PRODUCTIVITY COMMISSION – REVIEW OF THE NATIONAL AGREEMENT ON CLOSING THE GAP 2026



Submission

October 2026

NATSIAACC
National Aboriginal and Torres Strait Islander Ageing and Aged Care Council

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Acknowledgment of Country

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

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

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

This always was, and always will be Aboriginal Land.

National Aboriginal and Torres Strait Islander Ageing and Aged Care Council

About

The National Aboriginal and Torres Strait Islander Ageing and Aged Care Council (NATSIAACC) is the national peak body for Aboriginal and Torres Strait Islander Ageing and Aged Care. NATSIAACC works to ensure that Aboriginal and Torres Strait Islander Elders and Older People can access support and care that is culturally safe, trauma aware and healing-informed, and recognises the importance of their personal connections to community, Country and/or Island Home.

NATSIAACC is building a membership base of:

- Aboriginal and Torres Strait Islander community-controlled providers of Ageing and Aged Care, and
- Entities with an interest in culturally appropriate Ageing and Aged Care services.

NATSIAACC's founding Directors are all leaders in Aboriginal and Torres Strait Islander Ageing and Aged Care provision.

Our Vision

All Aboriginal and Torres Strait Islander people are thriving, healthy, strong, with ongoing cultural connections in their older years.

Our Purpose

NATSIAACC supports Aboriginal and Torres Strait Islander older peoples, their families, and communities to identify, engage in, advocate for, and lead systemic reform to embed culturally safe practices across the Aged Care and Ageing sector.

With thanks

NATSIAACC thanks its members, stakeholders, and other peak bodies for their valuable contributions to this submission and for generously giving their time to support older Aboriginal and Torres Strait Islander people.

Funding

NATSIAACC is funded by the Commonwealth Department of Health, Disability and Ageing (the Department). NATSIAACC has been in operation since 2022. In the context of the current Aged Care reforms and the need for extensive advocacy, input, and leadership in the sector, it will be necessary to provide additional funding to support NATSIAACC to provide the input and engagement required to ensure that the reforms deliver much needed support to Aboriginal and Torres Strait Islander Elders and Older People.

NATSIAACC Recommendations

NATSIAACC recommends that the Productivity Commission advise the Joint Council on Closing the Gap on how to improve, hasten and strengthen implementation of the National Agreement's commitments to Aboriginal and Torres Strait Islander Elders and Older People, by recommending that:

1. The Joint Council commit to establishing a dedicated Closing the Gap target for the Ageing and Aged Care outcomes of Aboriginal and Torres Strait Islander Elders and Older People.
2. The target be defined through an Aboriginal and Torres Strait Islander-led co-design process, led by Elders and Older People and community-controlled care organisations, to be completed within 12 months of the Joint Council's commitment. The process should set outcomes, indicators, baselines, trajectories and clear responsibilities.
3. Governments fund the data development needed to measure the target, including national data on dementia and unmet care need, under Aboriginal and Torres Strait Islander data governance.
4. As an interim measure, report on existing Ageing and Aged Care indicators on the Closing the Gap dashboard, while the target is being developed.

Executive Summary

The National Agreement on Closing the Gap (the National Agreement) is intended to support Aboriginal and Torres Strait Islander People through early childhood, school, youth and adulthood, yet there is no target or outcome for Elders and Older People. Of its 17 socio-economic outcomes, none specifically measures Ageing or Aged Care (National Agreement on Closing the Gap 2020). The National Aboriginal and Torres Strait Islander Ageing and Aged Care Council (NATSIAACC) asks the Productivity Commission to recommend that the Joint Council on Closing the Gap create an additional support for Elders and Older People through a dedicated Ageing and Aged Care target.

Good Ageing and Aged Care outcomes also contribute to wider Closing the Gap outcomes. Culturally safe care, coordinated with health, housing and other supports, can strengthen Elders and Older People's health, independence and social and emotional wellbeing, sustain family and community participation, and support the continuation of culture and language. A dedicated target should make these contributions visible alongside Elders and Older People's own experiences of care.

In 2024–25, the median age at admission to home care was 70 for Aboriginal and Torres Strait Islander People and 82 for non-Indigenous Australians; for permanent residential care, it was 75 and 85 respectively (AIHW 2026a). These differences must be interpreted in the context of different age eligibility thresholds and population age profiles. They do not, by themselves, measure waiting times, unmet need or care quality. A 65-year-old Aboriginal or Torres Strait Islander man can expect 15.5 more years of life, against 19.3 for a non-Indigenous man. For women the figures are 16.7 and 21.1, respectively (ABS 2023). These are Elders or Older People who have already survived to 65 and their remaining life expectancy is still around four years shorter. Studies put dementia at 3-5 times the national rate and no national estimate exists of how many Aboriginal and Torres Strait Islander People are living with this condition (AIHW 2026b).

Closing the Gap reporting lacks a dedicated set of measures of the lived experiences and ageing realities of Aboriginal and Torres Strait Islander Elders and Older People. Outcome 1 tracks life expectancy at birth. The National Agreement does not specifically track whether an Elder or Older Person can get culturally safe care, receive it near Country or Island Home, or stay independent for longer. This limits accountability for Ageing and Aged Care outcomes within Closing the Gap. The Joint Council's May 2026 response to the Independent Review singles out Aged Care as a sector where cultural safety and systemic transformation remain critical and cites the Royal Commission's findings on poorer access and culturally unsafe care (Joint Council on Closing the Gap 2026, para 47).

Existing reforms cannot do this job. The Aboriginal and Torres Strait Islander Aged Care Framework 2025-2035 sits within a single portfolio (Department of Health, and Aged Care 2025). A target in the National Agreement is different. All Parties share accountability for it, including the state and territory governments that run the health, housing and transport services older people depend on. Its progress is published on the Closing the Gap Information Repository, which the Joint Council describes as "a vital and transparent tool for monitoring progress" (Joint Council on Closing the Gap 2026, para 22). Its outcomes and indicators should be determined through shared decision-making arrangements that give Elders and Older People and community-controlled care organisations genuine authority over design, implementation and accountability. The evidence in this submission points to five areas it should cover: culturally safe care and access, unmet need, the availability and affordability of services, health and wellbeing and connection to community and Country or Island Home.

Measurement should draw on NATSIAACC's established Cultural Safety in Aged Care Definition and test whether Elders and Older People's cultural needs, choices and preferences shape the care they receive (NATSIAACC n.d.). Delivery requires sustainable investment in the capacity and growth of community-controlled Aged Care organisations, together with accountable mainstream providers and genuine, appropriately resourced partnerships that demonstrably improve care and outcomes.

The issue is not new and has been actively discussed since April 2025, when NATSIAACC (2025a) and the Office of the Interim First Nations Aged Care Commissioner (2025) both called for a target. The Independent Review highlighted this through Recommendation 8(a), recommending that an Elders and Older People target be examined (Coalition of Peaks 2025) and the Commission discussed the proposed inclusion in its call for submissions (Productivity Commission 2026a). NATSIAACC now seeks a formal commitment to establish the target, moving beyond examination. The Parties then spent from November 2025 to May 2026 negotiating their response. It does not address Recommendation 8(a) or set a target, a process or a timeframe. It does provide for a meeting of all Parties in 2026 at which amendments to the Agreement can be considered (Joint Council on Closing the Gap 2026, Partnership Action 18). By the time the Commission reports in August 2027, the question will have been open for more than two years and four months.

NATSIAACC's recommendation falls within the scope of this review. The terms of reference direct the Commission to strengthening existing commitments (Productivity Commission 2026b) and equitable life outcomes across the whole life course of Aboriginal and Torres Strait Islander People. A target is the instrument that makes it measurable. Clause 85 permits additional targets, clause 137 permits amendment at any time with the written agreement of all Parties and paragraph 122 empowers the Commission to advise the Joint Council on targets, indicators and trajectories (National Agreement on Closing the Gap 2020). The Joint Council has moved quickly on a target before. It went from a new

development approach for an Inland Waters Target in July 2024 (Joint Council on Closing the Gap 2024) to agreement in principle on Target 15c in June 2025 (Joint Council on Closing the Gap 2025).

NATSIAACC recommends that the Commission advise Joint Council to commit to a dedicated Ageing and Aged Care target; to define it within 12 months through an Aboriginal and Torres Strait Islander-led co-design process, led by Elders and Older People and community-controlled care organisations, setting its outcomes, indicators, baselines, trajectories and lines of responsibility; to fund the data development needed to measure it under Aboriginal and Torres Strait Islander data governance; and to report existing Ageing and Aged Care indicators on the Closing the Gap dashboard in the meantime.

Responding to the 'Call for Submissions' from the Productivity Commission on their review of the National Agreement on Closing the Gap 2026

The outcomes framework has no measure for older age

The Commission asks whether the socio-economic outcomes and targets are "appropriately defined and measured" (Productivity Commission 2026a, p. 18). For Ageing and Aged Care, they are not defined at all.

The National Agreement sets 17 socio-economic outcomes (National Agreement on Closing the Gap 2020, clause 17(e), Table B). Each tracks a stage of life or a system through which governments deliver services: early childhood development, school, youth, employment, housing, justice, child protection. Aged Care is a government-funded system and more than 197,000 Aboriginal and Torres Strait Islander People were projected to be aged 50 or over in June 2025, the age threshold for access to Aged Care, subject to assessed need (AIHW 2025). The framework sets no outcome for that system and no indicator of how it serves them.

Outcome 1 in the National Agreement comes close as it tracks life expectancy at birth, which measures survival, but it does not measure the care people receive in the years they survive. Life expectancy can rise while Aboriginal and Torres Strait Islander People continue to enter care a decade earlier than other Australians and leave Country or Island Home to receive support. The Agreement would report that as progress.

Every target in the Agreement has a baseline, a trajectory and a reporting line. Ageing and Aged Care has none of the three. Without a dedicated target and supporting indicators, the Parties cannot demonstrate through this framework whether Ageing and Aged Care outcomes are improving. The following section documents differences in admission ages, life expectancy and service use that warrant attention, while recognising that admission ages alone do not establish unmet need or the quality and timeliness of care.

NATSIAACC Recommendations

- The Joint Council commit to establishing a dedicated Closing the Gap target for the Ageing and Aged Care outcomes of Aboriginal and Torres Strait Islander Elders and Older People.

The evidence shows a gap that no outcome tracks

Aboriginal and Torres Strait Islander People need Aged Care earlier and live fewer years once they reach older age. The general age threshold for access to government-funded Aged Care is 50 for Aboriginal and Torres Strait Islander People, compared with 65 for other Australians, with access subject to assessed need (AIHW 2025).

Measure	Aboriginal and Torres Strait Islander	Non-Indigenous	Gap
Median age at admission to home care, 2024–25	70	82	12 years
Median age at admission to permanent residential care, 2024–25	75	85	10 years
Life expectancy at birth, males, 2020–22	71.9	80.6	8.8 years
Life expectancy at birth, females, 2020–22	75.6	83.8	8.1 years
Further years of life at 65, males, 2020–22	15.5	19.3	3.9 years
Further years of life at 65, females, 2020–22	16.7	21.1	4.4 years

Sources: AIHW (2026a); ABS (2023). Admission-age differences are calculated from the published medians. Life expectancy gaps are the ABS's published differences, calculated from unrounded estimates. Home care admissions refer to the Home Care Packages Program in 2024-2025, before Support at Home commenced.

The lower admission ages show that Aboriginal and Torres Strait Islander People entering these services are younger, but do not show when they first needed care or whether care was timely or appropriate. Subtracting the age eligibility threshold from the median admission age does not measure waiting time or delay. Interpretation must account for population age profiles, assessed need, service availability and people's preferences. Measures of unmet need and the time between seeking support, assessment, approval and receiving appropriate care are needed to establish whether the system is meeting Elders and Older People's needs (AIHW 2026a).

The life expectancy gaps narrow after 65 but do not close. Everyone in that comparison has already survived to 65 and Aboriginal and Torres Strait Islander men and women in that group still have 3.9 and 4.4 fewer years ahead of them than non-Indigenous people (ABS 2023).

Studies indicate that dementia is three to five times as prevalent among Aboriginal and Torres Strait Islander People as in Australia overall and that it can develop at younger ages. The same source reports that no national prevalence estimates are available (AIHW 2026b). A condition studies place at several times the national rate cannot be counted nationally.

Access is uneven within the population. As at 30 June 2024, Aboriginal and Torres Strait Islander People aged 50 and over received home care at a rate of 48 per 1,000 in non-remote areas and 32 per 1,000 in remote areas (AIHW 2025). The remote rate is a third lower. Rates of use do not measure need and these figures do not show how much need is unmet. They show where an access indicator would have to look. NATSIAACC's work with Elders and Older People, providers and communities identifies barriers

that bear on them, including limited access to culturally safe services, workforce shortages, funding pressure on rural and remote providers and care models that do not recognise cultural obligations, relationship-based care or connection to Country or Island Home (NATSIAACC 2025a, pp. 11–16).

These inequalities have causes beyond the Aged Care system and responsibility for them is spread across health, disability, housing and Aged Care policy. No single measure shows whether the combined effort is working. A dedicated Ageing and Aged Care target would supply one national measure of whether that combined effort is improving Ageing and Aged Care outcomes for Aboriginal and Torres Strait Islander Elders and Older People, and would drive the data development the figures above show is needed. That data must be accessible to communities and be culturally appropriate and it has to be used in policy, funding and service delivery decisions, not only collected for government reporting.

The gap is documented in the Commonwealth's own data. The National Agreement does not report it.

The National Agreement relies on Elders and Older People but does not track their ageing

The National Agreement names Elders and Older People as a source of direction. Preamble 9 states that their views and expertise will "continue to provide central guidance" to governments and the Coalition of Peaks (National Agreement on Closing the Gap 2020, Preamble 9). The Agreement also depends on them for delivery.

Outcome 16 commits the Parties to cultures and languages that are strong, supported and flourishing. The Commission's own reporting on that outcome identifies language as the means by which cultural practice and knowledge pass between generations and identifies intergenerational knowledge transfer as a strategy for keeping cultures and languages strong (Productivity Commission 2026c). Elders and Older People carry that transfer. They hold the language, the knowledge and the cultural authority and they pass them on through their presence in community and on Country or Island Home.

That presence depends on where and how Elders and Older People receive care. Where culturally appropriate Aged Care is unavailable, people leave Country or Island Home to get essential support. Where services do not recognise cultural responsibilities, Elders and Older People cannot meet them. Separation from family, kin and community removes the settings in which teaching happens and the loss is carried by the younger people who would have received the knowledge (NATSIAACC 2025a). Outcome 16 therefore rests on a population whose circumstances the Agreement does not track.

Elders and Older People's wellbeing is an outcome in its own right and also supports the wider outcomes the Agreement seeks to achieve. A target for Ageing and Aged Care would close the gap between what the Agreement requires of Elders and Older People and what it commits to provide for them. It would add one outcome to a framework that already rests on them and it would be consistent with Outcome 16 and Preamble 9, which already assume their wellbeing. The target should include an indicator of whether Elders and Older People can receive care on or near Country or Island Home. That indicator would link the target directly to Outcome 16 and it is the type of measure co-design should consider.

These connections extend beyond Outcome 16. NATSIAACC's case is that coordinated health and Aged Care can support longer, healthier lives (Outcome 1); care linked with suitable housing, home

modifications and practical support can help Elders and Older People live safely and independently at home (Outcome 9); and care that sustains choice, family relationships and community participation can strengthen social and emotional wellbeing (Outcome 14). Supporting Elders and Older People to speak language, share knowledge and fulfil cultural roles also sustains intergenerational connections. Measurement should test these contributions across service systems, alongside whether Elders and Older People receive the care they need and choose (National Agreement on Closing the Gap 2020, Table B).

The recommendation is on the record and the Agreement provides the means to act on it

NATSIAACC called for a dedicated Ageing and Aged Care target in its April 2025 submission to the Independent Review (NATSIAACC 2025a). The Office of the Interim First Nations Aged Care Commissioner made the same call that month, asking for explicit recognition of Elders and Older People and their right to culturally safe Aged Care in the Closing the Gap framework (Office of the Interim First Nations Aged Care Commissioner 2025). The Independent Review recommended, in Recommendation 8(a), that an Elders and Older People target be examined for future inclusion (Coalition of Peaks 2025). NATSIAACC restated its support in July 2025 (NATSIAACC 2025b) and the Commission discussed the proposed inclusion in its call for submissions (Productivity Commission 2026a, p. 5). Recommendation 8(a) proposed examining a target; NATSIAACC is now making the case for a formal commitment to establish one.

The signatories of the Closing the Gap Agreement took from November 2025 to May 2026 to negotiate their response to the Review (Joint Council on Closing the Gap 2026, para 9). That response states that the Agreement is intended to benefit all Aboriginal and Torres Strait Islander People and is not limited to certain service systems and it names Aged Care as a sector where cultural safety and systemic transformation remain critical (paras 25(e), 47). It does not address Recommendation 8(a) and it commits to no target, process or timeframe. The Parties have described the problem in Aged Care without deciding to measure it. This leaves no dedicated Ageing and Aged Care target or reporting framework within the National Agreement to assess whether Elders and Older People's care needs are being met, whether their experiences are improving, and which governments and service systems must act when progress falls short.

Additionally, the Agreement does not require Elders and Older People to wait. Clause 85 allows the Parties to agree additional targets, and clause 137 allows amendment at any time with the written agreement of all Parties (National Agreement on Closing the Gap 2020). The Joint Council has used this flexibility previously. It discussed a new approach to developing an Inland Waters Target in July 2024 and agreed in principle to formalise it as Target 15c in June 2025 (Joint Council on Closing the Gap 2024, 2025). That is a year from development approach to agreement in principle and an Ageing and Aged Care target defined within 12 months would follow the same timeline. The decision point is close, the response provides for a meeting of all Parties in 2026, at which amendments to the Agreement can be considered (Joint Council on Closing the Gap 2026, Partnership Action 18).

Paragraph 122 empowers the Commission to advise the Joint Council on changes to the Agreement, including its targets, indicators and trajectories (National Agreement on Closing the Gap 2020). NATSIAACC asks the Commission to use this power. The Commission should recommend that the Joint Council commit to a dedicated Ageing and Aged Care target, with named responsibilities, an agreed

timeframe and an Aboriginal and Torres Strait Islander-led co-design process in which Elders and Older People and community-controlled care organisations confirm the target's outcomes, indicators and timeframes. It should also recommend that the Parties consider that commitment at their 2026 meeting.

NATSIAACC Recommendations

- The target be defined through an Aboriginal and Torres Strait Islander-led co-design process, led by Elders and Older People and community-controlled care organisations, to be completed within 12 months of the Joint Council's commitment. The process should set outcomes, indicators, baselines, trajectories and clear responsibilities.

A dedicated target would put the Priority Reforms to work in Aged Care

The Commission asks, in its discussion of the community-controlled sector, "Who determines what success looks like?" (Productivity Commission 2026a, p. 12). In Aged Care, Elders and Older People should answer it. Their measures of success include choice and control over their care, the ability to meet cultural responsibilities, relationships with family and kin and connection to Country or Island Home. Survival and service use capture none of these.

A target for Aged Care would apply each of the four Priority Reforms to a sector where the Agreement currently has no measure (National Agreement on Closing the Gap 2020, Priority Reforms 1 to 4).

Priority Reform 1 commits governments to shared decision-making. The target must be developed through formal arrangements that give Elders and Older People and their representative organisations genuine decision-making authority over outcomes, indicators, implementation priorities, resourcing and accountability. This authority must continue through monitoring, evaluation and decisions on corrective action, with resources to exercise it. Consultation or participation in co-design alone is insufficient.

Priority Reform 2 commits governments to building the community-controlled sector. The Joint Council's response states that progress in increasing the share of services delivered by Aboriginal and Torres Strait Islander organisations cannot be measured because governments are not reporting against the agreed Priority Reform 2 targets and indicators (Joint Council on Closing the Gap 2026, para 40). An Aged Care target with an indicator for community-controlled provision would create the reporting line that is missing. This must be backed by sustainable, flexible, long-term investment that meets the costs of culturally safe care and supports existing organisations to grow and new community-controlled providers to enter the sector. Investment must strengthen workforce, governance, infrastructure and service capacity, including in rural and remote communities. Measures should track funding security, capacity and growth alongside the share of services delivered and Elders and Older People's outcomes.

Priority Reform 3 commits governments to transforming mainstream institutions. The Joint Council cites the Royal Commission's findings on poorer access and culturally unsafe care in Aged Care (para 47). A target would test whether the system is changing. Responsibility extends beyond the Coalition of Peaks and community-controlled sector. Mainstream Aged Care providers must deliver culturally safe care and be accountable for Elders and Older People's outcomes. Genuine partnerships with

Aboriginal and Torres Strait Islander community-controlled organisations must respect cultural authority, share decisions and appropriately resource the organisations' contributions. Measurement should test whether these partnerships change care planning and delivery, improve continuity and strengthen Elders and Older People's experiences and outcomes, rather than simply count agreements or activities.

NATSIAACC's established Cultural Safety in Aged Care Definition places the judgement of cultural safety with the Aboriginal and Torres Strait Islander person receiving care. It requires providers to reflect critically on their practice, address racism, build trust and relationships, and centre care on the person's lived experience and cultural and ageing needs, supported by trauma-aware and healing-informed practice (NATSIAACC n.d.). Measures must therefore capture whether Elders and Older People's cultural needs, choices and preferences influence assessment, care planning, funding and the support actually delivered. Recording a preference, completing training or providing access does not establish that care is culturally safe; Elders and Older People must be able to describe whether their needs are met.

Priority Reform 4 commits governments to sharing data with communities. The Joint Council acknowledges that more needs to be done to build community data capability and infrastructure (para 55). Ageing and Aged Care is an area where national data is weak and building indicators under Aboriginal and Torres Strait Islander data governance would put the reform into practice. Elders, Older People and their representative organisations must have authority over how their data and experiences are collected, interpreted and used, with accessible reporting back to communities. Evidence must include people with unmet need who are not receiving services.

The content of the target must be determined through the shared decision-making arrangements described above, led by Elders and Older People and the community-controlled organisations that care for them. The evidence in this submission points to five areas. The table sets out illustrative measures for each and where the data development is needed. The indicators are examples for co-design to test, replace or reject.

Area	Illustrative Measures	Data status
Culturally safe access to care	Elders and Older People reported cultural safety, choice and control; whether their cultural needs, choices and preferences shape the care actually delivered.	Develop Elder and Older Person-defined measures grounded in NATSIAACC's Cultural Safety Definition; include experiences in community-controlled and mainstream services.
Unmet need	Care needed but not received, including cultural support; reasons for unmet need; time for seeking support to assessment, approval and appropriate care.	Develop measures that include people outside services and those receiving insufficient or unsuitable support.
Availability and affordability of services	Home care use by remoteness; care forgone because of cost or lack of suitable services; community-controlled service capacity and continuity between services.	AIHW (2025) reports home care use. Develop affordability, capacity and continuity measures; use alone does not establish need being met.

Area	Illustrative Measures	Data status
Health and wellbeing	Elders and Older People reported independence and social and emotional wellbeing; dementia prevalence and age of onset; whether coordinated care supports health and safe living at home.	Develop experience measures and links to Outcomes 1, 9 and 14. No national dementia prevalence estimate (AIHW 2026b).
Connection to community and Country or Island Home	Whether Elders and Older People receive care in their preferred location, on or near Country or Island Home where they choose; maintain family and community participation; and practice and pass on culture and language.	Develop Elder and Older Person-defined measures of connection and participation and their contribution to Outcome 16; location alone is insufficient.

For each agreed measure, implementation plans should name the responsible Commonwealth, state or territory agency and relevant service providers, including responsibilities across Aged Care, health, housing, disability and transport. Governments should specify funding, delivery milestones and reporting dates, and report publicly on progress and corrective action. First Nations governance must oversee assessment of results, including whether investment and partnerships improve care and contribute to broader Closing the Gap outcomes. This should combine Elders and Older People's accounts with service data and avoid attributing changes across complex systems to Aged Care alone.

Some of this can be reported now. AIHW publishes admission age and home care rates by remoteness (AIHW 2025, 2026a) and the Commission can add them to the Closing the Gap dashboard as an interim measure. That gives the Parties a baseline, shows where there is a data deficit and builds the case for a funded program of data development. These are contextual indicators and should not be treated as measures of care quality, waiting time or need being met.

A target of this kind duplicates no existing commitment. It applies the Priority Reforms to the part of the population that the outcomes framework currently leaves out.

NATSIAACC Recommendations

- Governments fund the data development needed to measure the target, including national data on dementia and unmet care need, under Aboriginal and Torres Strait Islander data governance.
- As an interim measure, report on existing Ageing and Aged Care indicators on the Closing the Gap dashboard, while the target is being developed.

Conclusion

Recommendation 8(a) of the Independent Aboriginal and Torres Strait Islander-led Review called for the examination of a dedicated Elders and Older People target (Coalition of Peaks 2025). This submission responds directly to that recommendation. The evidence presented establishes a compelling case for the target's inclusion, while the National Agreement's existing provisions provide a clear mechanism for its adoption. The Productivity Commission is now in a position to advance this matter beyond examination and provide the formal recommendation necessary to progress its implementation.

NATSIAACC's four recommendations provide a practical and proportionate pathway for achieving this. The first seeks a formal commitment from the Parties to establish a dedicated target, without pre-empting the outcomes, indicators and trajectories to be determined through genuine co-design. The second establishes a timeframe within which that commitment must be progressed. The third provides for the investment in data development necessary to support meaningful measurement and accountability. The fourth proposes immediate improvements to reporting, drawing on Ageing and Aged Care data already published by the Australian Institute of Health and Welfare, including age at admission and home care utilisation by remoteness (AIHW 2025; 2026a). Such information could inform interim reporting through the Closing the Gap Dashboard without awaiting the development of an entirely new data collection. Together, these recommendations fall within the scope of the Commission's advisory responsibilities under paragraph 122 of the National Agreement.

Further delay is not without consequence. Each year that passes without a dedicated target is another year without an agreed national benchmark against which improvements in Ageing and Aged Care outcomes can be assessed. While historical data may inform the development of baselines, the absence of agreed indicators, trajectories and reporting requirements limits the capacity of governments and Aboriginal and Torres Strait Islander communities to assess whether meaningful progress is being achieved. A review that acknowledges this omission without recommending a clear course of action risks leaving the Parties in substantially the same position as they were following the Independent Review.

The present review provides the Productivity Commission with both the opportunity and the mandate to address this longstanding omission. NATSIAACC therefore requests that the Commission incorporate all four recommendations into its draft report, allowing Elders and Older People and Aboriginal and Torres Strait Islander community-controlled organisations to inform their further refinement before the final report is delivered.

The matter has been raised, the evidence has been presented, and the means of reform are already provided for within the National Agreement. NATSIAACC submits that sufficient grounds now exist for the Productivity Commission to recommend a formal commitment to establishing a dedicated Ageing and Aged Care target. What is required at this stage is not another acknowledgment of the need for change, but a clear recommendation that enables the Parties to proceed with delivering it.

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