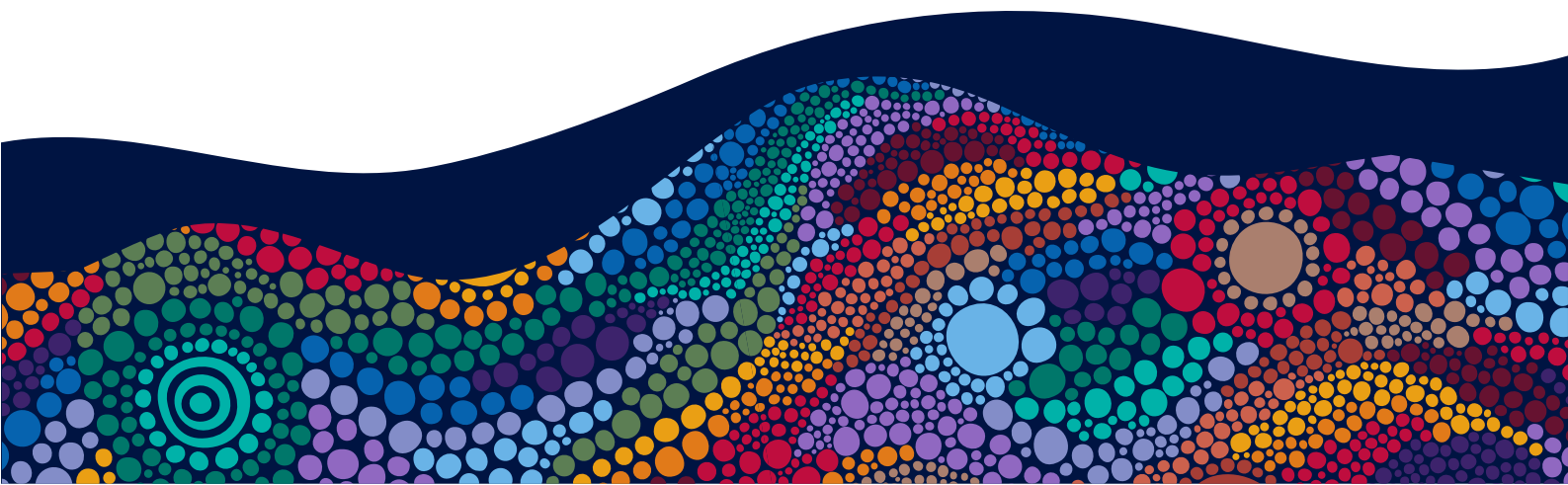


NDIS Support Coordination and Connection Reform

Submission to The Department of Health,
Disability and Ageing

October 2026



About NACCHO

NACCHO is the national peak body representing 150 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 150 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** that the NDIS support coordination and connection reforms align with the National Agreement and its four Priority Reform Areas.
- 2 **NACCHO strongly supports** the Government's intention to eliminate market exploitation and improve the consistency of support coordination services (SCC) provided under the NDIS, including towards a commissioned Support Coordination and Connection (SCC).
- 3 **NACCHO recommends that** new arrangements allow for ACCHOs that already provide support coordination services be able to continue to provide SCC services to ensure the continuity of supports for Aboriginal and Torres Strait Islander participants.
- 4 **NACCHO recommends that** the Australian Government work with the ACCHO sector and other Aboriginal and Torres Strait Islander disability peaks to co-design an SCC service that embeds self-determination for Aboriginal and Torres Strait Islander people at its core.
- 5 **NACCHO recommends that** Aboriginal and Torres Strait Islander participants be automatically eligible for SCC services regardless of their informal support networks.
- 6 **NACCHO recommends that** where an SCC provider is required to provide culturally safe care, the service provider must demonstrate their capability through verifiable evidence, in line with the Priority Reforms and AIHW framework, and must be held accountable through their funding agreements that they deliver services in a culturally respectful way.
- 7 **NACCHO recommends that** community-controlled SCC providers be exempt from conflict-of-interest controls for the provision of direct NDIS services.

Acknowledgements

NACCHO welcomes the opportunity to provide an initial submission to the Australian Government's proposal to introduce a new commissioned National Disability Insurance Scheme (NDIS) Support Coordination and Connection (SCC) service from 1 July 2028.

NACCHO acknowledges and supports the submissions made by the Aboriginal Health and Medical Research Council of NSW and by other ACCHOs to this consultation, in particular the submissions from the Orange Aboriginal Medical Service and the Miwatj Health Aboriginal Corporation.

NACCHO notes that, due to the time constraints imposed on this consultation, we have been unable to adequately consult with our member service providers on the submission. However, NACCHO would be willing to assist in further consultations with the sector should this assist the Government in considering the models for the delivery of a new SCC service.

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 that the NDIS support coordination and connection reforms align with the National Agreement and its four Priority Reform Areas.

Introduction

NACCHO strongly supports the Government’s intention to eliminate market exploitation and improve the consistency of support coordination services provided under the NDIS. This includes the move towards a commissioned Support Coordination and Connection (SCC) service.

Support coordination services are used by 44,188 Aboriginal and Torres Strait Islander people with a disability, making up 12% of all NDIS recipients (365,119)². Of the approximately 35,000 organisations delivering these services to participants, less than 1% of organisations are Aboriginal and Torres Strait Islander led or owned³, with as little as 16 NACCHO members registered – and many more unregistered – to provide support coordination services nationally. It is vital that these existing services are supported to maintain and sustain their service delivery under the new proposed support coordination funding structure.

Despite the uptake in this servicing, Aboriginal and Torres Strait Islander people continue to experience a lack of cultural safety by mainstream providers which has led to significantly poor, and at times life-threatening, participant outcomes⁴. Unfortunately, the proposals for SCC service delivery, as currently drafted, represent a ‘one-size fits all’ procurement approach that risk entrenching existing culturally unsafe practices.

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

² National Disability Insurance Scheme. (2026) *Explore Data*. [online] NDIA. Available at: <https://dataresearch.ndis.gov.au/explore-data>.

³ National Disability Insurance Agency (2025, October). *NDIS supports transitional rules: NDIS First Nations Market and Sector: discussion paper*. NDIA. <file:///C:/Users/MichaelRahme/Downloads/first-nations-market-and-sector-discussion-paper-tagged.pdf>.

⁴ Australian Government, Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. (2023). Final report: Volume 9, First Nations people with disability. <https://disability.royalcommission.gov.au/system/files/2023-09/Final%20Report%20-%20Volume%209%2C%20First%20Nations%20people%20with%20disability.pdf>

This risk stems from the likelihood of defaulting to large, mainstream SCC servicing, and the introduction of additional constraints that may undermine local, trusted and community-controlled infrastructure servicing people with a disability. The proposal for SCC service delivery as it currently stands does not align with the National Agreement on Closing the Gap and its four Priority Reform areas and the NDIA's commitments under the 2025-30 *First Nations Strategy*⁵.

Aboriginal and Torres Strait Islander people with a disability experience “unique forms of disadvantage” that require targeted and meaningful solutions, as discussed by the Disability Royal Commission.⁶ Central to these solutions are culturally safe practices which should be embedded throughout the SCC service development and delivery process in order for the SCC to meet its own objectives of ‘Participant Outcomes’, ‘Equity and Inclusion’ and ‘Safety and Safeguarding’. Under the current approach the ‘one-size fits all’ model will not achieve equity and inclusion for Aboriginal and Torres Strait Islander people with a disability.

NACCHO is concerned that any SCC approach that fails to account for the community-controlled sector will inadvertently lead to existing, trusted and high performing community controlled ACCHOs leaving the disability sector. This would disrupt the provision of services to vulnerable Aboriginal and Torres Strait Islander participants and local communities (many in remote and regional communities) that has been developed over decades. Many ACCHOs involved in the disability sector have already expressed concerns regarding the pending NDIS reforms and indicated that they may need to wind back or cease providing NDIS services.

Supporting and enhancing the community-controlled sectors capabilities and capacities to provide NDIS services is vital to continue to ensure culturally safe services are available to Aboriginal and Torres Strait Islander people with a disability. The ability to access long-term support that is individually tailored and flexible enough to suit people's needs and lifestyles, is critical to successful self-directed support.

NACCHO strongly supports the Government's intention to eliminate market exploitation and improve the consistency of support coordination services (SCC) provided under the NDIS, including towards a commissioned Support Coordination and Connection (SCC).

NACCHO recommends that new arrangements allow for ACCHOs that already provide support coordination services be able to continue to provide SCC services to ensure the continuity of supports for Aboriginal and Torres Strait Islander participants.

A better way to deliver SCC services to Aboriginal and Torres Strait Islander people with a disability

Align the SCC approach with the National Agreement on Closing the Gap

Establishing a new commissioned SCC service provides the Government with an opportunity to ensure the SCC reforms aligns with the National Agreement on Closing the Gap and the needs and aspirations of all Aboriginal and Torres Strait Islander people, especially those with a disability.

Under the current proposed approach there is a significant risk that decision making about how SCC services are delivered in local Aboriginal and Torres Strait Islander communities will be outsourced to larger, unaccountable non-Indigenous entities. Outsourcing key decisions about how local services would be delivered in local communities is not consistent with the commitments under the National Agreement. A sub-contracting model would lead to a situation where a larger, non-Indigenous SCC provider could place

⁵ National Disability Insurance Agency. (2026, May 6). *First Nations Strategy*. NDIS. [First Nations Strategy | NDIS](#)

⁶ Australian Government, Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. (2023). Final report: Volume 9, First Nations people with disability. <https://disability.royalcommission.gov.au/system/files/2023-09/Final%20Report%20-%20Volume%209%2C%20First%20Nations%20people%20with%20disability.pdf>

limitations on the way a sub-contracted ACCHO delivers holistic, culturally safe services to Aboriginal and Torres Strait Islander communities.

By prioritising reach over established, local relationships, and relying on sub-contracting arrangements, the proposed reforms divert funding away from existing ACCHO disability support infrastructure and weakens community control and self-determination.

To ensure that the SCC approach aligns with Priority Reforms 1 and 2 of the National Agreement, Aboriginal and Torres Strait Islander outcomes must be determined in partnership with Aboriginal and Torres Strait Islander communities, with community-controlled organisations having a central role in shaping how services are designed, commissioned and delivered.

The consultation paper proposes service regions that can span thousands of kilometres and across hundreds of unique Aboriginal and Torres Strait Islander cultures. This fails to align with a model of service that is community-focused, bespoke to participant needs, and understanding of place-based challenges.

Delivering SCC services at the Primary Health Network, Local Hospital Network, Partner in Community or Statistical Area Level 4 regions is unlikely to meet the needs of Aboriginal and Torres Strait Islander people. Operations this significant will likely favour large, mainstream organisations over smaller more localised community-controlled services, such as ACCHOs. ACCHO service delivery is based on local community understandings of regions, language, culture and history. As an example of an alternative approach, a map setting out the current locations of ACCHO members is available at www.naccho.org.au/locations/.

Historically, providers have mitigated this cultural diversity by delivering generalised, decontextualised, 'one-size-fits-all' services to several communities whose language, culture and protocols surrounding disability can vary⁷. However, lived experience indicates that this approach frequently overlooks the unique and intersecting needs of Aboriginal and Torres Strait Islander people with disabilities⁸.

A mainstream "lead organisation", 'sub-contracting' or 'partnership' commissioning model is unlikely to support community-controlled organisations that are trusted and relied upon by local communities to deliver critical services. Past Primary Health Network initiatives show that sub-contracted, generalised services are often culturally inappropriate and conflict with the holistic ACCHO delivery model. This places the operational and financial burden of adapting these services entirely onto ACCHOs without proper compensation, leaving them to absorb additional financial and resource costs not covered by the lead/contracting organisation.

While commissioning models are often justified as providing the most cost-effective approach, they ignore the significant environmental, systemic, and cultural complexities that restrict access at a local level⁹. Consequently, these approaches fail to deliver equitable and inclusive outcomes nor uphold a participant's right to cultural safety. This issue worsens when proposed service regions extend beyond local community understandings of regions, language, culture and history.

Research demonstrates that local community-controlled approaches to deliver services achieves superior outcomes¹⁰ at a lower cost¹¹ than mainstream alternatives due to its place-based flexibility. This approach

⁷ Deloitte. (2023). *Research report – Options to improve service availability and accessibility for First Nations people with disability*. Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. <https://disability.royalcommission.gov.au/system/files/2023-09/Research%20Report%20-%20Options%20to%20improve%20service%20availability%20and%20accessibility%20for%20First%20Nations%20people%20with%20disability.pdf>

⁸ Deloitte. (2023). *Research report – Options to improve service availability and accessibility for First Nations people with disability*. Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. <https://disability.royalcommission.gov.au/system/files/2023-09/Research%20Report%20-%20Options%20to%20improve%20service%20availability%20and%20accessibility%20for%20First%20Nations%20people%20with%20disability.pdf>

⁹ As Above.

¹⁰ NACCHO, Core Services and Outcomes Framework, June 2021, <https://csof.naccho.org.au/wp-content/uploads/2022/10/Core-Services-Outcomes-Framework-full-document.pdf>.

¹¹ Vos et al., Assessing Cost-Effectiveness in Prevention, September 2010, <https://public-health.uq.edu.au/files/571/ACE>

intrinsically upholds the right to self-determination for Aboriginal and Torres Strait Islander people while also strengthening the commitment to build the community-controlled sector under Priority Reform 2¹². However, the proposed commissioning models lack the flexibility required for the community-controlled sector to deliver Support Coordination Services, actively hindering the progress of Priority Reforms 1 and 2.

To align with the National Agreement, the Government should reject a 'one-size fits all' fixed regional procurement process.

Instead, it should establish an alternative commissioning framework that is co-designed in partnership with the ACCHO sector and other First Nations disability peaks. Such a framework would sit beside a mainstream SCC approach, providing an Aboriginal and Torres Strait Islander participant with the freedom to choose either a mainstream SCC provider or a community-controlled SCC provider. The first step should be for the Government to engage in a formal partnership with peak Aboriginal and Torres Strait Islander community-controlled representatives to co-design a framework for a new commissioned approach for the community-controlled service.

NACCHO recommends that the Australian Government work with the ACCHO sector and other Aboriginal and Torres Strait Islander disability peaks to co-design an SCC service that embeds self-determination for Aboriginal and Torres Strait Islander people at its core.

An Aboriginal Community-Controlled SCC Framework

Subject to the consultations with the community-controlled sector, an Aboriginal Community-Controlled SCC Framework could set out:

- How funding is to be delivered to local or regional ACCHOs and other Aboriginal community-controlled organisations that are trusted and capable to deliver SCC services to Aboriginal and Torres Strait Islander people with a disability in their communities;
- Advise government on the optimal regional areas that could be used for SCC service delivery to better align with community need;
- Initiatives that would attract, build, and retain a strong and effective Aboriginal and Torres Strait Islander workforce for SCC service provision;
- How SCC services would be delivered to Aboriginal and Torres Strait Islander people with a disability across metropolitan, regional, rural and remote settings; and
- How transitioning arrangements to a new approach would minimise disruption and ensure the continuation of essential support coordination services to the most vulnerable.

This would demonstrate government's commitment to Priority Reforms 1 (Formal Partnerships) and 2 (Building the Community-Controlled Sector) of the National Agreement on Closing the Gap. It would also foster a disability-inclusive and culturally safe approach to assisting Aboriginal and Torres Strait Islander people with a disability connect with services that they need and trust.

Eligibility for SCC services

The consultation paper seeks feedback on what the SCC's eligibility criteria should be to receive SCC services.

Prevention_final_report.pdf.; Ong et al., Differences in primary health care delivery to Australia's Indigenous population: a template for use in economic evaluations, September 2012, <https://bmchealthservres.biomedcentral.com/articles/10.1186/1472-6963-12-307>.

¹² Closing the Gap: In Partnership (2022). https://www.closingthegap.gov.au/sites/default/files/2022-09/ctg-national-agreement_apr-21-comm-infra-targets-updated-24-august-2022_0.pdf.

It is important to consider the impacts of colonisation, intergenerational trauma and experiences of systemic racism and discrimination that continue to influence the relationship between Aboriginal and Torres Strait Islander communities and government systems (including health, justice, housing and disability services). These historical and ongoing factors affect trust and confidence in service systems, awareness of available supports and engagement with formal assessment and service pathways.

These factors can also increase the complexity and intensity of supports required for participants to connect with and coordinate with supports and services. This can also lead to an increased risk of disengagement from the NDIS if supports are not available or maintained.

Given the added level of complexity and the intensity of supports, Aboriginal and Torres Strait Islander participants should automatically be eligible for SCC supports. Such an approach would also ensure that Aboriginal and Torres Strait Islander people with a disability receive a holistic, person-centred approach to support that is grounded in truth, lived realities, culture, law, and Country. ACCHOs are best placed in bringing these elements together and drawing on evolving structures and relationships to design culturally informed health models and programs that meet community needs, with practice led from the ground up to inform effective policy, advocacy, and legislation.

NACCHO recommends that Aboriginal and Torres Strait Islander participants be automatically eligible for SCC services.

Embedding Cultural Safety in SCC Service Design and Delivery

The paper appears to treat ‘cultural safety’ as an ‘add on’ that some participants will require from time to time or can be easily supplemented by their kinship networks. This approach misunderstands the nature and extent of the experience that Aboriginal and Torres Strait Islander people with a disability face in accessing services that they need and are entitled to.

The lack of culturally safe care systems — identified by the Disability Royal Commission as a “*time-sensitive national crisis*”¹³ — is not unique to the NDIS service landscape. These inequalities extend into, and beyond, the housing, tenancy, education, employment, hospital, and custodial service systems, many of which the SCC provider may support participants to transition through¹⁴.

The NDIA’s *First Nations Strategy 2025–30*, co-designed with Aboriginal and Torres Strait Islander community members, recognises that “*the rights of First Nations people with disability cannot be separated from First Nations concepts of holistic physical, cultural, social, emotional, and spiritual health and wellbeing.*”¹⁵

This understanding extends beyond service delivery models to encompass ways of being, knowing, and doing, including culturally distinct understandings of disability that differ from Western definitions which are often deficit-based. These rights are intrinsic to every aspect of service design and require structural change to be upheld in the provision of SCC services.

¹³ Deloitte. (2023). *Research report – Options to improve service availability and accessibility for First Nations people with disability*. Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. <https://disability.royalcommission.gov.au/system/files/2023-09/Research%20Report%20-%20Options%20to%20improve%20service%20availability%20and%20accessibility%20for%20First%20Nations%20people%20with%20disability.pdf>

¹⁴ Department of Health, Disability and Ageing. (2026, August). *NDIS supports transitional rules: Consultation paper*. Australian Government. https://consultations.health.gov.au/disability-and-carers-group/nfp-ndis-supports/user_uploads/consultation-paper---ndis-supports_final.pdf

¹⁵ NDIS (2025). *First Nations Strategy | NDIS*. [online] ndis.gov.au. Available at: <https://www.ndis.gov.au/strategies/first-nations-strategy>.

Cultural safety is about overcoming the power imbalances of places, people and policies that occur between the majority non-Indigenous position and the minority Aboriginal and Torres Strait Islander person so that there is no assault, challenge or denial of the Aboriginal and Torres Strait Islander person's identity, of who they are and what they need. Cultural safety is met through actions from the majority position...[yet] Only the Aboriginal and Torres Strait Islander person...can determine whether it is culturally safe.¹⁶

Adopting consistent, generalised, and inflexible models of care for Aboriginal and Torres Strait Islander people with disability has repeatedly been shown as negating, suppressing, or ignoring the cultural rights and lived realities of Aboriginal and Torres Strait Islander people which leads to a lack of cultural safety¹⁷. The consequence of this is reflected in experiences of inequity, retraumatisation and disengagement from services¹⁸.

Lack of cultural safety also contributes to poorer health outcomes, lifelong harm, and, in some cases, preventable deaths within Aboriginal and Torres Strait Islander communities¹⁹. These outcomes underscore that cultural safety is not an optional or supplementary consideration, but a fundamental practice that must be embedded in every step of the service delivery process – especially when delivered by a non-Indigenous organisation.

The AIHW *Cultural safety in health care for Indigenous Australians: monitoring framework*²⁰ may offer further insights on how best to evidence the provision of culturally safe programs in this setting.

Without cultural safety, respect and understanding as a core component of any SCC service, we are unlikely to see the benefits for Aboriginal and Torres Strait Islander people.

Participants and their kinship networks, no matter how strong, should not be expected to bare the 'colonial load' of upholding their own cultural safety while navigating systemically unsafe services and inequalities²¹.

Fostering meaningful partnerships with non-Indigenous SCC providers

NACCHO notes that, where the community-controlled sector does not have the capacity, mainstream SCC providers will be necessary to facilitate support for Aboriginal and Torres Strait Islander people with disability. However, NACCHO is concerned that the SCC paper suggests that one way in which providers of SCC services can provide culturally safe services will be to deliver these services through partnerships and/or subcontracting arrangements with specialist providers such as ACCHOs. It proposes that future SCC services "may draw on this expertise to ensure services remain responsive to local needs and participant circumstances and align to Closing the Gap goals".

¹⁶ Closing the Gap: In Partnership (2022). https://www.closingthegap.gov.au/sites/default/files/2022-09/ctg-national-agreement_apr-21-comm-infra-targets-updated-24-august-2022_0.pdf.

¹⁷ Deloitte. (2023). *Research report – Options to improve service availability and accessibility for First Nations people with disability*. Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. <https://disability.royalcommission.gov.au/system/files/2023-09/Research%20Report%20-%20Options%20to%20improve%20service%20availability%20and%20accessibility%20for%20First%20Nations%20people%20with%20disability.pdf>

¹⁸ As above.

¹⁹ Elvidge, E., & Haddock, R. (2025). *Measuring what really matters for Aboriginal and Torres Strait Islander peoples – Racism and cultural safety in healthcare* (Deeble Issues Brief No. 60). Australian Healthcare and Hospitals Association. <https://ahha.asn.au/wp-content/uploads/2024/09/Deeble-Issues-Brief-No.-60-Racism-and-cultural-safety-in-healthcare.pdf>

²⁰ Australian Institute of Health and Welfare, *Cultural safety in health care for Indigenous Australians: monitoring framework*, <https://www.aihw.gov.au/reports/indigenous-australians/cultural-safety-health-care-framework/contents/about>.

²¹ Thompson, K. (2025). *Cultural responsibility and colonial load: Supporting Aboriginal and Torres Strait Islander stakeholders to support cultural identity and connection for children in out-of-home care* [Conference presentation]. Lowitja International Conference. <https://www.lowitjaconference.org.au/documents/Tues17June/19%20-%201440%20TUE%20E1%20Thompson.pdf>

This proposal will not achieve a culturally safe approach to SCC services. As outlined above, delivering culturally safe services requires a dedicated approach for non-Indigenous organisations.

A partnerships/sub-contracting approach leads to real risks of 'blakwashing'. Historically, ingenuine partnerships can often be tokenistic, highly generalised, and exploit the experiences of Aboriginal and Torres Strait Islander contributors, ACCHOs, and ACCOs without sufficient compensation.²² A Barayamal report suggests that blakwashing practices have resulted in billions of dollars being siphoned away from the community-controlled sector.²³ It also embeds greater systemic distrust, service disengagement, and entrenched inequalities in service design²⁴.

NACCHO recommends that where an SCC provider is required to provide culturally safe care, the service provider must demonstrate their capability through verifiable evidence, in line with the Priority Reforms and AIHW framework, and must be held accountable through their funding agreements that they deliver services in a culturally respectful way.

Managing conflict of interests in the community-controlled sector

The consultation paper highlights the needs for any SCC approach to control or manage 'conflict of interests' where an organisation provides both support coordination and other services direct to the participant.

NACCHO welcomes further safeguarding against sharp practices which are often based on conflicts of interests and that disproportionately impact Aboriginal and Torres Strait Islander communities. This was an issue that was highlighted by the recent Joint Standing Committee on the NDIS' inquiry into the integrity of the NDIS²⁵.

As recognised in the Committee's inquiry into the integrity of the NDIS, 'conflict of interest' safeguards are required, yet it "should take these unique environments [thin markets in rural and remote areas, and in First Nations communities] into consideration as much as is practicable"²⁶. The Committee recognised the role the community-control sector has in safeguarding against these practices "particularly for rural, regional and remote communities"²⁷.

Any regulation of conflicts of interest must take into account the ACCHO model of care and the nature of community-controlled service provision. A key strength of the community-controlled approach ensures that a participant can receive direct services from a trusted and accountable provider, such as an ACCHO. It minimises the need for the participant to repeat their story and reduces the risk of disengagement from services.

Community-controlled governance systems (where ACCHOs are governed by and answerable to boards built from Aboriginal and Torres Strait Islander community members who access their services) strengthens accountability and responsiveness. In the community-controlled sector, many local communities will depend on an ACCHO or community-controlled organisation to provide a whole range of services that recognises "the expertise and right to self-determination by Indigenous communities", as highlighted in the National Agreement²⁸. It is for this reason, and the additional governance requirements that community-control brings

²² Barayamal. (2026). *Blakwashing ultimate guide: How to overcome Black cladding*. <https://barayamal.com.au/blakwashing-ultimate-guide-how-to-overcome-black-cladding/>

²³ As above.

²⁴ As above.

²⁵ Joint Standing Committee on the National Disability Insurance Scheme. (2026). *Integrity of the National Disability Insurance Scheme*. Parliament of Australia.

²⁶ As above.

²⁷ As above.

²⁸ Closing the Gap: In Partnership (2022). https://www.closingthegap.gov.au/sites/default/files/2022-09/ctg-national-agreement_apr-21-comm-infra-targets-updated-24-august-2022_0.pdf.

to the delivery of services, that the community-controlled sector should not be required to meet the same conflict of interest requirements that organisations that are not community controlled are required to meet.

NACCHO recommends that community-controlled SCC providers be exempt from conflict-of-interest controls for the provision of direct NDIS services.

Existing Government Programs to model SCC Service

There are several existing government programs that deliver initiatives for Aboriginal and Torres Strait Islander people through community-controlled organisations which could form the basis for a similar approach with SCC services. These all involve models of service and commissioning that represent a significant step toward aligning with the Priority Reforms.

- **The Indigenous Australians' Health Programme (IAHP)** is managed by the Department of Health, Disability and Ageing and is the Government's largest First Nations specific investment in improving health, wellbeing and life expectancy outcomes for Aboriginal and Torres Strait Islander peoples. The IAHP aims to increase access to culturally appropriate and self-determined health care by prioritising ACCHOs to lead the delivery of programs and services.
- NACCHO has partnered with the Department of Health, Disability and Ageing to deliver the [Elder Care Support \(ECS\) Program](#). This is an important program which represents a critical step towards creating a safe and high-quality approach to health and care services for Elders and older Aboriginal and Torres Strait Islander people. The ECS Program aims to increase workforce capability and capacity in community-controlled aged care support and empower the community-controlled sector to coordinate place-based care needs.

The ECS Program achieves these objectives through assisting Elders and older Aboriginal and Torres Strait Islander people and their families to access and navigate aged care services, and by building workforce capacity within community-controlled settings (including assisting ACCHOs and ACCOs to coordinate care and ensure culturally safe support). These support services are being delivered by approximately 250 Aboriginal and Torres Strait Islander staff across Australia.

- NACCHO, funded by the NDIA, delivers the **Aboriginal Disability Liaison Officer (ADLO) programme**. Through this program, 40 ACCHOs employ over 50 ADLOs dedicated to providing culturally safe and community-led support. These ADLOs assist clients through the NDIS application process and connect and support them with accessing local service providers in a culturally safe and appropriate manner.

Limitations of the current consultation approach

NACCHO notes that the current approach to consultation on this topic is very limited. In the time available, NACCHO has not been able to engage in deeper consideration or discussions with many ACCHOs that are already providing SCC like services and will be significantly affected by the proposed reforms.

NACCHO would welcome the opportunity to work with the Department and the NDIA to further develop the approach to SCC services in the Aboriginal community-controlled sector that would achieve the aims of eliminating exploitation, improving service quality and consistency and strengthen the community-controlled sector.