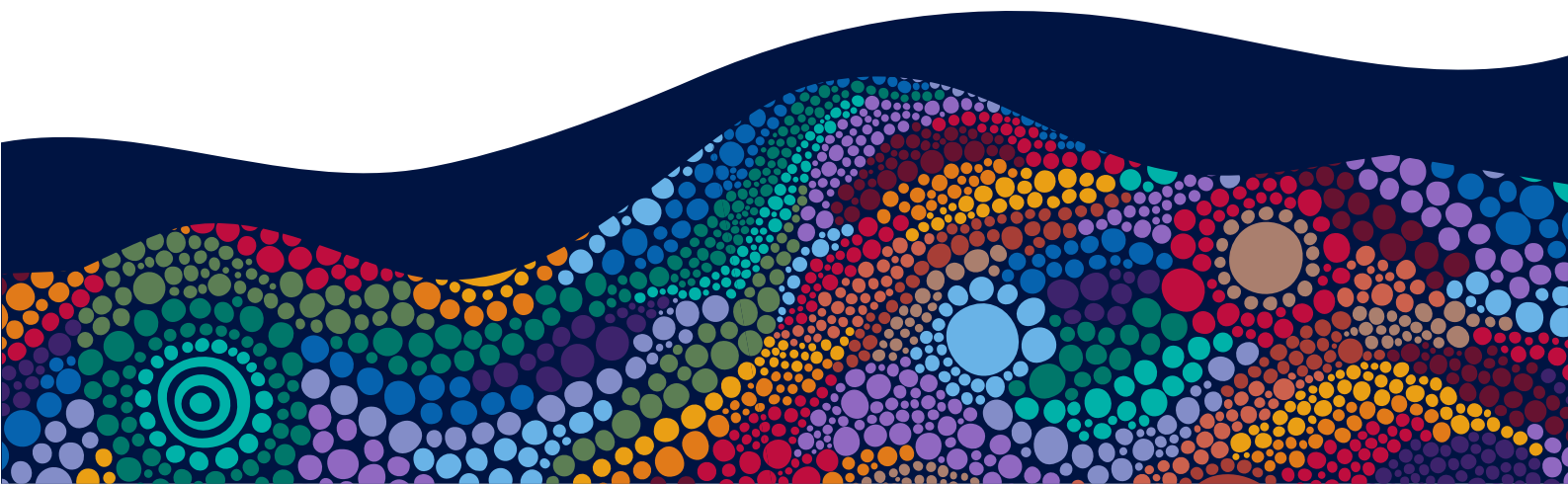


NDIS Access Changes Consultation

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.

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Recommendations

- 1 **NACCHO recommends** that the guiding principles, assessment tools, evidence requirements, operational guidance and implementation arrangements for NDIS access be explicitly aligned with the four Priority Reforms under the National Agreement on Closing the Gap.
- 2 **NACCHO recommends** that the design, implementation and evaluation of the new NDIS access framework be undertaken in genuine partnership with Aboriginal and Torres Strait Islander people with disability, their families and representative organisations, NACCHO and the Aboriginal community-controlled sector.
- 3 **NACCHO recommends that** Guiding Principle 1 expressly states that human rights implementation for Aboriginal and Torres Strait Islander people with disability must align with UNDRIP and the National Agreement on Closing the Gap.
- 4 **NACCHO recommends** that Guiding principle 2 requires the Technical Advisory Group to establish shared decision-making mechanisms with Aboriginal and Torres Strait Islander people with disability, and Aboriginal and Torres Strait Islander organisations and peak bodies throughout the design and implementation process.
- 5 **NACCHO recommends** that any functional capacity tools proposed for NDIS access be independently tested and validated with Aboriginal and Torres Strait Islander people with disability across urban, regional, remote and very remote settings before implementation.
- 6 **NACCHO recommends** that Guiding principle 4 includes key navigator roles such as ADLOs and Aboriginal Health Workers to support Aboriginal and Torres Strait Islander people with a disability.
- 7 **NACCHO recommends** that draft guiding principle 7 explicitly state that and monitoring and evaluation process will support and give effect to Indigenous Data Sovereignty principles and be carried out in genuine partnership with Aboriginal and Torres Strait Islander people with a disability, their families, communities and representatives and the ACCHO sector.

Acknowledgements

NACCHO welcomes the opportunity to provide a submission to the consultation on NDIS Access Changes. NACCHO acknowledges and supports the submissions made by ACCHOs and Affiliates to this consultation.

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.

Review of Closing the Gap

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

There is an opportunity to ensure that the development of the guiding principles and related policies, tools and evidence requirements are explicitly aligned with the Priority Reforms. As currently drafted, they do not appear to have been developed with any consideration of this in mind – a missed opportunity for the Government to align with its commitments under the National Agreement on Closing the Gap.

NACCHO recommends that the guiding principles, assessment tools, evidence requirements, operational guidance and implementation arrangements for NDIS access be explicitly aligned with the four Priority Reforms under the National Agreement on Closing the Gap.

Introduction

NACCHO supports the objective of making NDIS access clearer, fairer and more consistent, and less dependent on a person’s diagnosis, ability to navigate complex administrative processes or access to costly specialist evidence. However, a more standardised process will not necessarily produce a more equitable process for Aboriginal and Torres Strait Islander people with disability.

The consultation proposes a standardised, evidence-based assessment of functional capacity, clearer consideration of permanence and treatment, stronger boundaries between the NDIS and other service systems, and removal of diagnosis lists as a means of entry to the Scheme. These reforms create an opportunity to address inequities in the current system, but they also create significant risks if assessment tools, evidence requirements and referral pathways are designed without sufficient regard to the circumstances of Aboriginal and Torres Strait Islander people

ACCHOs provide culturally safe, holistic primary health care. Many also support Aboriginal and Torres Strait Islander people with disability to receive NDIS services, including assisting individuals and families to access and navigate the scheme. The views in this submission reflect the ACCHO sector and, through community-controlled governance structures, also reflect the priorities and experiences of the communities they serve. Governed by Aboriginal and Torres Strait Islander boards, ACCHOs ensure organisational decision-making

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>.

and policy are informed by ongoing engagement with community members, service users, and local leadership.

For many Aboriginal and Torres Strait Islander people, health and wellbeing are deeply connected to land, sea, language, culture and community relationships. The ACCHO model of care translates these values into service delivery through four core domains: community governance, culturally responsive clinical services, policy direction and partnerships, and community health promotion and empowerment.

NACCHO is concerned that reforms designed around uniformity and standardisation could unintentionally compound existing disadvantage if they are developed without genuine partnership with Aboriginal and Torres Strait Islander people with disability and the Aboriginal community-controlled sector. Consistency should mean consistent fairness and quality of decision-making, not identical processes regardless of cultural, geographic and communication needs.

The Technical Advisory Group on NDIS Functional Capacity will provide important evidence-based advice on the new access decision-making process. That advice must be informed by Aboriginal and Torres Strait Islander people with disability, their representative organisations and the Aboriginal community-controlled sector. Consultation after key design choices have already been made will not be sufficient.

The reforms must also be designed and implemented consistently with the National Agreement on Closing the Gap. They must give practical effect to the commitments to formal partnerships and shared decision-making, strengthening the community-controlled sector, transforming mainstream institutions and sharing data and information.

NACCHO recommends that the design, implementation and evaluation of the new NDIS access framework be undertaken in genuine partnership with Aboriginal and Torres Strait Islander people with disability, their families and representative organisations, NACCHO and the Aboriginal community-controlled sector.

Key issues for Aboriginal and Torres Strait Islander people under the proposed access model

There are four central elements of the proposed NDIS access reforms: a standardised assessment of functional capacity; clearer consideration of permanence and treatment; clearer boundaries between the NDIS and mainstream or other supports; and streamlined evidence and access processes. Each element must be designed with Aboriginal and Torres Strait Islander people from the outset, rather than adapted after a general model has been settled. Any access reforms must ensure the cultural safety of Aboriginal and Torres Strait Islander participants.

Functional capacity and cultural validity

Moving away from diagnosis as the principal basis for access may result in more equitable consideration of how disability affects a person's everyday life. However, the proposed concept of functional capacity is concerned with what a person can do in a standardised environment designed to minimise the impact of environmental and personal circumstances. This creates a risk that an assessment could become too abstracted from the realities of a person's life.

Functional impairment must be assessed in context because it is experienced in context. For many Aboriginal and Torres Strait Islander people, relevant contexts may include communication and language needs, remoteness, housing and transient lifestyles, transport, digital connectivity, access to health and disability services, family and kinship responsibilities, and connection to community and Country. While some standardisation may assist comparability, the assessment process must remain capable of understanding how impairment affects participation and daily life in the person's actual circumstances.

Assessment processes must also distinguish between a person's own functional capacity and what is possible only because family, kin or community members are providing substantial informal support. Strong family and kinship networks should not reduce a person's eligibility merely because unmet need is being absorbed by others on an unpaid, voluntary basis.

By dismissing this necessary context, NDIS access processes place the onus back on the participant, their kinship networks, and the community-controlled sector to bare the 'colonial load'² of upholding their own cultural safety while navigating systems that have already been identified as unsafe³ and inequitable⁴.

Permanence, treatment and access to health care

The access reforms propose clearer guidance about whether an impairment is permanent or likely to be permanent and whether available and appropriate treatment is likely to substantially remedy it. For Aboriginal and Torres Strait Islander people, the meaning of 'available and appropriate' must be grounded in practical access rather than theoretical or conceptual availability.

A treatment should not be considered as 'available' merely because it exists somewhere in Australia's health system. Decision-makers need to consider geographic availability, waiting times, affordability, transport and accommodation, continuity of care, availability of specialists, clinical appropriateness, cultural safety, previous treatment history and whether the person can realistically access the intervention.

People should not be denied NDIS access because of failures or gaps in the health system.

Evidence and the role of ACCHOs

One of the stated aims of the access reforms is to reduce the extent to which access depends on a person's ability to obtain evidence. NACCHO strongly supports this objective. It will not be achieved, however, if the new framework creates a new hierarchy in which specialist evidence remains the de facto standard.

Evidence from ACCHOs and practitioners with longitudinal knowledge of a person may provide a more accurate account of functional impact than a one-off assessment by an unfamiliar practitioner. The framework should recognise evidence from Aboriginal Health Practitioners and Workers, general practitioners, nurses, allied health practitioners and other relevant members of multidisciplinary teams, alongside specialist evidence where it is genuinely required.

This is especially true in contexts where cultural safety is paramount for a participant's engagement with a treating professional and where time and trust building is required to gain a comprehensive picture of the person and their needs.

Evidence requirements should be proportionate. Where existing information clearly demonstrates very significant functional impairment, people should not be required to undergo repetitive assessments simply to satisfy a standard process.

NDIS mainstream and Foundational Supports

The reforms will more explicitly consider whether the NDIS is the appropriate system of support and may connect people to mainstream services, Foundational Supports or other community supports. NACCHO

² 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>

³ 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>

⁴ As above.

supports better coordination between systems, but eligibility decisions must not assume that alternative supports exist when they are not practically available.

For Aboriginal and Torres Strait Islander people, particularly in regional, remote and very remote communities, the existence of a program does not mean that an accessible, culturally safe service is available. A person should not be diverted from the NDIS unless the alternative support is genuinely available, timely, appropriate and culturally safe.

The access process should operate on a no-wrong-door basis. Where the NDIS is not the appropriate system, referral pathways must include an active and supported connection to an available service rather than simply providing information or directing the person elsewhere.

Cultural Safety and NDIS Access

The lack of culturally safe care systems — identified by the Disability Royal Commission as a “*time-sensitive national crisis*”⁵ — 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 NDIS services may be supporting participants in transitioning through⁶.

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*.”⁷

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 NDIA Access processes:

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.⁸

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

⁵ 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>

⁶ 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

⁷ NDIS (2025). *First Nations Strategy | NDIS*. [online] ndis.gov.au. Available at: <https://www.ndis.gov.au/strategies/first-nations-strategy>.

⁸ 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.

realities of Aboriginal and Torres Strait Islander people which leads to a lack of cultural safety⁹. The lack of cultural safety can lead to inequity, retraumatisation and disengagement from services¹⁰.

Lack of cultural safety also contributes to poorer health outcomes, lifelong harm, and, in some cases, preventable deaths within Aboriginal and Torres Strait Islander communities¹¹. 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*¹² 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.

Draft Guiding Principle 1

Aligned to the NDIS Act and the human rights of people with disability

NACCHO welcomes the acknowledgement that access-decision-making processes should be consistent with the NDIS Act and uphold Australia's human rights obligations. In addition to the United Nations Convention on the Rights of People with Disabilities (UNCRPD), it is also important to recognise the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), and inscribed within, the rights of Aboriginal and Torres Strait Islander peoples to self-determination and participation in decisions that affect them.

The UNCRPD recognises that people with disability may experience multiple or aggravated forms of discrimination. For Aboriginal and Torres Strait Islander people with disability, disability rights cannot be considered in isolation from the consequences of racism, colonisation and continuing barriers to culturally safe services.

Based on data from the 2022–23 National Aboriginal and Torres Strait Islander Health Survey, 37% (an estimated 367,700 out of 993,800) of Aboriginal and Torres Strait Islander people reported they lived with disability¹³. The rate of disability was similar for males and females (36% and 37% respectively) and generally increased with age (21% for those aged 0–14, and 64% for those 65 and over). According to the NDIA, at 30 June 2025 there were 60,529 Aboriginal and Torres Strait Islander NDIS participants, comprising 8.2% of all participants – an increase from 52,782 (8.0%) in June 2024¹⁴.

Many Aboriginal and Torres Strait Islander people with a disability sit at the intersection of multiple government strategies and programs. They will often face multiple or aggravated forms of discrimination based on their Indigenous status and status as a person with a disability.

⁹Deloitte. (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>

¹⁰ As above.

¹¹ 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>

¹² 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>.

¹³ See Aboriginal and Torres Strait Islander Health Performance Framework – available at <https://www.indigenoushpf.gov.au/measures/1-14-disability#keymessages>

¹⁴ NDIS (2025) First Nations participants data set, NDIA [website](https://www.ndia.gov.au).

NACCHO recommends that Guiding Principle 1 expressly states that human rights implementation for Aboriginal and Torres Strait Islander people with disability must align with UNDRIP and the National Agreement on Closing the Gap.

Draft Guiding Principle 2

Informed by lived experience, including people with disability, families and carers

NACCHO supports the recognition of lived experience but considers that being merely ‘informed by’ lived experience sets too low a threshold for reforms affecting Aboriginal and Torres Strait Islander people. The design, implementation and ongoing refinement of the access decision-making process should be undertaken in partnership with Aboriginal and Torres Strait Islander people with disability, their families, communities, representative organisations and the Aboriginal community-controlled sector.

Priority Reform Area 1 of the National Agreement commits governments to structures that enable shared decision-making, not simply consultation on solutions developed elsewhere. The Productivity Commission has similarly warned against approaches in which agencies consult Aboriginal and Torres Strait Islander people on predetermined solutions rather than collaborating on the problem and co-designing the solution¹⁵.

The Technical Advisory Group should therefore establish specific mechanisms to receive and respond to advice from Aboriginal and Torres Strait Islander people with disability, Aboriginal and Torres Strait Islander disability representative organisations, NACCHO and other community-controlled peaks throughout the design process, including development and testing of assessment tools, evidence requirements, thresholds and implementation guidance.

NACCHO recommends that Guiding principle 2 requires the Technical Advisory Group to establish shared decision-making mechanisms with Aboriginal and Torres Strait Islander people with disability, and Aboriginal and Torres Strait Islander organisations and peak bodies throughout the design and implementation process.

Draft Guiding Principle 3

Evidence-based and consistent

NACCHO supports reliable, valid and evidence-based access decision-making. However, reliability and consistency must not be equated with identical treatment. A process applied uniformly across the community can produce inequitable outcomes for groups within that community.

NACCHO also welcomes the attention on the decision-making process being informed by contemporary evidence. There is significant evidence that demonstrates that the community-controlled sector consistently delivers better outcomes for Aboriginal and Torres Strait Islander people.

Assessment methods need to account for communication and language, cultural understandings of disability, unfamiliarity with assessment environments, distrust arising from previous experiences with government systems, geographic isolation, episodic or fluctuating conditions, and the extent to which family and kin are compensating for gaps in formal supports.

The Ages and Stages Questionnaire – Talking about Raising Aboriginal Kids (ASQ-TRAK) provides a useful example. It is a culturally adapted developmental screening tool based on the internationally recognised Ages and Stages Questionnaire and is developed to address the lack of culturally appropriate screening tools for

¹⁵ 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>.

First Nations children. Its development demonstrates that cultural validity can be incorporated into a rigorous assessment approach.

The important lesson from ASQ-TRAK is that cultural validity should be treated as part of assessment validity, rather than as an optional adaptation after a tool has been developed.

Any functional capacity tools proposed for NDIS access should therefore be independently tested and validated with Aboriginal and Torres Strait Islander people with disability across urban, regional, remote and very remote settings before implementation. Where a standard tool cannot be validly or safely used, culturally adapted assessment approaches should be available.

NACCHO recommends that any functional capacity tools proposed for NDIS access be independently tested and validated with Aboriginal and Torres Strait Islander people with disability across urban, regional, remote and very remote settings before implementation.

Draft Guiding Principle 4

Person-centred and strengths-based

NACCHO supports placing the person with disability at the centre of the access experience. For some Aboriginal and Torres Strait Islander people, however, meaningful participation in what is a complex system requires access to a trusted intermediary. This navigation / intermediary support should be implemented as a core accessibility avenue for the NDIS access process, not an optional addition to the process.

Aboriginal Disability Liaison Officers (ADLOs) employed in many ACCHOs make a significant difference in how an Aboriginal and Torres Strait Islander people with a disability and their family can access the NDIS, prepares for assessments and gather necessary information. Similar navigation roles are funded in other Aboriginal Community Controlled organisations (such as Remote Community Connectors). These navigation and coordination functions require sustainable funding. ACCHOs must not be expected to absorb additional NDIS responsibilities within existing primary health care funding.

An evaluation of the ADLO program was carried out in November 2024¹⁶ and concluded that the program 'provides high quality and culturally safe services that makes a meaningful difference in the lives of Aboriginal and Torres Strait Islander people with disability, their families and communities'.

The access framework should allow a person, with consent, to involve an ADLO, Aboriginal Health Worker or Practitioner, family or kin member, advocate or other trusted person throughout assessment and decision-making processes.

The principles should also recognise that people may be simultaneously navigating justice, family services, education, housing, health and other systems.

NACCHO recommends that Guiding principle 4 includes key navigator roles such as ADLOs and Aboriginal Health Workers to support Aboriginal and Torres Strait Islander people with a disability.

¹⁶ Sheryl Boniface (SB & Associates Consultancy), Kathleen Stacey and Taylah Gregory (beyond... Kathleen Stacey & Associates) *NACCHO ADLO Program Evaluation* – available at <https://apo.org.au/sites/default/files/resource-files/2025-06/apo-nid332576.pdf>

Draft Guiding Principle 5

Reducing inequality through culturally safe assessments

NACCHO welcomes the commitment that the access decision-making process should 'embed cultural safety'. However, the only way to achieve this goal is to engage in a formal co-design process with Aboriginal and Torres Strait Islander people with a disability, the ACCHO sector and other Aboriginal and Torres Strait Islander peak representatives to ensure that the process is genuinely culturally safe. Cultural safety must be translated into concrete design and accountability requirements.

At a minimum, culturally safe access should include:

- culturally validated assessment methods;
- culturally capable assessors;
- appropriate use of interpreters;
- choice about the involvement of family, kin and trusted supporters;
- flexibility in the location and manner of assessment;
- recognition of evidence from trusted Aboriginal health services; and
- mechanisms to identify and correct racial or cultural bias in assessment and decision-making.

A nationally consistent system should permit different assessment approaches where these are necessary to achieve equivalent fairness and validity. A 'one-size-fits-all' process risks deterring participation and producing inaccurate assessments where the process itself is culturally unsafe.

Priority Reform Area 3 of the National Agreement is directly relevant to this principle. The Government must demonstrate how the access decision-making process, whether delivered by the NDIA or another body, identifies and eliminates racism, embeds cultural safety at every stage and engages Aboriginal and Torres Strait Islander people fully and transparently.

A culturally safe decision-making process can only be developed in genuine partnership with Aboriginal and Torres Strait Islander people with a disability and sector peaks.

Draft Guiding Principle 6

Transparent, proportionate and accessible

NACCHO supports the objective that access decision-making should be clear, easy to understand and accessible. Accessibility must extend beyond the production of written information in plain language.

The process should provide oral explanations where required, access to interpreters and alternative communication formats, sufficient time to respond, assistance to gather evidence, flexibility in how information is provided, and the ability to involve trusted supporters. Outreach should be available where people face barriers to engaging through standard written or digital channels.

No person should experience an adverse access or reassessment outcome simply because they did not understand or respond to a letter, email or digital notification. This is particularly important during the proposed reassessment of current participants.



Navigation supports such as ADLOs and other community-controlled intermediary services should be explicitly recognised by the principle and adequately funded as part of the access process. These services can make the process more transparent and accessible while reducing unnecessary administrative burden for participants and the NDIA.

Draft Guiding Principle 7

NACCHO welcomes the commitment to the access decision-making process being the subject of ongoing monitoring, evaluation and continuous improvement. But it is critical that any evaluation and monitoring process ensure that Aboriginal and Torres Strait Islander people with a disability, their families, communities and the community-controlled sector can provide views and feedback on the process and whether it is working.

Monitoring should include, at a minimum, access request and approval rates, time for decision making, requests for additional evidence, reassessment outcomes, scheme exit rates, internal and external review rates and outcomes, and geographical variation. Data should be capable of identifying differences between urban, regional, remote and very remote communities.

Where monitoring identifies a significant disparity for Aboriginal and Torres Strait Islander people, there should be a transparent process for investigation and modification of assessment tools, guidance, workforce practices or referral pathways.

Any monitoring and evaluation process must give effect to Indigenous Data Sovereignty and Priority Reform Area 4 under the National Agreement on Closing the Gap. Aboriginal and Torres Strait Islander people with a disability, their families, communities and representative organisations should be partners in determining what data is collected, how it is interpreted and how findings are used and implemented.

NACCHO recommends that draft guiding principle 7 explicitly state that and monitoring and evaluation process will support and give effect to Indigenous Data Sovereignty principles and be carried out in genuine partnership with Aboriginal and Torres Strait Islander people with a disability, their families, communities and representatives and the ACCHO sector.

Conclusion

The proposed reforms provide an opportunity to make NDIS access less dependent on diagnosis, financial resources and the ability of a person with a disability to navigate complex systems. Whether that opportunity is realised for Aboriginal and Torres Strait Islander people will depend on whether cultural validity, practical access to care and support, the involvement of the community-controlled sector and supported navigation is being built into the framework from the beginning. Consistency in decision-making will not necessarily lead to consistent fairness.

NACCHO looks forward to continuing to work with the Department, the Technical Advisory Group, the NDIA and Aboriginal and Torres Strait Islander people with disability and their representative organisations as the detailed access framework is developed.