



Consultation on Getting it right: Building AI infrastructure that works for Australia

Submission to the Department of the Prime Minister and Cabinet

Lowitja Institute, October 9th, 2026

Dear Office of Artificial Intelligence, Department of Prime Minister and Cabinet,

Re: Consultation on Getting it right: Building AI infrastructure that works for Australia

Lowitja Institute is Australia's national institute for Aboriginal and Torres Strait Islander health research, named in honour of our Co-Patron, the late Dr Lowitja O'Donoghue AC CBE DSG, and the only Aboriginal community-controlled research Institute in Australia. We welcome the opportunity to provide a response to the consultation paper on Getting it right: Building AI infrastructure that works for Australia.

Lowitja Institute's work supports the objectives of the *National Agreement on Closing the Gap*, and its calls to all areas of government to transform the way they work with Aboriginal and Torres Strait Islander peoples.

In addition to the below submission, we would like to draw the Departments attention to a recent Lowitja Institute paper, [Preparedness for Artificial Intelligence in Aboriginal and Torres Strait Islander Health: workforce policy, perspectives and future directions: a scoping and policy review](#). This project analysed how well Australian national health and workforce policies, and Aboriginal and Torres Strait Islander policies address the development and use of AI in healthcare for Aboriginal and Torres Strait Islander peoples. The project identified significant gaps in appropriate governance, ethical safeguards, workforce capability, and culturally grounded policy frameworks and made a number of recommendations for reform.

Furthermore, for many years, Lowitja Institute has been advocating for our peoples' rights in the context of climate change and Aboriginal and Torres Strait Islander health and wellbeing. The proliferation of AI cannot be separated from issues regarding climate change, access to Country and health. In this light, we refer the Department to the following Lowitja Institute documents (all available on our website), which will provide helpful context, information, and insight:

- [Climate Change and Aboriginal and Torres Strait Islander Health](#)
- [Let's walk together, work together, we'll be stronger together: The need for an Aboriginal and Torres Strait Islander Coalition on Climate and Health](#)
- [Indigenous-led Rights-based Approaches to Climate Litigation](#)

Based on this experience, we offer the following submission and commentary in response to this Inquiry. We would welcome the opportunity to further discuss any of the issues contained herein.

Warm regards



Rosemary Smith, Executive Manager of Policy and Consulting, Lowitja Institute

About Lowitja Institute

Lowitja Institute is a national Aboriginal and Torres Strait Islander Community Controlled Organisation working for the health and wellbeing of Australia's First Peoples through high-impact quality research, knowledge translation, and by supporting Aboriginal and Torres Strait Islander health researchers.

Established in January 2010, we operate on the key principles of Aboriginal and Torres Strait Islander leadership, a broader understanding of health that incorporates wellbeing, and the need for the work to have a clear and positive impact.

Lowitja Institute's research is built on priorities identified by Aboriginal and Torres Strait Islander peoples. We aim to produce high-impact research, tools and resources that will have positive health outcomes for Aboriginal and Torres Strait Islander peoples. To guide this, we work by five principles that underpin our approach to research.

These principles are:

1. Beneficence, to act for the benefit of Aboriginal and Torres Strait Islander people in the conduct of our research.
2. Leadership by Aboriginal and Torres Strait Islander people
3. Engagement of research end users (Aboriginal and Torres Strait Islander organisations and communities, policymakers, other potential research users)
4. Development of the Aboriginal and Torres Strait Islander research workforce
5. Measurement of impact in improving Aboriginal and Torres Strait Islander people's health.

General preamble

Lowitja Institute urges governments to place health, equity and the rights of Aboriginal and Torres Strait Islander peoples at the heart of artificial intelligence (AI) reform. The rapid development of Australia's AI policy and regulatory infrastructure presents an important opportunity to ensure that the benefits of AI are shared equitably, while ensuring that Aboriginal and Torres Strait Islander people and communities are protected from emerging risks.

Overall, this submission identifies following five key recommendations for the design and implementation of the national standards:



Embed Aboriginal and Torres Strait Islander leadership and decision making authority in the design of national standards and ongoing regulatory functions relating to large data centres and AI training facilities
Engage meaningfully with communities, through best practice co-design. This includes setting mandatory minimum requirements and processes for meaningful community engagement.
Centre Aboriginal and Torres Strait Islander peoples health and wellbeing as a core priority when managing the growth of large data centres and the AI training opportunity.
Embed Aboriginal and Torres Strait Islander led accountability and governance mechanisms, to build public trust and protect our health.
Resource the Aboriginal and Torres Strait Islander community controlled sector to build AI literacy and capability.

SUBMISSION

Introduction

The development of national AI standards presents an opportunity to establish a set of consistent requirements that supports the safe, ethical, equitable and trustworthy establishment and use of AI infrastructure across Australia.

It is imperative to ensure that Aboriginal and Torres Strait Islander peoples are recognised not simply as stakeholders but as leaders in shaping the governance, design, and implementation of AI reform in Australia. For Aboriginal and Torres Strait Islander peoples, communities, and organisations to realise the benefits of AI technologies, while safeguarding against potential harms, Aboriginal and Torres Strait Islander leadership, self-determination, cultural safety and community control must be embedded across the design, implementation and monitoring of the forthcoming Australian standards.

For Aboriginal and Torres Strait Islander peoples, health is holistic and not merely physical. Connection to Country, cultural expression and continuity, self-determination and leadership, Indigenous beliefs and knowledges are key domains that form the cultural determinants of health, which are protective factors for health and wellbeing outcomes for Aboriginal and Torres Strait Islander people (Lowitja Institute 2020). The health of our people is inextricably linked to the health of Country.



The construction, operation and ongoing presence of large data centres and AI training facilities have significant requirements on land, water and energy use and have a lasting impact on Country. The impact on Country directly impacts Aboriginal and Torres Strait Islander peoples health and wellbeing.

Recommendation 1: Embed Aboriginal and Torres Strait Islander leadership and decision making authority in the design of national standards and ongoing regulatory functions relating to large data centres and AI training facilities

This would bring the national AI standards in line with the governments commitments under the *National Agreement on Closing the Gap*, and specifically Priority Reform 1, Formal partnerships and shared decision-making

All AI strategies, policies, standards, and regulatory frameworks must be developed and implemented through formal partnership arrangements with Aboriginal and Torres Strait Islander peoples, including Aboriginal and Torres Strait Islander Community Controlled Organisations (ACCOs) and peak bodies. This requires moving beyond broad engagement or advisory representation towards shared decision-making power over policy direction, standards development, and implementation priorities.

When Aboriginal and Torres Strait Islander leadership and self-determination is embedded in the regulatory framework, this will work to ensure that AI reform is designed and governed in ways that culturally appropriate and effective, and reduces the risks of AI infrastructure and technology compounding existing harms.

Recommendation 2: Engage meaningfully with communities, through best practice co-design. This includes setting mandatory minimum requirements and processes for meaningful community engagement.

Co-design creates a foundation for effective policy making and provides a framework for engaging meaningfully with communities (Buter et al. 2025). Lowitja Institute's 2025 position paper, [*Co-design Versus Faux-design of Aboriginal and Torres Strait Islander Health Policy: A Critical Review*](#) demonstrates that while co-design terminology is increasing in Australian health policymaking, many cases apply only tokenistic or superficial co-design practices; an approach called 'faux-design'. A 'faux-design' approach fails to meaningfully embed Aboriginal and Torres Strait Islander leadership and decision making in the policy and program processes, and therefore does not meet the needs of communities or policy and program objectives.

A co-design approach centres Aboriginal and Torres Strait Islander peoples, knowledges, values, and practices offers a policy development solution that more effectively addresses prevailing systemic discrimination and inequities (Lowitja

Institute 2025). Implementing a true co-design approach, as way to embed shared decision making, in the development and ongoing monitoring on the national standards, would bring the national standards in alignment with the *National Agreement on Closing the Gap*, Priority reform 1 which commits the governments to formal partnerships and shared decision-making authority with Aboriginal and Torres Strait Islander peoples.

Lowitja Institute's 2025 paper highlights the following domains as key elements for true co-design, compared to faux design, with Aboriginal and Torres Strait Islander peoples.

Faux-design	vs	Co-design
Led by non-Indigenous organisations and governments	Leadership	Led by Aboriginal and Torres Strait Islander peoples and organisations
Hierarchical power dynamics located with non-Indigenous organisations	Power	Power located with Aboriginal and Torres Strait Islander peoples
Colonial knowledge systems	Knowledge	Centres Aboriginal and Torres Strait Islander ways of knowing, being and doing
Predetermined outcomes	Outcomes	Community-determined priorities and outcomes
No Indigenous Data Sovereignty (ID-SOV)	ID-SOV	Upholds Indigenous Data Sovereignty (ID-SOV)
Opaque and rigid processes	Processes	Transparent and flexible processes

With this in mind, we recommend the Department of Prime Minister and Cabinet commits to embedding true co-design, in line with the *National Agreement* in developing, implementing and monitoring the Australian standards to set mandatory minimum requirements and processes for meaningful community engagement. This would mean that Aboriginal and Torres Strait Islander people define, measure, evaluate, and address the impact of large data centres and AI training facilities, in ways determined by Aboriginal and Torres Strait Islander communities themselves and are reflective of local contexts.

Recommendation 3: Centre Aboriginal and Torres Strait Islander peoples health and wellbeing as a core priority when managing the growth of large data centres and the AI training opportunity.

For Aboriginal and Torres Strait Islander peoples, Country encapsulates the land, waterways and skyways. Good health is dependent on respectful and reciprocal relationships to Country, culture, spirituality, community and family. For Aboriginal and Torres Strait Islander people, it is a cultural responsibility to look after and respect oneself (connection to body, mind and emotions), each other (family, kinship, community) and the environment (connection to Country) (HEAL Network & CRE-STRIDE 2021). These are all key domains that form the cultural determinants of health, which are protective factors for health and wellbeing for Aboriginal and Torres Strait Islander people (Lowitja Institute 2020). Conversely, disruption of these connections mediated through the structural and political determinants of health contributes to poor health outcomes and intergenerational harm.

Colonisation and its ongoing impacts have disrupted these connections through land dispossession and social and cultural dislocation. These impacts have led to intergenerational trauma and had ongoing harmful/poor health and wellbeing impacts for our people (HEAL Network & CRE-STRIDE 2021).

The proliferation of AI must be understood as an ongoing impact of colonisation. Every stage of the AI supply chain is resource intensive. Country is pillaged and mined for 'critical minerals' to support the construction of AI technology and increasing energy consumption further driving climate change (UNU-INWEH Report). Data centres require our land and significant amounts of water, threatening our knowledge systems in relation to water governance and management and our cultural practices. These activities have significant implications for how Aboriginal and Torres Strait Islander people can manage and care for Country, contributing to social, cultural and physical harms for our peoples.

In designing the new national standards Governments must not neglect considerations of health, alongside discussions of land and energy use in the regulation of AI.

Aboriginal and Torres Strait Islander peoples water rights

Aboriginal and Torres Strait Islander peoples, and with it, our knowledges, priorities and solutions have been locked out of decision-making regarding lands, waterways, and seas (Lowitja Institute 2023). The structure of Commonwealth legislation and policies effectively declare the surface and ground waterways of Australia *aqua nullius*, as the water belonging to no-one. The term '*aqua nullius*', coined in tandem with '*terra nullius*', conveyed an inaccurate assumption that inland water across the continent was 'nobody's water'. While the term '*terra nullius*' was rightfully overturned in the landmark *Queensland v Mabo (No 2)* in 1992, the term '*aqua*



nullius' remains largely intact and unchallenged, to the detriment of First Nations peoples, rights, ontologies, and knowledge systems (Harriden 2021).

Exclusion of Aboriginal and Torres Strait Islander people from their inherent rights to access water on Country creates and entrenches harms for our health and wellbeing, in direct opposition to the cultural determinants of health (HEAL Network & CRE-STRIDE 2021, Moggridge and Thompson 2021).

Consideration of water use by AI infrastructure must therefore extend beyond western environmental measures, and include Aboriginal and Torres Strait Islander rights, responsibilities and governance relationships with waterways.

Embed the cultural determinants of health in the planning of large data centres and AI training facilities

The proposed national framework must ensure that cultural determinants of health are embedded within planning, approval and regulatory processes for AI infrastructure. The consultation paper, [*Getting it right: Building AI infrastructure that works for Australia: Consultation paper - September 2026*](#) explicitly identifies schools and residential homes as sensitive sites, requiring additional safeguards. However, for our people sensitive sites may also include the land, waterways and skyways that are connected to and impacted by, large data centres and AI training facilities.

The impact of large data centres and AI training facilities must be understood differently for different areas and cultural groups, and this requires genuine partnerships with Aboriginal and Torres Strait Islander communities who have decision making authority to determine the impact at a community level. There is not a one size fits all approach that can be applied to all communities. As articulated previously, the national standards provide an opportunity to set minimum guardrails on requirements to embed Aboriginal and Torres Strait Islander leadership and decision making authority, in the planning and approval processes of large scale data centres and AI training facilities, so that Aboriginal and Torres Strait Islander people can self-determine the impact of AI technologies in their communities. Embedding Aboriginal and Torres Strait Islander leadership in these processes will strengthen decision-making and ensure that regulatory frameworks reflect the diverse realities of Aboriginal and Torres Strait Islander communities across Australia.

There are lessons to be learned from mainstream disaster resilience practices which often place hierarchical value first and foremost on life, then property and followed by the environment. However, as articulated above, the close and interconnected nature between health of Country (which includes the environment) and cultural,



spiritual and physical health for our people, must shape how Country (and sensitive) sites are protected in the construction of AI training facilities and data centres.

Recommendation 4: Embed Aboriginal and Torres Strait Islander led accountability and governance mechanisms, to build public trust and protect our health.

Strong Aboriginal and Torres Strait Islander-led accountability mechanisms are essential for ensuring that the development of the new national standards align with the priorities and needs of our peoples. Accountability strengthens oversight, works to build trust, and holds governments and system actors answerable to their commitments. It also ensures that reasoning for decisions is transparent, honest and evidence-based, compelling policymakers to act in the best interests of the communities they are intended to serve.

However, stronger accountability mechanism are needed to require governments to move beyond business as usual consultation practices. The Productivity Commission's review of the *National Agreement on Closing the Gap* found that many existing partnerships between governments and the community controlled sector do not effectively share decision-making authority and continue to limit Aboriginal and Torres Strait Islander influence over policy outcomes and is hampering progress towards reaching the outcomes of the *National Agreement*.

Lowitja Institute's 2026 paper, [*Preparedness for Artificial Intelligence in Aboriginal and Torres Strait Islander Health: workforce policy, perspectives and future directions: a scoping and policy review*](#) identified an absence of comprehensive, enforceable governance and accountability mechanisms specific to AI. Without addressing this within current and future AI policy frameworks, there is a significant risk that existing health inequities will be entrenched and potentially exacerbated by AI technologies.

Effective regulation of AI in healthcare creates an enabling environment where potential risks are mitigated, accountability is maintained, and trust in AI actors and systems is developed and maintained. Responsible AI requires all the national standards and associated AI reform to be developed with and for the people and communities they are intended to serve, grounded in cultural context, informed by high-quality and appropriate data, and governed through robust ethical, legal, and accountability frameworks (Lowitja Institute 2026).

Gaps at any stage can create or lead to unintended consequences, including biased decision-making, exclusion, privacy breaches, inappropriate use of data, reduced trust in health services, and the perpetuation or amplification of existing inequities.

The proposed national standards should be explicitly aligned to international best-practice frameworks supporting the responsible, ethical and appropriate development, monitoring and implementation of AI. However, Aboriginal and Torres Strait Islander leadership and decision making authority is integral to determine how to translate these international AI frameworks, into culturally appropriate AI standards. This would work towards alignment with the *National Agreement* and Priority Reform 3, transforming government organisations to be culturally safe, accountable, and responsive to Aboriginal and Torres Strait Islander people.

Lowitja Institute's 2026 paper [*Preparedness for Artificial Intelligence in Aboriginal and Torres Strait Islander Health: workforce policy, perspectives and future directions: a scoping and policy review*](#) evaluated national health and workforce and Aboriginal and Torres Strait Islander policies for alignment with internationally recognised standards, relating to the responsible, safe, ethical and equitable governance of AI, which placed self-determination, collective benefit, authority to control data, human rights protections and a culturally grounded health system design and the centre of effective health system reform. Effective AI governance, supported by the new national standards, must align with and operationalise these principles to support equitable outcomes.

For this reason, the following best practice frameworks should be considered:

Framework
United Nations Declaration on the Rights of Indigenous Peoples
Global Indigenous Data Alliance CARE principles
UNESCO Recommendation on the Ethics of Artificial Intelligence
World Health Organization Regulatory considerations on Artificial Intelligence for health
Organisation for Economic Co-operation and Development Recommendation of the Council on Artificial Intelligence
Cultural Determinants of Health

Embedding Indigenous Data Sovereignty and Indigenous Data Governance is central to ensuring equitable outcomes. Lowitja Institute would like to bring the Departments attention to a section in our recent policy and scoping review, related to data governance.

Mismanagement of data used in AI research and development presents a significant risk of embedding discrimination, racism, and bias into health systems,



with the potential to further entrench racism across the sector. When data is collected, processed, or applied without appropriate safeguards and governance, it can reproduce inequitable outcomes and reinforce existing structural disadvantages experienced by Aboriginal and Torres Strait Islander peoples.

These concerns are further compounded by the risk of accelerating 'digital colonialism' and ongoing patterns of data extraction, where Indigenous data is harvested and utilised in ways that do not reflect Indigenous authority or benefit (Russ-Smith & Randell-Moon 2025). In such contexts, data practices can replicate historical power imbalances, particularly where control over data systems remains external to Aboriginal and Torres Strait Islander governance structures.

A related and critical issue is that Aboriginal and Torres Strait Islander health data is not consistently held, governed, or used under the custodianship of Aboriginal and Torres Strait Islander organisations. This lack of ID-SOV limits self-determination in how data is interpreted and applied, and reduces opportunities for data to be used in ways that are aligned with community priorities, strengths, and aspirations (Lowitja Institute 2026).

Embedding Indigenous Data Sovereignty within the national standards would also support Priority Reform 4 of the *National Agreement on Closing the Gap*, which commits governments to shared access to data and information at a regional level. As AI infrastructure, data storage and AI-enabled systems continue to expand, Indigenous Data Sovereignty should be recognised as a foundational component of responsible AI governance in Australia.

The development of national standards for AI infrastructure presents an important opportunity to embed Aboriginal and Torres Strait Islander-led governance, accountability and data sovereignty mechanisms that support transparency, strengthen trust, and protect against the risk of AI entrenching existing social and health inequities.

Recommendation 5: Resource the community controlled sector to build AI literacy and capability

Lowitja Institute's recent policy and scoping review provided analysis on the need to build AI literacy and capability in the Aboriginal and Torres Strait Islander Health workforce. We would like to draw the Departments attention to the following section

Ensuring Aboriginal and Torres Strait Islander voices are centred, and Aboriginal and Torres Strait Islander people are in leadership roles across the AI lifecycle is critical to ensuring AI systems in healthcare are culturally safe, relevant, and responsive to community needs.

ACCHOs play a critical role in delivering culturally-safe care but face ongoing challenges, including workforce shortages, gaps in infrastructure and technology,



and fragmentation between government digital health platforms, systems, and software. Without targeted action, there is a risk these challenges will be further entrenched as AI becomes more embedded in the health system.

Sustained and targeted investment is needed to build workforce capability, strengthen organisational capacity, and support both current and future professionals to engage in and lead across the AI system lifecycle. This includes embedding Aboriginal and Torres Strait Islander leadership across the design, implementation, and governance of AI systems, and supporting partnerships that make the broader health system more accountable and responsive to Aboriginal and Torres Strait Islander communities.

Given the rapid pace of AI development and implementation, there is also a pressing need to strengthen the capability of the Aboriginal and Torres Strait Islander workforce to engage with AI systems and fully benefit from their potential.

Digital health is changing the nature of healthcare, including how healthcare is delivered and who delivers it. In order for Aboriginal and Torres Strait Islander people to lead across the AI lifecycle, and to develop a digitally enabled workforce, capacity must be built beyond the traditional healthcare system. This includes systems developers, analysts, researchers, business and administrative staff, IT programmers and software professionals, as well as social service providers such as housing, justice, and child and family services, alongside policy and education professionals, who are all critical to health and wellbeing (Australian Digital Health Agency 2023b). However, the significant investment of time and money needed to lift digital maturity remains a barrier (Australian Digital Health Agency 2023b).

While national policies such as the Medical Workforce Strategy and the Primary Health Care 10 Year Plan acknowledge changing models of care and the need to adapt workforce training, they do not include specific mandates or guidance for AI-related capability development (Department of Health 2021a, Department of Health and Aged Care 2022a). At the same time, AI is reshaping the nature of the health workforce, challenging existing definitions and understanding of digital health, and raising questions about who is included within the health workforce (Australian Digital Health Agency). As AI becomes more integrated into clinical care and service delivery, policy frameworks will need to expand to recognise the broader range of actors, such as software developers and data specialists that contribute to healthcare delivery.

Although policies such as the National Digital Health Strategy and the National Healthcare Interoperability Plan acknowledge the role of technology professionals and the importance of the technology sector, there is limited focus on building AI-specific literacy and capability within the health workforce both now and into the future across national workforce development policies (Australian Government Department of Health, 2021a; Australian Government Department of Health and Aged Care, 2022b).



Across all policies reviewed there is insufficient attention to strengthening the digital skills and capabilities of the Aboriginal and Torres Strait Islander workforce. Without targeted policy and investment, this risks widening the digital divide and exacerbating existing inequities (Lowitja Institute 2026))

Targeted investment in Aboriginal and Torres Strait Islander community controlled Registered Training Organisations

Aboriginal and Torres Strait Islander community controlled Registered Training Organisations (RTOs) are well-placed to deliver culturally safe education and support stronger outcomes for Aboriginal and Torres Strait Islander learners. When Aboriginal and Torres Strait Islander community controlled RTOs deliver education and training courses, Aboriginal and Torres Strait Islander people are more likely to remain engaged and complete the courses, when compared to public providers (Department of Jobs, Skills, Industry and Regions 2024). This is because community controlled RTOs provide wrap around, culturally appropriate, and high quality education and training – which better meets the needs of Aboriginal and Torres Strait Islander people (Ewen et al 2019).

Investing in the community controlled sector, and Aboriginal and Torres Strait Islander RTOs is key to building local capability, skills, research and innovation for Aboriginal and Torres Strait Islander people.

Supporting the community controlled sector, through sustainable funding and appropriate resourcing, brings national AI requirements in alignment with Priority Reform 2, Building the community controlled sector, of the *National Agreement on Closing the Gap* - and will help strengthen local economies, support self-determination, and improve retention and completion outcomes (Department of Jobs, Skills, Industry and Regions 2024).

Additionally, investment in place-based and remote delivery models is critical to ensuring Aboriginal and Torres Strait Islander people can access apprenticeships close to home, with culturally safe mentorship and community support structures.

Conclusion

Artificial Intelligence presents significant opportunities for Australia, however, to ensure the opportunities are equitably distributed and the potential risks appropriately managed it is important Aboriginal and Torres Strait Islander peoples are active leaders in shaping and managing AI reform, and that the national standards are matched with strong accountability and good governance mechanisms.

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