

2025 Progress Report on Implementation of Aged Care Royal Commission Recommendations

28 March 2025



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About AMSANT

The Aboriginal Medical Services Alliance Northern Territory (AMSANT) is the peak body for Aboriginal Community Controlled Health Services (ACCHSs) in the Northern Territory (NT). For over 30 years, AMSANT has undertaken a leadership role in Aboriginal health, providing high-level advocacy and policy development to improve the health and wellbeing of Aboriginal people across the NT and nationally. Our 26 member services are located across the NT, from urban centres such as Darwin to some of the most remote areas in Australia.

AMSANT's member services are the largest providers of primary health care to Aboriginal people in the NT. They deliver comprehensive, culturally secure primary health care through an integrated, holistic approach that addresses both clinical needs and the social determinants of health. In addition to health service delivery, our members are actively engaged in a broad range of health research activities that further strengthen the evidence base for Aboriginal health.

AMSANT works to build a strong Aboriginal community controlled comprehensive primary health care sector by supporting our members to provide culturally safe, high quality care and by representing their interests through advocacy, policy, planning, and research. This includes our engagement with governments and other stakeholders on a broad range of public health priorities, including research, workforce development, social and emotional wellbeing, housing, and other key determinants of health.

AMSANT and our member services are currently collaborating to deliver the Elder Care Support (ECS) program across the NT. The development of this submission reflects this partnership and is informed by the shared experiences of AMSANT and our members in navigating and working within the current aged care system.

Introduction

AMSANT welcomes the opportunity to contribute to the 2025 Progress Report on the Implementation of Aged Care Royal Commission Recommendations. As a key stakeholder in Aboriginal health in the Northern Territory, AMSANT recognises the importance of this progress report in assessing whether the Australian Government's reforms have delivered the paradigm shift envisioned by the Royal Commission—towards a rights-based, person-centred aged care system.

This submission is informed by AMSANT's on-the-ground engagement with ACCHSs and Elders across the Northern Territory. It draws on the collective knowledge and lived experience of our sector, including through the Elder Care Support (ECS) program, to highlight both areas of progress and the critical gaps that remain in the aged care system, particularly in remote and very remote Aboriginal communities.

In line with the Inspector-General's focus on driving meaningful, systemic change, AMSANT's submission outlines the progress made to date, ongoing challenges, and the urgent need for reforms that centre Aboriginal Elders' cultural, social, and geographical realities. We look forward to contributing to ongoing efforts to ensure the aged care system reflects the values of equity, self-determination, and cultural safety for all older Australians.

Summary of Recommendations

Recommendation 1.1:

Strengthen and expand the ECS program as a key mechanism for improving Aboriginal Elders' access to culturally appropriate aged care services across the NT, particularly in remote and very remote communities.

Recommendation 1.2:

Formalise the role of the First Nations Aged Care Commissioner as a permanent position with a dedicated remit to engage directly with Aboriginal communities and organisations on the implementation of aged care reforms.

Recommendation 1.3:

Ensure the continued development and distribution of accessible, community-friendly resources—such as plain language reports and community booklets—that communicate aged care system changes and outcomes to Aboriginal Elders and their families.

Recommendation 1.4:

Close the implementation gap between national reforms and on-the-ground delivery by embedding community-driven and culturally safe aged care solutions within the reform process, ensuring Elders' needs are met in diverse NT settings.

Recommendation 2.1:

Commit to sustained, regionally tailored consultations with Aboriginal communities, ACCHOs, and ECS providers, particularly in remote and very remote NT regions, to ensure Elders' lived experiences and needs directly inform the reform process.

Recommendation 2.2:

Develop and deliver culturally appropriate communication strategies to support the reforms, including the provision of plain language materials, visual resources, and face-to-face engagement methods suited to Aboriginal communities.

Recommendation 2.3:

Ensure that consultation processes are promoted in accessible ways (e.g., via Aboriginal media, community noticeboards, and through trusted local organisations) to improve the inclusion of remote Aboriginal communities.

Recommendation 2.4:

Provide targeted transition support to aged care providers in remote NT regions, including training, workforce support, and implementation tools tailored to ACCHSS/ ACCOs, to enable a smooth shift to the new aged care system.

Recommendation 2.5:

Clarify and communicate reform details—including the impact on key programs such as the National Aboriginal and Torres Strait Islander Flexible Aged Care Program—well in advance of major system changes to ensure service continuity and preparedness.

Recommendation 3.1:

Co-design aged care models with Aboriginal communities and ACCHSs to ensure that care is culturally safe, incorporates traditional healing practices, supports community connections, and is delivered in local languages where appropriate.

Recommendation 3.2:

Prioritise the expansion of Aboriginal Community Controlled aged care services in remote and very remote areas to create genuine care choices for Elders, reducing reliance on singular providers and enabling person-centred care options closer to home.

Recommendation 3.3:

Introduce incentive structures or regulatory mechanisms to encourage aged care providers to serve low-means Elders and those from remote areas, ensuring that consumer choice is not limited by financial means or location.

Recommendation 3.4:

Fund and resource culturally tailored education and support programs to help remote service providers operationalise a rights-based, person-centred aged care model in line with the Royal Commission's recommendations.

Recommendation 4.1:

Mandate the integration of Aboriginal-led models of care within the mainstream aged care framework, recognising these models as essential—not optional—for achieving culturally safe, equitable outcomes for Aboriginal Elders.

Recommendation 4.2:

Develop flexible policy settings and funding mechanisms that enable aged care services to respond to local cultural and community-specific practices, including family dynamics, kinship structures, and cultural obligations that affect staffing and service delivery in remote NT communities.

Recommendation 4.3:

Review and reduce administrative and regulatory barriers that restrict the recruitment of local Aboriginal and Torres Strait Islander staff in remote communities. This includes streamlining processes related to Working with Children (WCC) clearances, National Disability Insurance Scheme (NDIS) worker screening checks, and proof of identity requirements (See appendix one).

Recommendation 4.4:

Invest in capacity-building programs for remote Aboriginal Community Controlled aged care providers, supporting them to recruit and retain a culturally competent, locally based workforce (see appendix one).

Recommendation 4.5:

Revisit relevant sections of the Royal Commission's report, such as Volume 3A, Section 7.8 – Employment and Training, to strengthen implementation in the NT context, with a focus on remote and very remote communities.

Recommendation 5.1:

Expand the ECS program to ensure consistent access to culturally tailored aged care navigation and advocacy services for Aboriginal Elders in all regions of the NT.

Recommendation 5.2:

Adapt the star rating system and other consumer information tools to be culturally relevant, easy to understand, and reflective of the needs and values of Aboriginal communities, particularly those in remote and very remote areas.

Recommendation 5.3:

Invest in strategies to reduce aged care waitlists in the NT, including increased funding for service providers, additional aged care placements, and dedicated efforts to improve timely access to respite, in-home care, and residential care services for Elders in remote locations.

Recommendation 5.4:

Address travel and workforce challenges specific to remote NT communities by funding transport subsidies, outreach models, and mobile services for allied health professionals and aged care workers to ensure Elders receive timely care at home or on-country.

Recommendation 5.5:

Strengthen ECS workforce capacity by increasing staffing numbers and improving logistical supports to reduce delays in service delivery to remote and very remote communities.

Recommendation 6.1:

Fully implement Recommendation 50 of the Royal Commission by providing flexibility in regulatory requirements for remote Aboriginal Community Controlled aged care providers. This should include extended compliance timeframes, alternative mechanisms for demonstrating quality, and exemptions where appropriate.

Recommendation 6.2:

Establish targeted capacity-building funding streams to assist remote and very remote Aboriginal Community Controlled aged care services with compliance, governance, and workforce development aligned with the new Aged Care Standards.

Recommendation 6.3:

Ensure that the implementation of new regulatory frameworks is informed by culturally safe, co-designed consultation processes involving Aboriginal Elders, carers, ACCHSs, and community-controlled service providers in remote NT areas.

Recommendation 6.4:

Provide tailored education and support for Aboriginal aged care staff in remote areas to ensure they can confidently meet regulatory requirements despite challenges such as lower literacy or digital skills (see appendix one).

Recommendation 6.5:

Embed culturally responsive regulatory oversight mechanisms that recognise the unique challenges of remote service delivery, including place-based assessments and culturally competent auditing processes.

Responses to Key Questions on the Implementation of the Royal Commission Recommendations

1.0 What are your impressions of:

1.1 Overall progress with implementation of the Royal Commission's recommendations

AMSANT acknowledges that some significant progress has been made towards the implementation of the Royal Commission's recommendations, particularly as they relate to Aboriginal people living in the NT. This includes the introduction of the ECS program and an increased focus on quality and safety to improve in-home services.

We commend the Interim First Nations Aged Care Commissioner Andrea Kelly for her leadership and her commitment to listening to our mob during her time in the role. We value the report she submitted to the government and were particularly pleased with the accompanying community booklet, which presents the report's findings in an accessible and easy-to-understand format. We hope that Andrea's role becomes an ongoing presence within the system, and AMSANT looks forward to continuing to work closely with her and her team to improve the aged care system's responsiveness and cultural appropriateness for our people.

While this progress is welcomed, significant challenges persist, particularly in remote and very remote communities. These challenges have contributed to a gap between the intended outcomes of the reforms and their practical application on the ground.

In AMSANT's view, the current reforms do not fully meet the needs of Elders who require culturally appropriate, community-driven aged care solutions to address these challenges. This submission will outline several key issues that remain and recommendations for areas where full implementation is yet to be realised.

1.2 The state of the aged care systems since the Royal Commission's final report

While efforts have been made to improve transparency and consumer choice in the aged care system, it remains difficult to navigate and continues to be largely provider-led. The aged care sector in the NT faces significant service gaps, particularly in remote and very remote areas, where access to services remains limited. Key challenges include workforce shortages, logistical and geographical barriers, and the complexity of aged care pathways for both consumers and potential providers. Greater attention is needed to address these challenges, particularly in relation to recommendations 50, 51, 52, and 53, which focus on place-based and person-centred aged care support.

In response to service shortfalls, several NT providers—including health services and regional councils—have broadened their roles to offer basic support to Elders. While some providers are able to offer personal hygiene care, most services in remote and very remote communities are limited to meals and laundry support on a part-time basis. Providers and stakeholders have raised concerns about how the current reforms may impact their ability to maintain compliance while continuing to deliver essential services. These concerns stem from a lack of aged care expertise within many organisations, as well as communication challenges and the need for clearer, more tailored information to assist Aboriginal staff to understand and implement the reforms effectively.

In urban areas of the NT, demand for both in-home and residential aged care has resulted in long waitlists. Applicants with higher means are often prioritised, as they are able to meet the additional daily fees, means-tested contributions, and other service costs on top of government subsidies. This approach is not fully consistent with recommendation 13, which calls for timely access to care and a compassionate relationship between elders and their providers.

Recommendation 3 also remains unfulfilled in practice. Long waitlists persist in a system that should support the availability and timely accessibility of aged care services for all older people, regardless of their background, culture, or location. In particular, the NT faces significant residential aged care waitlists and an ongoing shortage of aged care beds. Palmerston Regional Hospital continues to accommodate a large number of elderly individuals awaiting residential care placement. This issue has persisted since at least 2019, when bed shortages led Royal Darwin Hospital to suspend elective surgeries. As of February 2025, one Darwin-based aged care facility alone reported 30 applications from patients residing at Palmerston Regional Hospital,

not including additional applications from the community, hostels, or Darwin Regional Hospital. This underscores the urgent demand for more aged care services across the NT, even in its most resourced areas. Further incentives and support are required to attract and retain aged care providers across NT regions to ensure timely access to care.

The lack of implementation of recommendation 32, which calls for increased availability, quality, and diversity of respite services, is another critical gap. Short-term respite services are particularly difficult to access in the NT, as residential providers often prefer permanent placements due to the similar resource requirements for both. Few services provide respite in remote and very remote regions, and the ECS workforce has not identified any in-home respite providers in these areas.

Funding for aged care in remote and very remote communities remains inadequate. Transportation for health professionals and equipment is a persistent challenge, with many locations relying on costly charter flights or barges, resulting in Elders missing out on critical services such as allied health care. Recommendations 36 and 54, which promote home-based care, including allied health services, and call for improved planning to meet the needs of remote areas, remain only partially implemented.

Current funding models also fall short of supporting the higher wages needed to attract clinical staff to remote areas, nor do they provide the additional incentives—such as housing and transport—that are essential for workforce retention. These additional costs are often passed on to clients, restricting service access for remote Elders compared to those in urban areas who receive the same care packages. The Royal Commission into Aged Care Quality and Safety Final Report highlights the need for equitable access to aged care services, regardless of location or personal circumstances. More targeted planning and investment are required to fully achieve these goals.

1.3 Positive and negative changes to the aged care system following government reform

In preparing this submission, AMSANT has identified several positive changes resulting from recent government reforms to the aged care system.

Elder Care Support (ECS) program

- A positive development is the introduction of the ECS program. This program has led to a noticeable increase in the number of Aboriginal and Torres Strait Islander Elders registering with the aged care system. It has also played an important role in identifying the service gaps and barriers faced by Elders across the NT and nationally. NT ECS providers are working to deliver place-based solutions to address these gaps, while also advocating for broader system improvements. This initiative aligns closely with recommendation 48, which calls for the employment of local Aboriginal people as care finders to support their communities in navigating the aged care system.

Focus on quality and safety in in-home services

- Another welcome improvement is the sector's renewed focus on quality and safety in in-home services. AMSANT is supportive of the shift towards in-home and place-based care, and we look forward to seeing the continued development of the aged care sector in the NT to bring these improvements into full effect.

However, several challenges persist.

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- The current **funding model does not adequately reflect the real costs** of delivering aged care services in remote and very remote areas of the NT, despite the application of Modified Monash Model (MMM) subsidies. Recommendation 41 supports a funding framework that addresses people's entitlements and assessed needs while recognising the additional costs of remote service delivery and the cultural importance of Elders remaining in their home communities. More work is needed to achieve this.
 - **Poor communication and limited understanding of the reforms** also remain key issues. Some remote providers have paused the acceptance of new Home Care Package clients ahead of the transition to the Support at Home program, citing uncertainty about the upcoming changes due in July. To avoid confusion and potential negative impacts on Elders, clearer and more tailored information is urgently required to support remote providers and staff. Many NT providers lack the resources to hire specialist personnel to guide them through these reforms, and require additional support from the Department of Health and Aged Care to implement changes effectively in remote contexts.

In addition to these challenges, some longstanding issues remain unresolved.

- The **registration and access process for aged care services** continues to be complex and bureaucratic, posing particular challenges for Aboriginal Elders and their families. While the ECS program helps to navigate paperwork, the overall process remains lengthy, complicated, and culturally intrusive.
- **Provider-driven system despite reforms focusing on consumer choice.** Despite reforms promoting consumer choice, the aged care system remains largely provider-driven. Providers continue to select clients, often giving preference to those with higher means who can afford daily fees, means-tested fees, and additional service charges. This leaves low-means clients facing extended waitlists, relying on family or remaining in hospitals while awaiting aged care placements. Recommendation 2 calls for equitable access to services, and recommendation 3 emphasises the importance of client choice and preferences. While these principles are embedded in the Aged Care Act, they are not consistently applied in practice. Consideration should be given to incentives or regulatory mechanisms—such as mandatory waitlists or ratios of high- and low-means clients—to promote fairer access for all Elders.
- **Limited choice of aged care services in remote areas.** Service choice in remote areas is also extremely limited. In communities with only one provider, Elders cannot access comprehensive care plans that fully meet their assessed needs. Recommendation 54 highlights the need for equitable access to aged care services in remote regions, including through improved service planning. The ECS program is working to identify these gaps, but further government action is required to strengthen service delivery, particularly in consultation with Aboriginal Elders, communities, and service providers.
- **Relocation due to lack of local services.** Finally, the lack of local services often forces Elders to relocate to urban centres to access the care they require. While relocation may improve service access, it can reduce Elders' quality of life by separating them from their country, family, and culture. Recommendation 50 proposes prioritising Aboriginal organisations as aged care providers and supporting them to expand their services

through flexible regulatory approaches. These steps are critical to ensuring the availability of high-quality, culturally safe aged care services close to home.

In reflection of the above, AMSANT recommends the following:

Recommendation 1.1:

Strengthen and expand the ECS program as a key mechanism for improving Aboriginal Elders' access to culturally appropriate aged care services across the NT, particularly in remote and very remote communities.

Recommendation 1.2:

Formalise the role of the First Nations Aged Care Commissioner as a permanent position with a dedicated remit to engage directly with Aboriginal communities and organisations on the implementation of aged care reforms.

Recommendation 1.3:

Ensure the continued development and distribution of accessible, community-friendly resources—such as plain language reports and community booklets—that communicate aged care system changes and outcomes to Aboriginal Elders and their families.

Recommendation 1.4:

Close the implementation gap between national reforms and on-the-ground delivery by embedding community-driven and culturally safe aged care solutions within the reform process, ensuring Elders' needs are met in diverse NT settings.

2. Has the Government undertaken sufficient consultations in the development/implementation of its reform agenda? Has there been sufficient transparency around the Government's reforms? Is the level of support being provided enough to ensure an effective transition to a new system?

To date, there have been limited opportunities for older Aboriginal people and their communities to fully understand the recommendations, the reforms being implemented, or the likely impacts of these changes on their lives and communities. Elders across several regions in the NT have expressed that they have not received sufficient information about the reforms and how these changes might affect the services available to them.

Since the conclusion of the Royal Commission, no consultations specifically targeting ACCHSs or the ECS workforce in the NT have taken place, particularly in remote and very remote areas. Staff working in the sector often must proactively seek out consultation opportunities, which is challenging, and in some cases, these opportunities are discovered too late for meaningful engagement. Consultations are also not being promoted through channels or in locations that are accessible to Aboriginal people, limiting participation and reducing the likelihood that the lived realities of remote communities are reflected in reform outcomes.

To improve the relevance and effectiveness of the reforms, there is a clear need for direct engagement with ACCOs, ACCHSs, Elders, and their communities. Meaningful consultations would provide an opportunity for communities to contribute to the design and implementation of reforms that will directly affect them.

In addition, many aged care providers operating in remote and very remote areas report ongoing confusion about reform expectations, as limited information has been provided to them. Even Aged Care Assessors have indicated that they are still waiting for training on the specifics of the changes. This highlights a significant gap in the clarity and transparency of reform communication.

While some general information about the proposed changes has been made available, details on how these changes will be implemented and their intended outcomes remain unclear. There is also uncertainty about how the system will respond if the reforms prove unsuitable for remote and very remote communities. Providers and stakeholders have raised several key questions that remain unanswered, including:

- How will the transition to the new Aged Care Act affect the National Aboriginal and Torres Strait Islander Flexible Aged Care Program? What will the implications be for clients, families, and service providers?
- Who will be responsible for employing Indigenous Assessors, and will they be embedded within ACCOs or existing assessment teams? If the latter, what incentives will ensure these positions are filled by qualified Aboriginal people?

The lack of preparation and clear information is making it difficult for aged care providers, and the networks supporting them, to implement reforms in a timely and effective manner.

AMSANT recommends:

Recommendation 2.1:

Commit to sustained, regionally tailored consultations with Aboriginal communities, ACCHOs, and ECS providers, particularly in remote and very remote NT regions, to ensure Elders' lived experiences and needs directly inform the reform process.

Recommendation 2.2:

Develop and deliver culturally appropriate communication strategies to support the reforms, including the provision of plain language materials, visual resources, and face-to-face engagement methods suited to Aboriginal communities.

Recommendation 2.3:

Ensure that consultation processes are promoted in accessible ways (e.g., via Aboriginal media, community noticeboards, and through trusted local organisations) to improve the inclusion of remote Aboriginal communities.

Recommendation 2.4:

Provide targeted transition support to aged care providers in remote NT regions, including training, workforce support, and implementation tools tailored to ACCHSS/ ACCOs, to enable a smooth shift to the new aged care system.

Recommendation 2.5:

Clarify and communicate reform details—including the impact on key programs such as the National Aboriginal and Torres Strait Islander Flexible Aged Care Program—well in advance of major system changes to ensure service continuity and preparedness.

3. To what extent have the Government's reforms supported the establishment of a rights-based, person-centred aged care system? Will those reforms move the aged care system away from one focused primarily on providers to one that puts older Australians and their needs first? If not, what needs to happen to facilitate that change?

On paper, the reforms represent positive steps towards establishing a rights-based, person-centred aged care system. Notable changes include increased funding and improved processes for assistive technology and home modifications, end-of-life care, and the inclusion of allied health services within home care packages.

Additionally, the implementation of the ECS program has driven positive outcomes for Aboriginal and Torres Strait Islander communities. The ECS program has contributed to increased registrations and assessments through My Aged Care, helped replace broken equipment, and strengthened accountability for providers who have failed to act on service needs.

However, in practice, many of these reforms have not yet been fully realised in the NT, for several reasons.

1. Meaningful consultation has not been undertaken with Elders, communities, or service providers in remote and very remote areas. As outlined in our response to Question 2, the reforms have been developed and implemented with limited input from Aboriginal communities. Consequently, many reforms do not adequately reflect the realities and specific needs of remote regions.
2. There has been insufficient education and support to assist remote providers in understanding and operationalising a rights-based, person-centred model of care. Many services in remote and very remote areas are working with limited resources and without the tailored guidance required to transition effectively.
3. In many communities, there is little or no choice of provider. In remote and very remote locations where only a single aged care provider exists, Elders are left without the ability to choose their care provider or the specific services they require. The lack of service availability, limited operating hours, and small staffing pools further restrict Elders' agency over when and how their care is delivered.
4. In urban areas, larger aged care providers often prioritise clients with higher financial means, contributing to inequitable access and undermining the principles of person-centred care. With waitlists growing across the NT, many Elders with limited financial resources are forced to accept any available provider, even when it does not align with their cultural or personal preferences. For example, many NT providers have reached capacity for services such as transport and social activities, leaving Elders without access to services that are fundamental to their wellbeing.
5. Elders often require care models that incorporate traditional healing practices, community connections, and the use of local languages. While innovation is a focus of the new Aged Care Bill, culturally specific care models have yet to be fully embedded within mainstream aged care frameworks.

To move the aged care system towards one that genuinely prioritises the rights, preferences, and cultural needs of older Australians, a tailored approach is required. Consultations must be undertaken with remote and very remote communities to ensure reforms are shaped by the

specific needs, lifestyles, and contexts of Aboriginal Elders. Involvement of the ECS workforce in organising and facilitating these consultations would be highly beneficial to ensuring the voices of impacted Elders are heard and acted upon.

AMSANT recommends the following:

Recommendation 3.1:

Co-design aged care models with Aboriginal communities and ACCHSs to ensure that care is culturally safe, incorporates traditional healing practices, supports community connections, and is delivered in local languages where appropriate.

Recommendation 3.2:

Prioritise the expansion of Aboriginal Community Controlled aged care services in remote and very remote areas to create genuine care choices for Elders, reducing reliance on singular providers and enabling person-centred care options closer to home.

Recommendation 3.3:

Introduce incentive structures or regulatory mechanisms to encourage aged care providers to serve low-means Elders and those from remote areas, ensuring that consumer choice is not limited by financial means or location.

Recommendation 3.4:

Fund and resource culturally tailored education and support programs to help remote service providers operationalise a rights-based, person-centred aged care model in line with the Royal Commission's recommendations.

4. Have existing reforms been sufficient in creating an aged care system which can meet individuals' needs regardless of their backgrounds or circumstances? Alternatively, do they continue to treat diverse populations as an 'add-on' to mainstream populations?

Based on the experience of AMSANT and its member services, current aged care reforms still tend to treat Aboriginal Elders as an adjunct to the mainstream system, rather than as a distinct and integral part of aged care planning and delivery. There is a lack of equity between the aged care experiences of Elders in urban areas and those in remote and very remote regions. Many Aboriginal Elders feel they must either forgo aged care services to remain in their communities or relocate to urban centres where mainstream services are available, often at the cost of cultural connection and social wellbeing.

The reforms have not sufficiently addressed the need for Aboriginal-led care models to be embedded within the mainstream aged care system. A genuinely inclusive aged care system must recognise that Aboriginal community-led models of care are essential, not optional. Achieving this requires reforms that are more flexible and responsive to the distinct characteristics of Aboriginal communities across the NT, recognising that service needs and preferred care models will vary by region.

Furthermore, the aged care system must better consider the specific challenges facing aged care providers and staff working in remote and very remote Aboriginal communities. Several cultural, logistical, and administrative barriers continue to restrict service delivery and workforce recruitment in these settings.

For example, cultural practices such as poison blood (avoidance relationships), kinship systems, and obligations around cultural events can limit the availability of staff and their ability to work

with particular clients. This is further compounded by administrative barriers, such as difficulties in obtaining WCC clearances, NDIS worker screening checks, and proof of identity documentation—processes which are more challenging to complete in remote areas due to limited-service access and processing delays.

These issues contribute to a limited local workforce, despite strong demand for culturally safe, community-based care delivered by Aboriginal staff. Addressing these recruitment and administrative barriers is critical to improving local service delivery capacity and ensuring that Elders can access culturally appropriate care without having to leave their home communities.

While these barriers were noted in the Royal Commission into Aged Care Quality and Safety (Volume 3A, Section 7.8 – Employment and Training), no formal recommendations were made in this area. AMSANT encourages further consideration of these issues as a priority to improve aged care outcomes for Aboriginal and Torres Strait Islander Elders in remote and very remote locations. Please see Appendix One for solutions that may address common barriers experienced by recruitment in aged care sector across remote and very remote NT.

To meet the needs of all older people—regardless of background or location—aged care reforms must be developed and implemented in close consultation with communities. Additionally, there should be specific administrative and operational supports in place to enable the successful implementation of reforms in remote and very remote settings.

In relation to this feedback, AMSANT recommends the following:

Recommendation 4.1:

Mandate the integration of Aboriginal-led models of care within the mainstream aged care framework, recognising these models as essential—not optional—for achieving culturally safe, equitable outcomes for Aboriginal Elders.

Recommendation 4.2:

Develop flexible policy settings and funding mechanisms that enable aged care services to respond to local cultural and community-specific practices, including family dynamics, kinship structures, and cultural obligations that affect staffing and service delivery in remote NT communities.

Recommendation 4.3:

Review and reduce administrative and regulatory barriers that restrict the recruitment of local Aboriginal and Torres Strait Islander staff in remote communities. This includes streamlining processes related to Working with Children (WWC) clearances, National Disability Insurance Scheme (NDIS) worker screening checks, and proof of identity requirements. (Please see appendix one).

Recommendation 4.4:

Invest in capacity-building programs for remote Aboriginal Community Controlled aged care providers, supporting them to recruit and retain a culturally competent, locally based workforce. (please see appendix one).

Recommendation 4.5:

Revisit relevant sections of the Royal Commission’s report, such as Volume 3A, Section 7.8 – Employment and Training, to strengthen implementation in the NT context, with a focus on remote and very remote communities.

5. Have new systems improved consumer understanding (e.g., star ratings) and timely access to aged care services (e.g., care finders)? Why/why not?

The introduction of the ECS program has contributed positively to improving consumer understanding of the aged care system in the NT. ECS staff have played a vital role in providing tailored information to Aboriginal Elders and their communities. They have supported Elders in understanding the aged care system, identifying their eligibility, and learning about their entitlements. This has helped bridge the gap in system navigation and assisted clients to make more informed decisions about their care.

Beyond the ECS program, however, there have been no other significant initiatives identified in the NT that have improved consumer understanding of the aged care system, including the use of star ratings.

The new systems have also not delivered noticeable improvements in timely access to aged care services across the NT. Elders continue to face long waitlists for both in-home supports and residential aged care, leading to extended stays in hospitals while awaiting a placement or sufficient support to return home. Many patients are being admitted to hospitals due to the lack of aged care supports and respite beds, particularly short-term respite options that could otherwise assist Elders to remain safely at home.

While ECS teams are working diligently to improve access for Aboriginal Elders, their efforts are often limited by the broader structural challenges across the NT. These include the scarcity of available services, lengthy waitlists, and the logistical difficulties of reaching remote communities. Some ECS staff report travel rotations of up to six weeks before they can return to support a particular community or homeland.

Access to allied health services, such as occupational therapy and physiotherapy, is also significantly delayed—especially for Elders living in remote or very remote areas, where services may be unavailable altogether. Despite recommendation 36 promoting allied health as part of home care, the current system does not adequately support the timely or affordable delivery of these services in remote NT settings.

Without further action to address the significant travel costs and staffing limitations that are unique to the NT, the aged care system will remain unable to provide timely access to services for many Elders. A concerted effort is required to expand the workforce and service providers across the NT, with a strong focus on working closely with Aboriginal Elders and communities to achieve recommendation 54.

Finally, the star rating system should be adapted for use within the Aboriginal Community Controlled sector, ensuring that it is accessible and understandable to Aboriginal Elders and their communities. The system should also reflect the cultural needs and preferences of Aboriginal people, which may differ from those prioritised in mainstream settings.

AMSANT recommends:

Recommendation 5.1:

Expand the ECS program to ensure consistent access to culturally tailored aged care navigation and advocacy services for Aboriginal Elders in all regions of the NT.

Recommendation 5.2:

Adapt the star rating system and other consumer information tools to be culturally relevant,

easy to understand, and reflective of the needs and values of Aboriginal communities, particularly those in remote and very remote areas.

Recommendation 5.3:

Invest in strategies to reduce aged care waitlists in the NT, including increased funding for service providers, additional aged care placements, and dedicated efforts to improve timely access to respite, in-home care, and residential care services for Elders in remote locations.

Recommendation 5.4:

Address travel and workforce challenges specific to remote NT communities by funding transport subsidies, outreach models, and mobile services for allied health professionals and aged care workers to ensure Elders receive timely care at home or on-country.

Recommendation 5.5:

Strengthen ECS workforce capacity by increasing staffing numbers and improving logistical supports to reduce delays in service delivery to remote and very remote communities.

6. Do you think that intended reforms to how the system is regulated will be sufficient to uphold the vision of the Royal Commission?

AMSANT acknowledges the significant regulatory changes underway, with further reforms expected to take effect from 1 July 2025. While these reforms have the potential to contribute positively to aged care, we do not consider them sufficient—at this stage—to fully realise the vision outlined by the Royal Commission into Aged Care Quality and Safety.

AMSANT supports the introduction of the new Aged Care Standards and the Statement of Rights, which provide a foundation for a stronger rights-based framework. However, we remain concerned about how these regulatory changes will be applied in remote and very remote Aboriginal Community Controlled aged care services.

Recommendation 50, which calls for additional flexibility in meeting new regulatory requirements—including extended timeframes, alternative compliance mechanisms, and financial assistance for capacity-building—is particularly relevant to the NT context. Many remote providers face barriers such as lower levels of computer literacy, limited English proficiency, and overall literacy challenges among staff, which make compliance with complex regulatory frameworks more difficult.

To ensure these reforms achieve their intended goals, it is critical that implementation strategies include culturally tailored support and take into account the specific needs of remote and very remote Aboriginal communities. There must also be adequate investment in capacity-building, infrastructure, and training to enable local providers to comply with the new system without compromising service delivery.

AMSANT urges those responsible for the rollout of the Royal Commission’s recommendations—including the incoming Indigenous Aged Care Commissioner—to prioritise accessible, ongoing consultation with Aboriginal Elders, carers, communities, and service providers. This is essential to ensure the reforms are fit for purpose and genuinely improve outcomes for Elders, particularly those in remote and very remote NT communities.

AMSANT recommends the following:

Recommendation 6.1:

Fully implement Recommendation 50 of the Royal Commission by providing flexibility in regulatory requirements for remote Aboriginal Community Controlled aged care providers. This

should include extended compliance timeframes, alternative mechanisms for demonstrating quality, and exemptions where appropriate.

Recommendation 6.2:

Establish targeted capacity-building funding streams to assist remote and very remote Aboriginal Community Controlled aged care services with compliance, governance, and workforce development aligned with the new Aged Care Standards.

Recommendation 6.3:

Ensure that the implementation of new regulatory frameworks is informed by culturally safe, co-designed consultation processes involving Aboriginal Elders, carers, ACCHSs, and community-controlled service providers in remote NT areas.

Recommendation 6.4:

Provide tailored education and support for Aboriginal aged care staff in remote areas to ensure they can confidently meet regulatory requirements despite challenges such as lower literacy or digital skills. (Please see Appendix One).

Recommendation 6.5:

Embed culturally responsive regulatory oversight mechanisms that recognise the unique challenges of remote service delivery, including place-based assessments and culturally competent auditing processes.

Conclusion

AMSANT and our Elder Care Support member services acknowledge the progress made towards reforming the aged care system in response to the Royal Commission's recommendations. We recognise the positive steps taken, particularly the introduction of the ECS program and the emphasis on quality and safety improvements. However, significant gaps remain, especially in the delivery of culturally appropriate, accessible aged care services in remote and very remote Aboriginal communities across the NT.

This submission has outlined key challenges faced by our communities, including the need for place-based solutions, improved consultation, and targeted support to ensure reforms are inclusive and effective for Aboriginal Elders. Achieving the Royal Commission's vision of a rights-based, person-centred aged care system will require stronger engagement with ACCOs and ACCHSs, as well as tailored strategies that address the unique barriers faced by remote NT communities.

AMSANT looks forward to working collaboratively with the Commonwealth Government, the Interim First Nations Aged Care Commissioner, and the Inspector-General of Aged Care to help shape a system that upholds the rights, dignity, and wellbeing of Aboriginal Elders—supporting them to access safe, high-quality aged care on their country, when and where they need it.

Appendix One

Recruitment Barriers in Aged Care Sector Across Remote and Very Remote Northern Territory

A significant number of recommendations provided throughout this submission can be resolved by addressing workforce shortages across remote and very remote regions. The ideal candidates for developing local Aboriginal aged care workforce across the NT are already providing supports for activities of daily living to the Elders in their families and communities.

Typically going unrecognised and unpaid for their contribution, informal carers are already working hard to keep their elders on country where they choose to reside. Instead of forcing the establishment of mainstream styled aged care services in communities, the Government could support and enable the ongoing development of existing care support processes. By supporting this best practice and cost-effective approach – being the employment of Aboriginal people already providing care to Elders in their community - Australia can work towards minimising the impact and impeding barriers that are constantly experienced by Elders trying to access aged care supports.

Employment of local Aboriginal staff in the aged care sector will:

- Promote self-determination of Aboriginal people in the implementation of aged care services within their community.
- Ensure Elders receive culturally appropriate services from people who understand and adhere to their cultural requirements.
- Ensure Elders are supported to complete activities of daily living in a culturally appropriate way.
- Increase availability and accessibility of aged care services in remote and very remote regions.
- Increase uptake of aged care services by Elders who avoid mainstream systems, which will also reduce the number of hospitalisations an individual is likely to experience when they are not receiving aged care services.
- Reduce the need for Elders to relocate to urban areas to access aged care services as they will be available on Country.
- Recognise and compensate carers who are already providing supports to Elders in their communities.
- Reduce high staff turnover rates in remote and very remote locations that are caused by mainstream staff not being able to cope with the geographical and social limitations of remote living.
- Increase the capacity of aged care services already functioning in remote communities by ensuring adequate staffing recruitment and retainment.
- Reduce unemployment rates across remote and very remote communities.

It is essential to enable Aboriginal people and communities to design, develop and maintain their own aged care services. This is the only way to ensure on-country supports are available, accessible and culturally appropriate. Aboriginal people are the only ones who will be able to implement these services in remote and very remote regions to ensure their Elders receive aged care support on Country, surrounded by their culture, land and people. As such, it is essential that the following challenges are overcome using the solutions provided.

Challenge	Solution
Police Clearance / Working with Children Check / NDIS Workers Screening Due to a range of reasons, there is a significant number for Aboriginal across the NT with various criminal records. This impacts on their motivation to apply for jobs that require them to obtain criminal background checks as they worry that their history will impact their suitability for the role. In addition, judgement and rejection from employment occurs when criminal record checks are received by potential employers. This is a significant barrier in the aged care system where police clearance checks and NDIS Workers Screenings are a government requirement, along with some organisations also requiring a WCC before they will employ staff. Apart from precluding offenses (murder, sexual assault and imprisonment for any other form of assault), employment based on criminal background checks is left to the discretion of the employer with minimal guidance from government directives and guidelines. This includes section 6.5 of the Aged Care Screening Guidelines July 2021, which provides vague suggestions for an employer to consider when assessing other offences. The Royal Commission into Aged Care Quality and Safety already discusses the barriers criminal history checks have on the employment of Aboriginal people in their Final Report Volume 3A, Section 7.8. We are disappointed that this acknowledgement of these challenges did not result in a formal recommendation by the Royal Commission.	Clearer guidelines around convictions that do not exclude people from employment in the aged care sector. To promote growth of the Aboriginal workforce in the aged care sector, there needs to be stronger determinants to direct employers on an applicant's employment suitability when reviewing criminal background checks. This should include specific timelines that make an offense void in the consideration of recruitment suitability (eg: non-precluding offenses that occurred over 5 years ago). Having strong determinants will make it easier to advertise for recruitment in remote and very remote regions. If there is an exact list of offenses that will not eliminate an applicant from employment in the aged care sector, Aboriginal people will be able to self-determine if they are likely to be rejected due to their criminal check or not. By removing the discretion of the employer, there is less risk of judgement and shame. Exemption for people already providing supports in remote and very remote regions. There is already a significant number of people providing hands on supports to their family and friends in small communities across remote and very remote regions of Australia. To strengthen the Aged Care Sector in remote and very remote regions, it is important to recognise people already providing these supports and assist them to join formal employment. Criminal background clearances have not been required for them to provide these supports in an unpaid, unrecognised format. As such, criminal background checks should not eliminate this demographic of unpaid community carers from joining the workforce and providing the same services as a formal part of the aged care sector. The possibility of introducing a process that allows communities to recognise individuals as "approved carers" should be considered.

	Communities are aware of the reputation of all local individuals and would be able to determine the appropriateness of each person to become an aged care employee. Implementing a process that enables the community to vote to waive a criminal background check would help increase local employment, promote self-determination in line with the Closing the Gap agreement and ensure aged care supports are provided in a culturally safe and appropriate way.
Legal Documentation For employees to enter the aged care sector, they are required to have access to 100 points of proof of identity to receive their criminal health checks, as well as access into certain computer systems such as the Aged Care Services and Support Portal. There is a significant number of Aboriginal people who do not have registered birth certificates which impacts also on their ability to get passports, driver's license, Medicare cards and other legally recognised proof of identity documents. With the lack of access to these legal documents, joining any workforce becomes a long, complicated process for Aboriginal people. This is a process that many employers do not have capacity or willingness to accommodate.	Improved processes to gain access to legal documentation. A search across the internet does not provide an easy-to-follow process of registering late for a birth certificate if the individual has absolutely no proof of identity. All processes that could be located on obtaining a birth certificate presumed that the individual was registered at birth and just wants a new copy of the certificate to be distributed. Alternatively, the only website we were able to find that mentions late registry for birth certificates required the individual to have other forms of proof of identity to register their birth. There needs to be a simple process implemented for undocumented Aboriginal people to be able to register themselves for birth certificate and proof of identity at any point of their lives if they choose to do so (please see below points of exemptions for people who do not want to be registered into the Australian mainstream systems). In addition to simplifying the process, there needs to be easy access to information around this process so anyone is able to utilise the steps required to register for a birth certificate. This information should be distributed in both hard copy and online easy to read format. Exemption for people already providing supports in remote and very remote regions. With a large number of people already providing informal activities of daily living supports to elders within their families and communities, there should be processes in place that enable these carers to join the workforce without going through the complex processes of needing legal documentation.

	The aged care sector in remote and very remote regions should accept community recognition of an individual as validation for the person to become a formal aged care employee for that community. This will promote more Aboriginal people entering the aged care workforce across the NT, as well as enable economic development and self-determination in the communities.
Housing income limitations With significant housing shortages across the NT, there are a number of workforce-aged people living in state and community housing in remote and very remote regions. The requirements of residing in state and community housing usually includes income limitations. This restricts otherwise suitable and willing individuals from joining any workforce as they fear they will lose accommodation if their income exceeds the limits and there are no alternative accommodation options in their community due to the housing shortages.	Increase or waive income limitations for state and community housing in remote and very remote regions. Increasing or waiving the income limits for state and community housing would remove the fear of becoming homeless if an individual was working for a fair wage. With the knowledge that they will not risk losing their accommodation if they got a job, Aboriginal people would consider joining the workforce. By encouraging Aboriginal people to join the workforce in their local communities, it is reasonable to expect that there would be lower turnover of staff, increases in culturally appropriate support being provided, and increased provision of aged care supports in remote and very remote regions.
Numeracy and Literacy Skills, Computer Skills Feedback from a lot of ECS providers in the NT have expressed struggles with recruiting local staff due to literacy and computer skill levels. From an aged care provider perspective, strong literacy and computer skills are a requirement of employment due to progress notes and record keeping being a requirement of compliance in the aged care sector. If staff are unable to clearly document the supports they provided to their client, the provider is limited on their compliance evidence during audits. This concept causes limitations for recruiting local staff who would otherwise be ideal candidates to provide on country, culturally appropriate aged care supports. From an employee perspective, the concept of literacy and computer skills is intimidating and unachievable. With a lot of Aboriginal people being impacted by low levels of schooling, lack of workplace experience, racism, and social	Prioritise physical support capacity over documentation requirements. As recognised by both the Royal Commission into Aged Care Quality and Safety, and the National Closing the Gap agreement, Aboriginal Islander people are best equipped to be providing services in their communities. The aged care system should reflect this by providing leniency in documentation processes and accept alternative evidence for compliance with aged care regulations. This would allow aged care providers in remote and very remote regions to employ local staff to deliver hands-on supports regardless of their numeracy, literacy and computer skills. Culturally appropriate services are achieved through the employment of local staff who understand and adhere to cultural rules, obligations and processes. There are currently Aboriginal people working in caring roles in their community without being associated with an aged care provider or being restricted by

dynamics, there is a strong presence of poor self-confidence, fear of failure and fear of judgement. This impacts on an individual's willingness and motivation to apply for jobs that require strong literacy and computer skills, resulting in low statistics of Aboriginal people being employed in the aged care sector across Australia.

mainstream processes such as documentation requirements.

The only way to help these individuals transition formally into the workforce is by recognising the culturally appropriate carer supports they are already providing in their community and supporting them to upskill in literacy and computer skills if they choose to.