIAC) at Parliament House, Canberra, in June 2021, along with the companion document *'Our Care. Our Way: Transforming care pathways for Aboriginal and Torres Strait Islander Elders'*.

Progress by the Government and the (now) Department of Health, Disability and Ageing – the aged care System Governor – has been limited to:

- $106M funding for face-to-face support for older First Nations through the Trusted Indigenous Facilitators program, since rebranded as "Access Support Workers".
- In March 2022, an Approach to Market for funding of Aged Care Capacity Building Projects, providing support to Aboriginal Community Controlled Organisations to become approved aged care providers. More than 2,300 new First Nations older persons have received aged care services as a result.
- The eventual commissioning in the second half of 2025 of three Indigenous Aged Care Needs Assessment Pathway "pilot" sites.
- Following on from the success of the Capacity Building Projects, extension to metropolitan sub-regions of flexible block-funding funding through the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP).
- Development of the *Ten-Year Framework for Aboriginal and Torres Strait Islander Aged Care 2025-2035* by the First Nations Aged Care Governance Group (FNACGG).

As has been clearly articulated in reports handed down by the Interim First Nations Aged Care Commissioner and the Inspector-General of Aged Care, recommendations from the Royal Commission into Aged Care Quality and Safety pertaining to Aboriginal and Torres Strait Islander Aged Care **have not** been implemented. And, disappointingly, the new *Aged Care Act 2024* fails to substantially incorporate any of the original *Five -Year Plan* recommendations.

This second *Five-Year Plan 2026-2031* reflects the contemporary operating environment of the new *Aged Care Act 2024*, its subordinate *Rules,* and the experience since the 1 November 2025 of roll-out of the Support at Home Program and the Strengthened National Quality Standards.

This Plan retains the same baseline structure that framed the original *Five-Year Plan* of six (6) reform areas; however, given insufficient progress, a seventh (7th) reform area has been added to strengthen system accountability: **Institutional Reform.**

To deliver any meaningful change for Aboriginal and Torres Strait Islander older persons by the Closing the Gap target year of 2031, it's imperative that Government instructs the System Governor to implement this *Five-Year Plan 2026-2031* as a priority, and these actions be incorporated into the broader Ten-Year Transformation Plan proposed by both the Interim First Nations Aged Care Commissioner and the Inspector-General of Aged Care in their 2025 reports.

Summary of Actions in the Five-Year Plan 2026-2031

1. Access Pathways

1.1. Set a parity target for access.

1.2. Set an equity target for access.

1.3. Set metrics for Access Support Workers commencing 1 July 2026.

1.4. Redeploy Access Support Worker funding from 1 July 2027.

2. Assessment Pathways

2.1. With immediate effect needs are Assessor – not algorithm – determined.

2.2. Establish regional assessment infrastructure, nationwide by June 2031.

2.3. Establish Indigenous Assessors as a workforce stream from 1 July 2027.

3. Service Delivery Pathways

3.1. Immediately implement a national Aboriginal and Torres Strait Islander aged care pathway within the SAHP framework and leveraging NATSIFACP guidelines.

3.2. Amend the Aged Care Act 2024 to ensure Aboriginal and Torres Strait Islander older persons are immediately offered services by 31 December 2026.

3.3. Implement the ACCO Capacity Building Governing Board's Funding Model by 31 December 2026.

4. Urban-Regional Strategy

4.1. Expand capital city provider infrastructure.

4.2. Immediate access to NATSIFACP start-up funding.

4.3. Legislative recognition to designate NATSIFACP as a "specialist aged care program".

5. Integrated Service Delivery

5.1. Establish a "Service System Integration Program for Aged Care and Primary Health Care" from 1 July 2027.

6. Direct Care Workforce

6.1. Independent development of an Aged Care Workforce Plan from 1 January 2027.

6.2. Expand and re-focus the Indigenous Employment Initiative (IEI) Program.

7. Institutional System Reform.

7.1. Legislative Recognition in the Aged Care Act 2024 of the United Nations Declaration of the Rights of Indigenous People (UNDRIP), by 31 December 2026.

7.2. Independent statutory recognition of the First Nations Commissioner by 31 December 2026.

7.3. Establish a First Nations Aged Care Division to operate from 1 January 2027.

7.4. Co-design a Ten-Year Transformation Plan for First Nations Aged Care Reform, incorporating this Five-Year Plan 2026-2031.

7.5. Make the Ten-Year Framework for Aboriginal and Torres Strait Islander Aged Care 2025-2035 an auditable document.

Context

The strategic intent of this *Five-Year Plan 2026-2031* is to implement the Aboriginal and Torres Strait Islander aged care reform "pathway" within the Aged Care System as recommended in an integrated series of Recommendations published in Chapter 7, Volume 3a of *the Final Report of the Royal Commission into Aged Care Quality and Safety*[1], which was presented to the Governor-General on 26 February 2021, and tabled in the Australian Parliament on 1 March 2021.

Royal Commission Recommendations of particular relevance to this second Five-Year Plan include:

- **Establishing an Aboriginal and Torres Strait Islander aged care pathway** within the new aged care system. (Recommendation 47)
- Wherever possible, that aged care assessments of Aboriginal and Torres Strait Islander people are conducted by assessors who are Aboriginal or Torres Strait Islander people. (Recommendation 48)
- Prioritising Aboriginal and Torres Strait Islander organisations as aged care providers (Recommendation 50).
- The **Australian Government should block fund providers under the Aboriginal and Torres Strait Islander aged care pathway** (see Recommendation 47) on a three-to seven-year rolling assessment basis. (Recommendation 52)
- Under the Aboriginal and Torres Strait Islander Aged Care Pathway, the Australian Government should provide flexible grant funding streams that are able to be pooled for home and community care, residential and respite care, including transition, and that allow providers to apply for capital development and expenditure and provider development. (Recommendation 53)

Preceding the release of the Aged Care Royal Commission's *Final Report*, a national videoconference with key industry stakeholders was convened and chaired by the then Commonwealth Minister for Health and Aged Care, The Hon Greg Hunt, MP, on 28 January 2021.

During the videoconference, Minister Hunt invited the Chief Executive Officer of the Institute for Urban Indigenous Health Ltd (IUIH) to come forward with a coherent Five-Year Plan describing the future directions of Indigenous Aged Care.

Accordingly, the IUIH developed the first draft and sought broader input and endorsement from the National Advisory Group on Aboriginal and Torres Strait Islander Aged Care (NAGATSIAC).

The inaugural five-year plan *Our Care. Our Way: National Aboriginal and Torres Strait Islander Aged Care Plan 2021-2026*[2] was launched in June 2021 in Parliament House, Canberra, by NAGATSIAC in the presence of then Minister for Aged Care, Hon. Greg Hunt, MP.

Detailed and comprehensive evidentiary documentation highlighting the deficiencies in the aged care system in relation to this inaugural *Five-Year Plan*, including quantitative data analyses, were provided in April 2020 in the companion NAGATSIAC publication *'Our Care. Our Way: Transforming care pathways for Aboriginal and Torres Strait Islander Elders'*.[3]

Progress since 2021

More than five years on from the Royal Commission into Aged Care Quality and Safety, implementation of the recommendations has been minimal, as affirmed in reports from the Interim First Nations Aged Care Commissioner and the Inspector-General of Aged Care.

Opportunity was also missed in the development of the *Aged Care Act 2024* and its subordinate Rules, despite the practical clarity provided in the original *Five-Year Plan* and continual advocacy through submissions and proposals to the System Governor and to the Parliament.

Transforming Aged Care for Aboriginal and Torres Strait Islander people, Report from the Interim First Nations Aged Care Commissioner[4]

This February 2025 Report from the Interim First Nations Aged Care Commissioner concluded that:

> ***"...not enough has changed for Aboriginal and Torres Strait Islander people since the Royal Commission into Aged Care Quality and Safety (Royal Commission) 4 years ago. The aged care system has failed, and continues to fail, older Aboriginal and Torres Strait Islander people. The system is still not providing culturally safe care and is poorly placed to meet projected growth in demand of aged care services for older Aboriginal and Torres Strait Islander people." (page 2.)***

The Interim Commissioner found that an equity-based approach is required and that we must address the systemic barriers faced by Aboriginal and Torres Strait Islander people when accessing the aged care supports they need.

The Interim Commissioner recommended:

> ***"...a 10-year transformation plan be developed immediately. The plan, its commitments and activities must be appropriately resourced. A long-term plan and commitment reflects the dedicated effort and time it will take to transform the aged care system from its current form, to a strong aged care system led by the ACCO sector..." (page 64)***

The report further noted that the 10-year transformation plan must be developed based on data and evidence, reflect lived experience of older Aboriginal and Torres Strait Islander people and their vision for the future, and must be agreed between the Government and ACCO sector.

2025 Progress Report from the Inspector-General of Aged Care

In September 2025, the Inspector-General of Aged Care published her progress report on implementation of the recommendations from the Royal Commission into Aged Care Quality and Safety. The summary of findings focusing on Aboriginal and Torres Strait Islander Elder Care[5] state:

> ***"The vision of the Royal Commission has not been achieved. Instead, the government intends to mainstream aged care services for Aboriginal and Torres Strait Islander people for the next 4 years. The Inspector-General of Aged Care thinks this decision could cause harm." (page 1)***

The Inspector-General of Aged Care concluded that:

- A **'10 year transformation plan'** developed in genuine partnership with Aboriginal and Torres Strait Islander people is needed.
- **ACCOs need to be supported** to deliver culturally safe, trauma-aware, and healing-informed care.
- **Mainstreaming needs to be paused** while the Aboriginal and Torres Strait Islander aged care pathway is developed.
- **An independent, permanent Aboriginal and Torres Strait Islander Commissioner is needed.**

There have been some limited changes introduced since 2021; however, it is clear from the reports of the Interim Commissioner and the Inspector-General that not enough has been done.

Access Support Workers

On 4 July 2022, Aged Care Minister Annika Wells announced $106M funding for face-to-face support for older First Nations through the Trusted Indigenous Facilitators program to build a First Nations workforce to help individual older First Nations people, their families and carers, to access aged care services.

This access pathway initiative was rebranded as "Access Support Workers", and funding was continued and expanded. Unfortunately, neither Minister Wells nor her Department – the System Governor – made a condition of funding that even a single new Indigenous older person enters the Aged Care System. There has been no actual access additionality KPI for the now 400-plus "access" workforce. Neither the Government nor the System Governor can report what improvement in access outcomes has been made as a result of hundreds of millions of dollars of taxpayers' funding on this workforce.

Aboriginal and Torres Strait Islander aged care "needs assessments

In March 2022 Living Lab Trials for Indigenous Needs Assessments began. However, it was not until June 2025 that the System Governor closed a Request for Tender (RFT) for the provision of services to provide the first phase of Aboriginal and Torres Strait Islander aged care "needs assessments" with the funding of three "pilot" sites.

Aboriginal Community Controlled Organisations Aged Care Capacity Building projects

More significant progress has been achieved with Indigenous Service Delivery Pathways. In March 2022, the System Governor issued an Approach to Market (ATM) which contracted the Institute for Urban Indigenous Health for the first "round" of an Aged Care Capacity Building Project, focusing on Aboriginal Community Controlled Organisations to provide support with governance, business, training and leadership, increasing the capability and viability of these organisations to deliver aged care services to Aboriginal and Torres Strait Islander people. The first three Partners were in Perth, Darwin, and (Western) Sydney. Subsequent extension and expansion funding rounds incorporated ACCOs in Melbourne, Sunshine Coast, and Central Cost NSW. More than 2,300 new First Nations older persons have received aged care services as a result.

Extension of the National Aboriginal and Torres Strait Islander Flexible Aged Care Program

One of the most significant enhancements which has arisen from innovations in this Indigenous Service Delivery Pathway has been the extension to metropolitan sub-regions of flexible block-funding through the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP), as a result of on-the-ground pressure from the success of the Capacity Building Projects. Two additional structural innovations can be attributed to the Capacity Building Project. The first is the convocation of three Community of Practice Forums per year which bring together operations managers to share experiences, fast-track adoption of best practice, and directly engage with senior managers in the System Governor and the System Regulator (the Aged Care Quality and Safety Commission). The second has been the establishment of a Governing Board comprising the Chief Executive Officers of all Partners, which was able during 2023 and 2024 to meet with top managers in the System Governor.

Aboriginal and Torres Strait Islander Aged Care Framework 2025-2035[6]

This Ten-Year Framework was developed by the First Nations Aged Care Governance Group (FNACGG), an advisory entity to the System Governor, from June 2022 to January 2025, and approved by the then Aged Care Minister Anika Wells. Minister Wells acknowledged in her Foreword the need for a specific First Nations action plan to address the inequities Aboriginal and Torres Strait Islander older persons and their families experience in the Australian Aged Care system, and the complex reasons behind this, including:

- "Ongoing impacts of colonisation, historic trauma and institutional racism leading to mistrust of government systems, institutions and the workforce within these settings.
- Social and economic disadvantage.
- Complexity of My Aged Care with built-in assumptions that may not apply for Aboriginal and Torres Strait Islander people (including that people reside in a fixed location, are proficient in English language and computer literate, have access to records and identification documents, will trust strangers and government with sensitive information, and have confidence engaging with bureaucratic processes).
- A lack of culturally safe assessments and services across urban, rural and remote settings, including a lack of cultural safety in mainstream aged care.
- Intersectionality and additional need arising from higher rates of disability, comorbidities, homelessness, and dementia.
- Distances between services and communities, insecure or overcrowded housing and food security.
- Insufficient employment of Aboriginal and Torres Strait Islander people and people with high levels of cultural safety across all roles in aged care" (page 3)

There are two major limitations with the FNACCG's *Ten-Year Framework*:

1. First, the quantitative targets and outcomes are not sufficiently ambitious to drive change.
2. Secondly, the *Framework* is for internal DHDA use only: the Department's co-convenor of the FNACGG declared this *Framework* to be a non-auditable document.

However, these initiatives have been insufficient to have any meaningful impact. The objective analysis is incontrovertible: **the mainstream Aged Care Reform Agenda is not fit for purpose for Aboriginal and Torres Strait Islander older persons** and the 'reformed' Aged Care System under the *Aged Care Act 2024* continues to deliver the same racially discriminatory outcomes as the previous *Aged Care Act 1997*. Correcting this situation requires a new *First Nations Aged Care Reform Five-Year Plan.*

This conclusion was reinforced in May 2026 by the National Aboriginal and Torres Strait Islander Ageing and Aged Care Council (NATSIAACC) who circulated a Statement detailing the failures and inadequacies of the Australian Government and highlighting the need for "Overdue Action on First Nations Aged Care Reform". NATSIAACC is the national peak body for First Nations aged care, and its statement was endorsed by First Nations peak bodies and service providers nationwide.

Citing multiple Recommendations from the *Final Report* of the Aged Care Royal Commission, the NATSIAACC Statement explained the thrust of the action required:

> ***".. we are urging the Australian Government to urgently progress the unfinished implementation of the Aboriginal and Torres Strait Islander-specific recommendations arising from the Royal Commission and to work directly with First Nations leadership to address growing implementation risks emerging as mainstream Aged Care reforms progress ahead of several unresolved First Nations-specific reform commitments."***

NATSIAACC's Statement concluded with a clear call to action:

> ***"Across Australia, Aboriginal and Torres Strait Islander Elders and Older People continue to experience the consequences of an Aged Care system that remains insufficiently designed around their realities, needs and aspirations.***
>
> ***First Nations leadership is collectively calling for urgent action, stronger accountability and direct engagement with Aboriginal and Torres Strait Islander organisations to ensure Aged Care reform delivers measurable and equitable outcomes in practice, not only recognition in principle."***

This *Five-Year Plan 2026-2031* details practical, measurable, appropriate implementation measures aligned with NATSIAACC's call to action.

Cultural Care Principles

This *Five-Year Plan 2026-2031* retains as one of its foundations the seven "*Cultural Care Principles for Indigenous Elders*" detailed in the April 2021 NAGATSIAC publication, *'Our Care. Our Way: Transforming care pathways for Aboriginal and Torres Strait Islander Elders'*.[7]

Care of Elders is a holistic concept:

Indigenous health and wellbeing must be viewed in a holistic context that encompasses mental, physical, cultural and spiritual health. Land is also central to wellbeing. Crucially, it must be understood that while the harmony of these interrelations is disrupted, attempts to promote 'independence, wellness, reablement and restorative care' will fail.

Elders' right to self-determination:

For Indigenous populations, the evidence shows that the single biggest factor in improving health and social outcomes is self-determination. Self-determination is central to the provision of care to Indigenous Elders and consistent with Australia's international obligations, a fundamental human right. This includes the design and provision of care by Indigenous peoples themselves. Community Controlled Aged Care and Health Organisations are best practice examples of this self-determination in action.

The centrality of culture for Indigenous Elders:

For Indigenous Elders, cultural identity is the foundation of who they are. Culture is a key protective factor for health and wellbeing, and cultural expression is healing and has health benefits. Culture must be nurtured to facilitate its expression and continuity for future generations, and culturally valid understanding must shape the access, assessment and care of all Indigenous Elders' needs.

The impact of history in trauma and loss for Elders:

It must be recognised that the experiences of trauma and loss - a direct result of colonialism - are an outcome of the disruption to cultural wellbeing. Trauma and loss of this magnitude, including for Stolen Generation Elders, continue to have intergenerational impacts on Elders and how they view government and access its institutions.

The impact of racism and stigma for Elders:

Racism, stigma, environmental adversity and social disadvantage constitute ongoing stressors and have negative impacts on Indigenous Elders' health, wellbeing and independence.

Recognition of the centrality of kinship for Elders:

The centrality of Indigenous family and kinship must be recognised as well as the broader concepts of family and the bonds of reciprocal affection, responsibility and sharing. Elders' Indigenous identity is underpinned by their connection to family and community.

Recognition of cultural and regional diversity of Elders:

There is no single Indigenous culture or group, but numerous groupings, languages, kinship systems and tribes. Furthermore, Indigenous people live in a range of urban, rural or remote settings where expressions of culture and identity may differ. This includes being responsive to demographic changes such as the rapid population growth of Indigenous Elders in major cities and urban locations, where 79% [now 85%] of Australia's Indigenous population now live.

Priority Action 1: Indigenous Access Pathways

1

Actions in the Previous Five-Year Plan 2021-2026

The original *Five-Year Plan 2021-2026* advocated for two specific priority actions in support of Indigenous Access Pathways:

1. Set annual access targets and monitor them as part of the National Agreement on Closing the Gap. Allocate additional and discrete funding to meet these targets outside mainstream competitive rounds. These targets were to increase the percentage of eligible Indigenous population (50+) receiving aged care, with 2026 targets of:
    - 26% for Commonwealth Home Support Program (CHSP), from 12.5%
    - 10% for Home Care Packages (HCP), from 2.2%
    - 5% for Residential Care (primarily community hostels), from current 1.4%
2. Establish and fund a nation-wide network of local and trusted Indigenous Care Finders to help individual Indigenous Elders navigate the aged care system.

Progress

No action was taken to improve access targets. As a result, there has been no closing of either the 'parity gap' or the 'equity gap', as reported by the Interim First Nations Commissioner: Approximately 20% of eligible Aboriginal and Torres Strait Islander people access the aged care system compared to approximately 31% of non-Indigenous Australians.[8]

In January 2025, then Aged Care Minister Anika Wells released the *Aboriginal and Torres Strait Islander Aged Care Framework 2025-2035*[9] *(Ten-year Framework)* which included the following target:

- An increase in the number of older Aboriginal and Torres Strait Islander people receiving aged care services, with representation of Aboriginal and Torres Strait Islander people over 50 years of age across aged care services being at least equal to their representation in the Australian population by 2034."

This target does not seek parity based on age-eligibility, where there is at least a 10% gap compared to actual access for non-Indigenous Australian older persons, and, furthermore, does not reflect the indicators of social disadvantage of Aboriginal and Torres Strait Islander older persons warranting a higher access rate (the 'equity gap').

The *Ten-Year Framework* also fails to commit to any meaningful quantitative target for Access Support Workers to assist Aboriginal and Torres Strait Islander older persons into the aged care system.

The *Ten-Year Framework* included that data on the number of people being supported will be collected in 2025, with the target of at least a 10% increase each year until 2034.

The Department's metric was "support", not "access". The metric measures how many people the Access Support Workers have contact with, not how many additional Aboriginal and Torres Strait Islander older person successfully gain entry into the aged care system.

No annual growth figures for improved access were included in the *Ten-Year Framework,* and the Department has avoided public scrutiny by declaring the Ten-Year Framework to be a "non-auditable document".

While this *Ten-Year Framework* was developed in draft by the First Nations Aged Care Governance Group (FNACGG) the final version for Ministerial approval was managed by the Department.

Priority Actions for 2026-2031

The Interim First Nations Commissioner's report[10] highlighted the demographic urgency for effective action on access pathways, noting that:

> *"Between 2011 and 2021, the number of older Aboriginal and Torres Strait Islander people aged 65 years and over almost doubled. Over the following decade, the number is expected to increase by another 67%." (page 13)*

Based on Australian Bureau of Statistics (ABS) population projections, the Australian Institute of Health and Welfare (AIHW), in its profile of "*Aged care for First Nations people*" estimated there were over 197,000 First Nations people aged 50 and over on 30 June 2025[11]

This included about:

- 130,900 aged 50–64
- 63,500 aged 65–84
- 3,000 aged 85 and over.

To achieve parity with the rest of the elderly Australian population (31%), the number of First Nations persons receiving aged care services and supports needs to be 61,070.

These data emphasise the importance of implementing with urgency the Royal Commission's recommendation of establishing an Aboriginal and Torres Strait Islander aged care pathway within the new aged care system.

This *Five-Year Plan 2026-2031* advocates for the following four Priority Actions to implement the Indigenous Access Pathways:

1. **Indigenous Access Pathways**

   1.1. **Set a parity target:** To close the parity gap, a minimum of 61,070 First Nations older persons must achieve access into the aged care system in the five-year period 2026-2031. Noting this would achieve parity based on 2025 population estimates and to achieve true parity in 2031 would actually require a higher target.

   1.2. **Set an equity target:** To achieve an equity access target of 41% of the age eligible First Nations cohort, which is almost 78,000 of the ERP of 190,000 in mid-2026, an additional 42,000 First Nations older persons must achieve access into the aged care system in the ten-year period 2026-2036.

   1.3. **Set Access Support Workers Metrics:** The two core metrics for every Access Support Worker, commencing from 1 July 2026, will be an evidence-based number of First Nations older persons who have been newly registered with an ID in MyAgedCare cross referenced against Elders who have started to receive aged care.

   1.4. **Redeploy Access Support Workers funding:** Access Support Workers funding will be redeployed from 1 July 2027 in accordance with evidence of need based on aligning demographic and service delivery data from completion of a national audit of regional variations in aged care system access by First Nations older persons, as per Recommendation 30 from the Aged Care Royal Commission.

Priority Action 2: Indigenous Assessment Pathways

2

Actions in the Previous Five-Year Plan 2021-2026

The original *Five-Year Plan 2021-2026* advocated for one priority action, based on needs assessment structures for program types at the time.

1. Establish and fund Indigenous Assessment pathways
    - For CHSP: establish and fund a nation-wide network of Indigenous Regional Assessment Services (RAS).
    - For HCP and residential care:
        - Establish and fund Indigenous operated Aged Care Assessment Teams (ACATs) in each Aged Care Planning Region (ACPR) with more than 1,500 Indigenous Elders.
        - Employ Indigenous ACAT Assessors in all mainstream ACATs where ACPRs have less than 1,500 Indigenous Elders.

Priority Action 2: Indigenous Assessment Pathways

Progress

In 2022, *Living Lab Trials* were conducted to design and test new aged care assessment tools and service approaches before national rollout. An unsuccessful attempt was made to add an Indigenous stream to the mainstream *Living Lab Trials*.

In 2024, the System Governor introduced the Single Assessment System including an assessment methodology centred on an algorithm embedded in a new Integrated Assessment Tool (IAT). Assessors cannot override the algorithm's decisions on a person's level of care, Support Plan, or associated budget.

Since introduction, public criticism has been aired that the IAT-determined outcomes are not focused on person-centred needs but on minimising government expenditure. At the end of March 2026, two-thirds of Senators wrote to the Government requesting immediate changes to the Aged Care Reforms, including restoring human oversight to aged care assessments.

In the second half of 2025, three ACCOs were selected to "pilot" Indigenous needs assessments. The sites chosen were metropolitan (south-east Queensland), rural-regional (central Victoria), and remote (cross-border NT and WA). Since the three ACCOs are required to operate fully within the Single Assessment System and to utilise the IAT and its algorithm, there is nothing new actually being piloted. However, as anticipated, it is clear the 'mainstream' assessment process is inadequate for Aboriginal and Torres Strait Islander older persons.

Priority Actions for 2026-2031

This Five-Year Plan 2026-2031 advocates for the following three Priority Actions to implement the Indigenous Assessment Pathways:

2. Indigenous Assessment Pathways

- **2.1. With immediate effect needs are Assessor – not algorithm – determined:** There is sufficient operational experience to confirm the original policy propositions that all aged care needs assessments for First Nations older persons should be determined by qualified Assessors with respect to culturally-appropriate determined level of care, personalised Support Plan, and associated budget, with immediate effect
- **2.2. Establish regional assessment infrastructure, nationwide:** by 30 June 2031 establish a regionally based infrastructure of Indigenous Assessment Organisations throughout metropolitan-urban-rural-remote geographies, with culturally appropriate "pilots" contributing design and operational guidance.
- **2.3. Establish Indigenous Assessors as a workforce stream:** A specific, targeted Workforce Stream should be designed and its implementation embedded within the broader Indigenous Employment Initiative (IEI) Program, to commence from 1 July 2027, aimed at producing qualified clinical and non-clinical Indigenous Assessors, for employment within the regionally based Indigenous Assessment Organisations.

Priority Action 3: Service Delivery Pathways

3

Actions in the Previous Five-Year Plan 2021-2026

The original *Five-Year Plan 2021-2026* advocated for one priority action which consolidated several propositions:

1. Establish and fund an Aged Care Capacity Building Program to support the priority expansion of existing, and facilitate entry of new, Indigenous community-controlled aged care providers, including through:
    - Flexible and sustainable funding models, including capital, provider development, pooled home/residential and block grants.
    - Matching rates of health access to Indigenous providers, by at least doubling percentage of Indigenous aged care recipients accessing care from Indigenous aged care providers (to 40% to 50% from current 23%).

There were three components to this single priority action:

i. Infrastructure investment in new Indigenous service providers.

ii. Associated bespoke funding models.

iii. Doubling the rate of service provision from Indigenous providers.

Progress

The *Aboriginal and Torres Strait Islander Aged Care 2025-2035 Framework* recommended by the System Governor to the Aged Care Minister incorporated some "actions", including:

> *"Prioritise building the community-controlled sector by supporting more Aboriginal and Torres Strait Islander organisations to become aged care providers and deliver culturally safe aged care services in or close to Country or Island Home "*
>
> *"Capacity and capability building projects in the community-controlled sector to encourage and support more Aboriginal and Torres Strait Islander organisations to enter and remain in the aged care market."*

Immediately apparent in both of these "actions" is the absence of any performance metric, which helps to make the *Ten-Year Framework* operationally "non-auditable". The System Governor did not link these "actions" to any analysis of latent demand, to regional discrepancies in access to and participation in aged care service delivery, or to any notion of a 'parity gap' let alone an 'equity gap'. There was also an absence of any strategic guidance for the suggested additional investment.

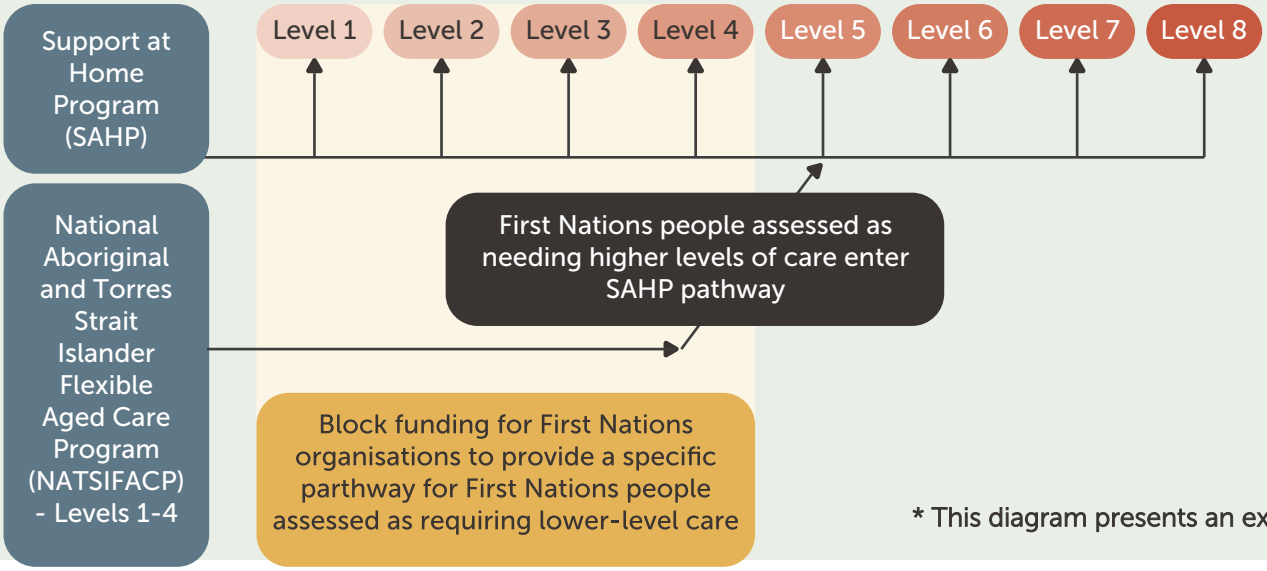
However, some good progress has been made with respect to new Indigenous service providers through successive funding rounds for Aged Care Capacity Building Projects that directly support a prioritised investment to facilitate new Indigenous community controlled aged care providers: including South West Aboriginal Medical Service – Perth, Danila Dilba Health Service – Darwin, Wellington Aboriginal Corporation Health Service through Greater Western Aboriginal Health Service– Western Sydney, Eleanor Duncan Aboriginal Services – NSW Central Coast, the Victorian Aboriginal Health Service– Melbourne, and Manngoor Dja Aboriginal Health Services – Sunshine Coast.

Important progress was also made in installing flexible funding models, principally by securing the expansion of the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP) into sub-metropolitan regions. Unfortunately, no progress has been made, despite several attempts, to introduce flexibility into the Commonwealth Home Support Program (CHSP) so that it might contribute to the effectiveness and sustainability of services.

The member ACCOs of the Governance Board for the Aged Care Capacity Building Project provided comprehensive and detailed Proposals (October 2023, October-November 2024) for a culturally appropriate First Nations focused program structure and funding model, aligned with the proposed Support at Home Program (SAHP).

First Nations Aged Care Pathway: The Funding Model for Community-Controlled Home and Community Support under the new Support at Home Program

Prepared by IUIH and endorsed by ACCO partners in the Aged Care Capacity Building project, this 2024 proposal submitted to the System Governor sought a straightforward expansion of the NATSIFACP into non-remote locations and operationalised within the framework of the eight classification levels of care in the new SAHP. ACCOs, and other approved First Nations aged care services, would be block-funded to deliver the first four SAHP levels of care. Where a participating First Nations service provider is approved to provide higher level care, this would come within the mainstream individual care package funding arrangements of the SAHP. At this point of requiring care beyond level four (4), each First Nations older person would either choose to stay with their provider (if approved to provide a higher level of care) or move to another provider, including mainstream providers as outlined in the diagram below.*



* This diagram presents an example only

Both Proposals were discussed with the relevant Deputy-Secretary and First Assistant Secretary. Verbal assurances were given that the Bill for the new Aged Care Act would take care of Aboriginal and Torres Strait Islander aged care interests. These assurances were not reflected in the legislation, and the Aged Care Act 2024 does not even mention NATSIFACP.

The Community Affairs References Committee of The Senate Inquiry into the Transfer of the CHSP into the SAHP (January 2026) also does not address the issue of a First Nations appropriate funding model.

Furthermore, the System Governor's area responsible for the CHSP has not responded to nationwide consultations and reporting from Yaran Business Services into how the CHSP could be modified for First Nations clients and service providers.

In the first half of 2024, the System Governor issued a "growth round grant opportunity" to ACCOs "who are not already delivering CHSP services" and therefore have no experience in aged care, including arts and cultural centres, to apply for $10 million of CHSP service delivery funding. The idea was to encourage localised "new entrants" into the Aged Care System, on the basis that aged care "services" could be tacked on to other kinds of existing business.

This approach ignored the complexities of the Aged Care System including legislation, national quality standards, regulatory institutions/policies/procedures, program structures with their own funding arrangements, and workforce credentials. Providing aged care services entails bespoke and complex change management which can create internal political, reputational, and financial risk for the ACCO.

Overall, the outcome has been that insignificant progress was made in the period 2021-2026 with regards to increasing the rate of service provision from Indigenous providers outside the Capacity Building Projects.

Priority Actions for 2026-2031

The Aged Care service delivery reforms introduced in 2024 and coming into effect from 1 November 2025, offered nothing for First Nations older persons and instead wrapped them up into the mainstream 'reforms', particularly the requirement for a co-contribution to the cost of aged care support at home, which disproportionately disadvantage Aboriginal and Torres Strait Islander older persons.

The Aged Care co-payment operates on a policy assumption that Australia's ageing population – the 'baby boomers' – have accumulated wealth that can be accessed to support the cost of their aged care.

Today's older Aboriginal and Torres Strait Islander Australians did not benefit from Australia's economic and taxation policies over the last 80 years in the same way most non-Indigenous Australians have. For much of this period Aboriginal and Torres Strait Islander people were still living under colonial 'protectionist' policies (including no wages, low wages and stolen wages) which, along with the racism that continues to pervade our society, significantly impacts the ability of our Community to accumulate wealth into older age.

Socio-economic data for Aboriginal and Torres Strait Islander people over 50 years of age is not easily accessible. But 2021 Census data shows a median personal weekly income for Aboriginal and Torres Strait Islander people of $540 compared to a median personal weekly income for the total population of $805.[12]

The cost of exempting Aboriginal and Torres Strait Islander SAHP clients from fee contributions has been estimated at around $25M per annum. Independent Senator Lidia Thorpe asked the Parliamentary Budget Office (PBO) to cost a proposal that would exempt Aboriginal and Torres Strait Islander Elders and older people from having to make participant contributions towards their Support at Home plans. The PBO's advice, based on the policy commencing on 1 January 2026, would be an expected decrease to the fiscal and underlying cash balances by around $98 million over the 2025-26 Budget forward estimates period.

If the Government does not act now on the recommendations of the Royal Commission into Aged Care Quality and Safety and introduce a new Aboriginal and Torres Strait Islander Aged Care Pathway with a flexible funding model then:

- ACCO providers of aged care will have to seriously consider the viability of delivering fee-free community aged care services.
- Many Aboriginal and Torres Strait Islander older persons could miss out on receiving essential aged care that supports their basic human dignity – if they're unable to afford the co-payment required for care – and could end up in public hospitals as long-stay patients.

This *Five-Year Plan 2026-2031* advocates for the following three Priority Actions to implement the Indigenous Service Delivery Pathways:

3. Indigenous Service Delivery Pathways

3.1. As recommended by the Aged Care Royal Commission, implement a national Aboriginal and Torres Strait Islander aged care pathway operating within the Support at Home Program (SAHP) Framework and leveraging the program guidelines of the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP): The Royal Commission into Aged Care Quality and Safety made it clear that a new Aboriginal and Torres Strait Islander aged care pathway, supported by an appropriate funding model, is required The 2024 proposal put forward by IUIH and ACCO capacity building partners outlines a clear pathway for community-based aged care which is well within the guardrails of the SAHP and leverages the NATSIFACP guidelines – currently predominantly operating in remote Australia, to ensure ACCOs can access block funding to deliver care flexibly to Aboriginal and Torres Strait Islander older persons everywhere.

3.2. Amend the Aged Care Act 2024: at Chapter 2, Entry to the Commonwealth Aged Care System Part 4 Prioritisation Section 64, should be amended by 31 December 2026 so that:

- Every Aboriginal and Torres Strait Islander person who is assessed as eligible for and requiring access to service types in service groups will immediately be offered service delivery; and
- Every Aboriginal and Torres Strait Islander person who is awaiting formal needs assessment will be immediately eligible for receipt of a bespoke suite of home and community care services that address an individual's basic and essential needs such as showering, cleaning and meals.

3.3. Implement the ACCO Capacity Building Governing Board's Funding Model: The November 2024 "Funding Model Proposal" from the Governing Board to the System Governor for First Nations clients and service providers should be incorporated by 31 December 2026 into new, additional *Rules* of the *Aged Care Act 2024* under the provisions for "specialist aged care program" at Chapter 4, Part 2, Division 5, Section 247 and specified at Section 264.

Priority Action 4: Urban-Regional Strategy

4

More than 41% of Aboriginal and Torres Strait Islander peoples live in just eight capital cities, and 85% live in urban environments.[13]

The 2020-2021 regional demand-supply-competitor Technical Papers analysing First Nations versus mainstream aged care service recipients and providers, researched by IUIH using demographic data and data provided by the System Governor and published by NAGATSIAC, confirmed that historical aged care investment decisions by government programs and non-government service providers had resulted in regions within capital cities having First Nations aged care access rates as low as six and eight per cent of the age-eligible cohort, and that access rates in many remote regions were at or above the national average of 16%-17%.

Closing the access parity gap and the equity access gap requires a comprehensive investment where there are large populations of First Nations older persons combined with comparative underservicing, including sub-metropolitan regions. This is consistent with Recommendation 30 in the *Final Report* of the Aged Care Royal Commission.

Actions in the Previous Five-Year Plan 2021-2026

The original *Five-Year Plan 2021-2026* advocated for two priority actions:

1. Direct investments to support rapid urbanisation of Indigenous Elders including to ensure Indigenous providers operate in all capital cities (which have the largest and fastest growing Indigenous Elder populations, but Indigenous provider market failure).
2. Preserve the flexibility and funding features of the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP) in the new Aged Care Act, including extending its features into all capital cities and major urban areas.

Progress

In the roll-out of the new *Aged Care Act 2024* the concept of geo-spatial equity in the provisions of aged care services through the long-standing utilisation of Aged Care Planning Regions as a decision-making geo-spatial framework was removed.

Under the 'marketisation' approach to the new Aged Care Act, all age-eligible persons were to compete for services through a centralised registration process in MyAgedCare, given an ID, thereby entitled to a needs assessment, following which they were dumped into a waiting list for an eventual place in the package service pipeline. There were at least 100,000 assessed older Australians awaiting actual package services at the end of the first quarter of the 2026 financial year[14].

The basic realities about Aboriginal and Torres Strait population growth rates and their geo-spatial distribution and patterns of concentration continue to be either unknown to or ignored by the System Governor. This has benefits for Treasury and Finance, who view "aged care" through the lens of "budget repair": acknowledging the deserving plight of residents of remote micro-communities is much less costly to the Budget than focusing on the social disadvantage of 85% of First Nations Australians who live in urban environments.

Persistent advocacy during 2021 from the Institute for Urban Indigenous Health saw initial funding from 2022 for a structured Capacity Building project assisting selected capital city Aboriginal Community-Controlled Health Organisations to become registered aged care service providers. The Aged Care Capacity Building Project expanded to include the capital cities of Perth, Darwin, Sydney, Melbourne, and two growth regions namely the Central Coast of NSW and the Sunshine Coast.

There have been three strategically important developments associated with this Aged Care Capacity Building Project for the Indigenous Urban-Regional Strategy.

First, a "change management" implementation model has been documented which can be (and has been) adapted and customised for each metropolitan and peri-metropolitan location. The model identified a minimum of six change management "domains" within the ACCO intending to enter the aged care system, adopted a 'project planning' approach, and established a strict governance regime to sustain momentum and resolve blockages. There is now a culturally appropriate, tried and tested 'blueprint' for developing-up Indigenous aged care service providers in cities and well-populated regions.

Secondly, an annual series of structured "Community of Practice (CoP) Forums" was convened and resourced, to enable operational managers to meet, share experiences, and fast-track 'best practice' in change management installation. These CoP Forums provided a useful platform for managers from the System Governor and the System Regulator to engage with 'real-world' Indigenous aged care service providers for mutually beneficial outcomes.

Thirdly, experience with access to NATSIFACP funding in capital city Capacity Building sites has confirmed that it is extraordinarily effective in securing rapid growth in service provision to new First Nations aged care participants whilst they wait for their needs assessments to be completed and mainstream program funding for their Support Plans to flow from CHSP or SAHP.

However, these positive developments have occurred at the margins because the *Aged Care Act 2024* failed to recognise an Aboriginal and Torres Strait Islander aged care program with nationwide urban and regional application. Instead, at Section 264, the Act made provision that something, maybe, potentially, could evolve in the future:

> *'Services delivered to Aboriginal or Torres Strait Islander persons*
>
> *(2) The System Governor may, on behalf of the Commonwealth, make, vary or administer a grant of financial assistance to a registered provider for the delivery of funded aged care services to Aboriginal or Torres Strait Islander persons through one or more service groups."*[15]

There was a clear opportunity for the Government to have incorporated a First Nations aged care program such as NATSIFACP at Section 247 in the Act, which conferred on the System Governor "Power to enter into agreements for delivery of funded aged care services under specialist aged care programs". This Section named two mainstream specialist aged care programs – the Multi-Purpose Service Program and the Transition Care Program. Had NATSIFACP been designated at Section 247 of the Act, comprehensive Rules for its nationwide application to all urban-rural-remote regions could then have been written.

Priority Actions for 2026-2031

This *Five-Year Plan 2026-2031* advocates for the following three Priority Actions to implement the Indigenous Urban/Regional Strategy:

4. Urban-Regional Strategy

4.1. Expand capital city provider infrastructure: The successes of the Aged Care Capacity Building Project 2022-2026 demonstrate that a more robust Indigenous aged care provider infrastructure can be fostered progressively in the sub-metropolitan regions of the eight capital cities by 30 June 2031.

4.2. Immediate access to essential aged care supports through a flexible funding model (ref Rec 3.1): ACCO Aged Care providers to be flexibly funded to provide Aboriginal and Torres Strait Islander people newly entering the aged care system to have immediate access to supports that address the known, constant service requirements for domestic assistance, meals, social support, and transport.

4.3. Legislative Recognition: The *Aged Care Act 2024* should be amended before 31 December 2026 at Section 247 to specifically and by name designate NATSIFACP as a "specialist aged care program", and Rules should be co-designed with First Nations service providers for the expansion of NATSIFACP to all urban-rural-remote regions from 1 July 2027, consistent with the 2024 "Funding Model" Proposal.

Priority Action 5: Integrated Service Delivery

5

Actions in the Previous Five-Year Plan 2021-2026

The original *Five-Year Plan 2021-2026* advocated for one nationwide priority action:

1. Implement holistic and Integrated Primary Health Care and Aged Care models in every Aged Care Planning Region (ACPR), including leveraging the national network of 150 Aboriginal Community Controlled Health Services (ACCHSs) and promoting regional delivery arrangements where possible.

Progress

The co-designed Aged Care Capacity Building Project has delivered some progress with respect to aged care and primary health care service delivery integration. The existing clinical infrastructure of the ACCHS participating in the individual capacity building projects offer direct, legitimate, and trusted connectivity with First Nations communities. The professional clinical workforce in these clinics deliver complementary, "wrap around" medical services to aged care clients funded through Medicare. The client list of the clinics constitute a ready-made "pool" from which appropriate referrals for aged care assessments can be made, eliminating marketing overhead costs. Joint case conferencing could monitor and respond to changes in client needs.

In the past 10 years (2015-2025), many large-scale and medium-sized ACCHSs across Australia have diversified their service offerings well beyond their primary health care origins, to the point where they may accurately be described as "conglomerates". These ACCHSs manage multi-million-dollar service contracts in out-of-home care, child protection, disabilities, aged care, mental health and wellbeing, as well as preventative community-focused health initiatives. As conglomerates, they are single corporate entities managing a diversified portfolio of not necessarily connected businesses/services. These conglomerates operate at regional scale, within capital and provincial cities and in rural areas.

The *Aboriginal and Torres Strait Islander Aged Care Framework 2025-2035* broadly recognised these developments:

> *"Integrated Care and Commissioning place-based initiatives that strengthen the care and support sector by assisting Aboriginal and Torres Strait Islander organisations already delivering primary health care, disability, veterans and/or mental health services to integrate or expand into aged care delivery."*

However, this Framework is unable to be audited meaning there is no proactive mechanism for accountability.

Priority Actions for 2026-2031

This *Five-Year Plan 2026-2031* advocates for the following Priority Action to implement Integrated Service Delivery:

5. Integrated Service Delivery

5.1. Establish a Service System Integration Program: The System Governor should transition the existing "Aged Care Capacity Building Project" into a "Service System Integration Program for Aged Care and Primary Health Care" from 1 July 2027 for applications from ACCHSs in sub-metropolitan regions, provincial cities, and rural regions.

Priority Action 6: Direct Care Workforce

6

Actions in the Previous Five-Year Plan 2021-2026

The original *Five-Year Plan 2021-2026* advocated for one Priority Action with two outcomes:

1. As part of developing an Indigenous workforce strategy:
    - Implement and fund mandated minimum qualifications (Certificate III Individual Support) for all Indigenous direct care workforce.
    - Increase the Indigenous workforce to meet access targets, including through expansion of the Indigenous Employment Initiative (IEI) program (wage subsidy and training) to all Indigenous Providers.

Progress

Following release of the Final Report of the Royal Commission into Aged Care Quality and Safety, in 2022 and subsequent years the System Governor secured funding to train thousands of new aged care workers but did not assign any funding or targets for an Indigenous workforce. Funding was passed to the Commonwealth Employment Department, which allocated the funds out to jurisdictional counterparts, to the benefit of mainstream Technical and Further Education providers. The System Governor overlooked the potential contribution of the nationwide network of Aboriginal Community Controlled Registered Training Organisations (RTOs).

The *Framework for Aboriginal and Torres Strait Islander Aged Care 2025-2035,* states:

> *"The First Nations Aged Care Workforce Action Plan (to sit under the Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031) will identify and anticipate Aboriginal and Torres Strait Islander training and workforce needs in the aged care sector for the immediate and long-term future. It will include targets for training and employment for Aboriginal and Torres Strait Islander people and avenues to promote aged care employment pathways."*

However, this directs control for development of a plan for the aged care system's workforce to a health-centric workforce model and fails to recognise the workplace realities of the non-residential, home support registered provider category established by the *Rules* under the *Aged Care Act 2024*. No plan has been released yet.

The *Ten-Year Framework* also offers the following "action":

- "Indigenous Employment Initiative (IEI) to subsidise employment of Aboriginal and Torres Strait Islander people in entry-level, non-clinical roles in both residential and home care settings."

The IEI has always been an Indigenous employment subsidy program and therefore this action is immediately completed. There was no strategic link of additional IEI places to support the growth of new Indigenous aged care service providers and there are no measurable targets. Effectively, there is no performance conditionality, connecting continuation of IEI employment subsidy funding to increased numbers of First Nations older persons into aged care services.

Priority Actions for 2026-2031

This *Five-Year Plan 2026-2031* advocates for the following two Priority Actions for an Indigenous Direct Care Workforce:

6. Direct Care Workforce

6.1. Independent development of an Aged Care Workforce Plan: Control of the development process for an Aged Care Workforce Plan aligned with this *Five-Year Plan* and the broader Ten-Year Transformational Plan must be centralised under the proposed First Nations Aged Care Division (see Action 7.3) and co-designed with Indigenous aged care service providers, commencing 1 January 2027.

6.2. Expand and re-focus the Indigenous Employment Initiative (IEI) Program: The IEI Program should be expanded, and its additional funding refocused to support the start-up of new Indigenous aged care service providers under the broad Urban/Regional Strategy and to the expanded Aged Care Capacity Building Program, in line with the development of a connected pathway across all siloed areas of the aged care system.

Priority Action 7: Institutional System Reform

7

Actions in the Previous Five-Year Plan 2021-2026

The original *Five-Year Plan 2021-2026* was launched in June 2021 and provided practical actions to implement the recommendations of the Royal Commission into Aged Care Quality and Safety pertaining to care for Aboriginal and Torres Strait older persons, and to reflect in the development of the *Aged Care Act 2024*.

It was taken in good faith that the Government and the System Governor would implement the original *Five-Year Plan* and as such the plan was silent on issues of institutional reform.

Progress

When the Government released the *Exposure Draft* for the new *Aged Care Act*, it became apparent that neither the System Governor nor the Government intended for the legislation to recognise the *United Nations Declaration on the Rights of Indigenous Peoples* (UNDRIP), which had been adopted by the General Assembly on Thursday, 13 September 2007, even though the draft legislation did acknowledge the United Nations *Covenant on Economic, Social and Cultural Rights* and the *Convention on the Rights of Persons with Disabilities.* Advocacy to remedy this legislative deficiency was not incorporated into the Act.

Another legislative deficiency was the failure to include acknowledgement of the First Nations Aged Care Commissioner as an independent statutory officeholder, embedded in the Office of the Inspector-General of Aged Care.

A significant issue experienced by Aboriginal and Torres Strait Islander aged care providers and other stakeholders is being able to engage in a meaningful and ongoing way with anyone in the Department who has any depth of understanding. There are few public servants within the System Governor that have a depth of understanding of Aboriginal and Torres Strait Islander aged care. Information, data, policy development and reporting is siloed, with no area responsible or accountable for aged care policy or program implementation that delivers for Aboriginal and Torres Strait Islander older persons.

The System Governor assigned leadership responsibility for developing and rolling out its preferred implementation of the Aged Care Reforms to an "Access and Home Support" branch of the Aged Care Division. This area focused almost exclusively on mainstream reform. There was little-to-no effort directed to Chapter 7, Volume 3a of the *Final Report* of the Aged Care Royal Commission.

The System Governor established an isolated First Nations Aged Care Branch within a Market and Stewardship Division of the Aged Care Group, with no autonomy to develop implementation of the Aboriginal and Torres Strait Islander aged care pathway within the aged care system, as per Recommendation 47 in the *Final Report* of the Aged Care Royal Commission. This small team manages NATSIFACP – 42 almost exclusively remote community service providers – and the Indigenous Employment Initiative (IEI).

The development of the Aboriginal and Torres Strait Islander Aged Care Framework 2025-2035[16] with the First Nations Aged Care Governance Group (FNACGG) started positively; however, the final version put forward by the Department and endorsed by the Minister lacked ambitious outcome measures and targets sufficient to drive change, and has been designated a non-auditable document, meaning that there is no mechanism for monitoring its implementation, compliance, or slippage.

Priority Actions for 2026-2031

The clear lack of progress with the six reform areas of the original Five-Year Plan means that a seventh reform area needs to be added. This Five-Year Plan advocates for the following five Priority Actions to implement Institutional System Reform:

7. Institutional System Reform

7.1. Legislative Recognition of UNDRIP: Amend the *Aged Care Act 2024* to embed recognition of the United Nations Declaration of the Rights of Indigenous People (UNDRIP), by 31 December 2026.

7.2. Independent statutory recognition of the First Nations Commissioner: Amend the *Aged Care Act 2024* to embed the First Nations Aged Care Commissioner as an independent statutory officeholder, within the Office of the Inspector-General of Aged Care, by 31 December 2026.

7.3. Establish a First Nations Aged Care Division: The System Governor, at the direction of the Minister for Health, Disabilities and Ageing, must establish, to operate from 1 January 2027, a full, professionally and adequately staffed First Nations Aged Care Division. This Division would incorporate the existing First Nations Aged Care Branch responsible for NATSIFACP and IEI, and also managing the Capacity Building Project and Indigenous Assessment Pilot, but with the additional management responsibility for policy and programs relating to implementation of this entire Five-Year Plan. This Division would have authority to, and responsibility for:

- Managing end-to-end integration of the siloed parts of the aged care system, providing a whole of pathway view.
- Implementing and reporting – to Government and to the Aboriginal and Torres Strait Islander Community – on implementation of the First Nations recommendations from the Royal Commission into Aged Care Quality and Safety and the Ten-Year Transformation Plan for First Nations Aged Care Reform (see Action 7.4).

7.4. Co-design a Ten-Year Transformation Plan for First Nations Aged Care Reform: Implement the core recommendation from the Interim First Nations Aged Care Commissioner, for the System Governor to co-design a Ten-Year Transformation Plan for First Nations Aged Care Reform, incorporating this Five-Year Plan 2026-2031.

7.5. Make the *Ten-Year Framework* for Aboriginal and Torres Strait Islander Aged Care 2025-2035 an auditable document: The Minister for Aged Care to direct the System Governor that the Ministerially-approved Ten-Year Framework is an auditable document, subject to periodic performance audit by the Australian National Audit Office (ANAO) and co-designed implementation monitoring which includes the ACCO authors of this *Five-Year Plan*.

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