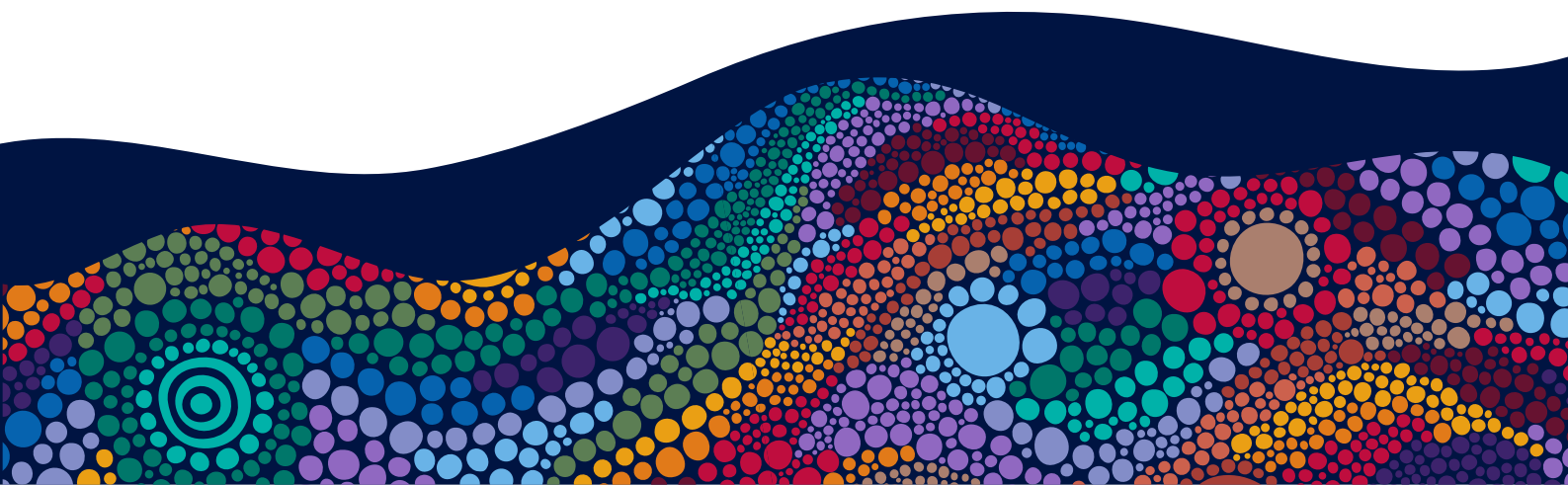




Inquiry into the administration of the Age Pension

Submission to the Joint Committee of Public
Accounts and Audit

May 2026



About NACCHO

NACCHO is the national peak body representing 148 Aboriginal Community Controlled Health Organisations (ACCHOs). We also assist a number of other community-controlled organisations.

The first Aboriginal medical service was established at Redfern in 1971 as a response to the urgent need to provide decent, accessible health services for the largely medically uninsured Aboriginal population of Redfern. The mainstream was not working. So it was, that over fifty years ago, Aboriginal people took control and designed and delivered their own model of health care. Similar Aboriginal medical services quickly sprung up around the country. In 1974, a national representative body was formed to represent these Aboriginal medical services at the national level. This has grown into what NACCHO is today. All this predated Medibank in 1975.

NACCHO liaises with its membership, and the eight state/territory affiliates, governments, and other organisations on Aboriginal and Torres Strait Islander health and wellbeing policy and planning issues and advocacy relating to health service delivery, health information, research, public health, health financing and health programs.

ACCHOs range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small services which rely on Aboriginal health practitioners and/or nurses to provide the bulk of primary health care services. Our 148 members provide services from about 550 clinics. Our sector provides over 3.1 million episodes of care per year for over 410,000 people across Australia, which includes about one million episodes of care in very remote regions.

ACCHOs contribute to improving Aboriginal and Torres Strait Islander health and wellbeing through the provision of comprehensive primary health care, and by integrating and coordinating care and services. Many provide home and site visits; medical, public health and health promotion services; allied health; nursing services; assistance with making appointments and transport; help accessing childcare or dealing with the justice system; drug and alcohol services; and help with income support. Our services build ongoing relationships to give continuity of care so that chronic conditions are managed, and preventative health care is targeted. Through local engagement and a proven service delivery model, our clients 'stick'. Clearly, the cultural safety in which we provide our services is a key factor of our success.

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

Enquiries about this submission should be directed to:

NACCHO

Level 5, 2 Constitution Avenue

Canberra City ACT 2601

Telephone: 02 6246 9300

Email: policy@naccho.org.au

Website: naccho.org.au

Recommendations

- 1 NACCHO recommends** any interventions to address the administration of the Age Pension align with the National Agreement and its four Priority Reform Areas.
- 2 NACCHO recommends** eligibility for Age Pension aligns with eligibility for aged care – meaning access at age 50 for Aboriginal and Torres Strait Islander people.
- 3 NACCHO recommends** Aboriginal and Torres Strait Islander people can access their superannuation from age 50.

Acknowledgements

NACCHO welcomes the opportunity to provide a submission to the Joint Committee of Public Accounts and Audit. NACCHO supports the submissions to this consultation made by NACCHO Members and Affiliates.

National Agreement on Closing the Gap

Advocating for and securing the National Agreement on Closing the Gap was an historically significant act of Aboriginal and Torres Strait Islander self-determination. The National Agreement is evidence of a new era of engagement by and with Aboriginal and Torres Strait Islander people. It commits Australia to a new direction and is a pledge from all governments to fundamentally change the way they work with Aboriginal and Torres Strait Islander communities and organisations – to support self-determination and build the capacity of the community-control sector.

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

The reforms and targets outlined in the National Agreement seek to overcome the inequality experienced by Aboriginal and Torres Strait Islander people, and achieve life outcomes equal to all Australians. Governments at all levels have committed to the implementation of the National Agreement's four Priority Reform Areas, which offer a roadmap to meaningfully impact structural drivers of poor health and social outcomes for Aboriginal and Torres Strait Islander people:

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

This Priority Reform commits to building and strengthening structures that empower Aboriginal and Torres Strait Islander people to share decision-making authority with governments, and to accelerate policy making that centres Aboriginal and Torres Strait Islander voices.

Priority Reform Area 2 – Building the community-controlled sector

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

Priority Reform Area 3 – Transformation of mainstream institutions

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

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

This Priority Reform commits to shared access to regional data and information to inform local-decision making and support achievement of the first three Priority Reforms. This Priority Reform supports principles of Indigenous Data Sovereignty.

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

The Commission noted that to enable better outcomes, governments **need** to relinquish some control, share decision making and acknowledge that Aboriginal and Torres Strait Islander people know what is best for their communities. Aboriginal Community Controlled Organisations must be treated as critical partners rather than passive funding recipients, and trusted to design, deliver and measure government services in ways that are culturally safe and meaningful for their communities.

‘Too many government agencies are implementing versions of shared decision-making that involve consulting with Aboriginal and Torres Strait Islander people on a pre-determined solution, rather than collaborating on the problem and co-designing a solution’¹

NACCHO recommends any interventions to address the administration of the Age Pension align with the National Agreement and its four Priority Reform Areas.

Aboriginal and Torres Strait Islander people and ageing

While the median age of the Aboriginal and Torres Strait Islander population is younger than non-Indigenous Australians, by 2031 there will be 226,000 Aboriginal and Torres Strait Islander people aged 50 and over.² Aboriginal and Torres Strait Islander Elders and older people face financial disadvantage compared to non-Indigenous Australians. Elder and older Aboriginal and Torres Strait Islander people have been subject to systemic racism – from stolen wages to lack of educational opportunities, and racism in hiring and promotion – that systematically diminished their ability to earn and save for retirement. It is estimated that on retirement, on average, Aboriginal and Torres Strait Islander people have less than half the superannuation accounts of non-Indigenous Australians.³

Aboriginal and Torres Strait Islander Elders and older people are more likely to have chronic conditions than non-Indigenous older people, and are also more likely to have multimorbidity – that is, more than one chronic condition.⁴ This means they often have higher care needs.

Aboriginal and Torres Strait Islander people have a median age at death of 63 years – meaning many die before they reach age pension eligibility (at age 67) or are able to access their superannuation (at age 60 if not working, or 65 regardless of employment status).⁵

In 2020-2022, the gap in life expectancy between Aboriginal and Torres Strait Islander and non-Indigenous people was 8.8 years for males and 8.1 years for females.⁶ As such, the average non-Indigenous person

¹ Productivity Commission, Review of the National Agreement on Closing the Gap, Study Report, Canberra, 7 February 2024 <https://www.pc.gov.au/inquiries/completed/closing-the-gap-review/report>.

² ABS, Estimates and Projections, Australian Aboriginal and Torres Strait Islander Population: Data downloads, July 2024, <https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/estimates-and-projections-australian-aboriginal-and-torres-strait-islander-population/latest-release#data-downloads>.

³ ANZSOG, Making retirement accessible for First Nations People, 3 January 2026, <https://anzsog.edu.au/news-media/making-retirement-accessible-for-first-nations-people>.

⁴ Australian Institute of Health and Welfare, Australia's Health: Health and wellbeing of First Nations people, 2 July 2024, <https://www.aihw.gov.au/reports/australias-health/indigenous-health-and-wellbeing>.

⁵ UQ News, Closing the superannuation gap for Indigenous Australians, 8 September 2025, <https://news.uq.edu.au/2025-09-closing-superannuation-gap-indigenous-australians>.

⁶ Productivity Commission, Closing the Gap Information Repository: Socio-economic outcome area 1 – Aboriginal and Torres Strait Islander people enjoy long and healthy lives, updated 6 March 2024, <https://www.pc.gov.au/closing-the-gap-data/dashboard/outcome-area/long-and-healthy-lives/>.

receives the age pension for over 8 years longer than the average Aboriginal and Torres Strait Islander person.⁷

To adjust for these disparities, Aboriginal and Torres Strait Islander people become eligible for aged care services at age 50 – five to ten years before they can access superannuation. This means that aged care is not affordable for many Aboriginal and Torres Strait Islander people when they become eligible at age 50. Many do not receive the care they need. Aboriginal Community Controlled aged care organisations end up providing services to some at little or no cost placing increased pressure on already stretched services. Non-Indigenous people, by contrast, can access superannuation before or at around the same time as being eligible for aged care.

Fees and co-contributions are a significant barrier and deterrent to Elders and older Aboriginal and Torres Strait Islander people accessing the aged care support they need. Many having ongoing caring responsibilities for family members and have kinship obligations to share their resources within extended family and community. Those with limited means will often choose to keep their money to support family and community rather than spend it on their own care needs. We hear from our sector, concerns of declining health in Elders who are choosing not to access supports due to the new Support at Home Program's co-contribution pressures.

Aged care service recipients may be eligible for financial hardship exemptions, with the co-contributions paid directly by the Department. However, the hardship assessment does not consider financial complexities such as older people living with extended family, whether a person has dependents in their care or the increasing cost of living. ACCHOs supporting clients in these applications have reported that, almost universally, the financial hardship exemption requests have been denied for their clients, causing further distress.

In a recent article, eminent academics Levon Ellen Blue, Kerry Bodle and Peter Anderson, recommend early access to both the age pension and superannuation for Aboriginal and Torres Strait Islander people, and anyone with a chronic health condition that impacts life expectancy.⁸

NACCHO recommends eligibility for Age Pension aligns with eligibility for aged care – meaning access at age 50 for Aboriginal and Torres Strait Islander people.

NACCHO recommends Aboriginal and Torres Strait Islander people can access their superannuation from age 50.

⁷ Blue, L. E., Bodle, K., and Anderson, P., Too many Indigenous Australians die before getting to claim the age pension. We need to make retirement fairer, The Conversation, 8 September 2025, <https://theconversation.com/too-many-indigenous-australians-die-before-getting-to-claim-the-age-pension-we-need-to-make-retirement-fairer-261854>.

⁸ Blue, L. E., Bodle, K., and Anderson, P., Too many Indigenous Australians die before getting to claim the age pension. We need to make retirement fairer, The Conversation, 8 September 2025, <https://theconversation.com/too-many-indigenous-australians-die-before-getting-to-claim-the-age-pension-we-need-to-make-retirement-fairer-261854>.