



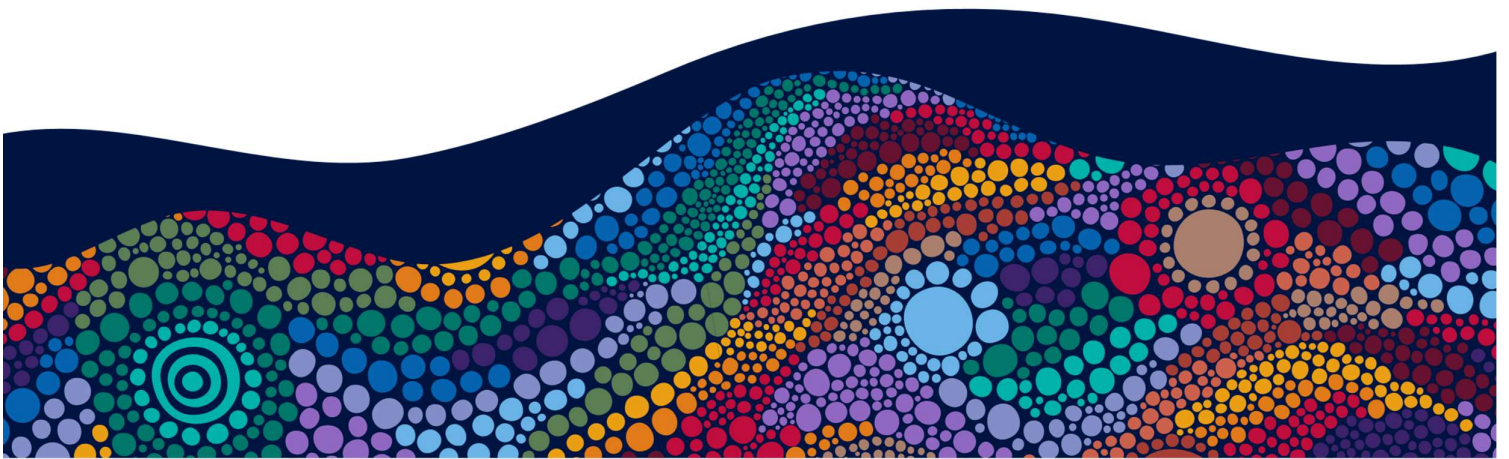
NACCHO

National Aboriginal Community
Controlled Health Organisation

Integrity of the NDIS

Submission to the Joint Standing Committee
on the National Disability Insurance Scheme

May 2026



About NACCHO

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

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

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

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

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

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

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Recommendations

- 1 Any initiatives or recommendations that seek to improve the integrity of the National Disability Insurance Scheme (NDIS) align with the National Agreement on Closing the Gap and give effect to its four Priority Reform Areas.
- 2 Programs such as Aboriginal Disability Liaison Officers and Remote Community Connectors be funded to provide better support and advice to NDIS participants and enhance the integrity of the NDIS by monitoring and reporting instances of non-compliance, fraud and sharp practices the appropriate regulators.
- 3 ACCHOs be funded on a longer-term basis to provide a sustainable funding base for providing culturally safe and inclusive disability services to NDIS participants.
- 4 The ACCC, NDIA and the NDIS Quality and Safeguards Commission and state and territory consumer protection regulators adopt a more strategic approach in consultation with NACCHO and other Aboriginal and Torres Strait Islander community representatives to prevent and prosecute instances of misconduct by NDIS providers in Aboriginal and Torres Strait Islander communities.
- 5 To improve the integrity of the NDIS for Aboriginal and Torres Strait Islanders, the NDIS Code of Conduct expressly recognise the need for NDIS providers to provide services in culturally safe and appropriate way.
- 6 Any new or additional compliance/integrity measures take account of the pressures that small, community-controlled organisations face and do not set up barriers to entry for capable ACCHOs to provide NDIS services.

NDIS and Aboriginal and Torres Strait Islander people with a disability

According to the Australian Bureau of Statistics¹ in 2022, one-quarter (25.3%) or 183,700 Aboriginal and Torres Strait Islander people had disability. Approximately 60,000 Aboriginal and Torres Strait Islander people were participants in the National Disability Insurance Scheme (the NDIS) comprising about 8.2% of all participants – an increase from 8% in June 2024².

Having a disability can often be compounded with higher rates of chronic illness in Aboriginal and Torres Strait Islander people compared to other Australians, higher rates of poverty, numerous barriers to accessing services and racism from different sources.

Aboriginal and Torres Strait Islander people also have many other compounding factors such as remote locations, English as a second/third language, and specific cultural elements and traditions that are often overlooked and can negatively affect their experience of disability.

This is in addition to a range of barriers, negative attitudes, stereotypes, and misconceptions regularly faced by people with disability, which limit their social inclusion. This includes discrimination in education, justice, employment, healthcare, and other opportunities, as well as physical access to buildings, transport, and other infrastructure. These barriers and opinions can limit the human rights and social inclusion of people with a disability.

National Agreement on Closing the Gap

In making this submission and recommendations, NACCHO recommends that the Committee ensure that any recommendation it makes can give effect to the National Agreement on Closing the Gap that all governments have agreed to fully implement.

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.

The Australian Government's first Closing the Gap Implementation Plan³ 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:

¹ [Aboriginal and Torres Strait Islander peoples with disability, 2022 | Australian Bureau of Statistics](#)

² NDIS (2025) First Nations participants dataset available at <https://dataresearch.ndis.gov.au/datasets/participant-datasets>

³ [Commonwealth Closing the Gap 2025 Annual Report and 2026 Implementation Plan | NIAA](#)



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’⁴

Improving the integrity of the NDIS will assist in progressing all four Priority Reform Areas. In particular it will strengthen and empower shared decision making for Aboriginal and Torres Strait Islanders with a disability; strengthen the community controlled sector to deliver better services and better outcomes and assist to transform the way government agencies such as the National Disability Insurance Agency (NDIA) deliver their services and ensure cultural safety.

⁴ 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>.

NACCHO recommends that any initiatives or recommendations that seek to improve the integrity of the National Disability Insurance Scheme (NDIS) align with the National Agreement on Closing the Gap and give effect to its four Priority Reform Areas.

Aboriginal and Torres Strait Islander understanding of disability

As identified by the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (the Disability Royal Commission)⁵ Aboriginal and Torres Strait Islander cultural understandings of inclusion are different to Western concepts of disability.

Western approaches often focus on medical diagnosis and what a person with disability cannot do. Instead, many Aboriginal and Torres Strait Islander people with disability and their communities prefer a strengths based cultural model centred on inclusion. This approach recognises that inclusion in culture and community has a positive impact on social health and wellbeing, counteracting the harm otherwise experienced in everyday life. The rights of Aboriginal and Torres Strait Islander people with disability are tied to physical, cultural and spiritual health and wellbeing⁶.

The NDIA *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, deficit-based definitions.

Despite this recognition, the ongoing absence of culturally safe services — identified by the Disability Royal Commission as a “time-sensitive national crisis” — has left Aboriginal and Torres Strait Islander participants particularly vulnerable within the NDIS⁸.

In this context, Aboriginal and Torres Strait Islander disability markets are often dominated or exploited by non-Indigenous providers who reportedly negate, suppress, or ignore the cultural rights and lived realities of Aboriginal and Torres Strait Islander people with disability (‘culturally thin markets’).

The consequences of these failures are reflected in persistent experiences of inequity, lack of safety, trauma, and disengagement from services, including instances of service refusal by participants.

We have heard from the sector that some parents of children with diagnosed disability have chosen not to engage with the NDIS due to these shortcomings of service quality. Evidence further indicates that inadequate safeguarding of cultural safety contributes to poorer health outcomes, lifelong harm, and, in some cases, preventable deaths within Aboriginal and Torres Strait Islander.

⁵ Disability Royal Commission, Final Report volume 9

⁶ Avery, S. (2018) *Culture is Inclusion: A narrative of Aboriginal and Torres Strait Islander people with a disability* First Peoples Disability Network.

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

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/publications/options-improve-service-availability-and-accessibility-first-nations-people-disability>



Explicitly safeguarding cultural safety is central to protecting the rights of Aboriginal and Torres Strait Islander people with disability to be free from harm, abuse, and neglect, and to uphold their right not only to life, but to a life of quality, dignity, and self-determination.

Embedding Aboriginal and Torres Strait Islander ways of knowing, being, and doing — across physical, cultural, social, emotional, and spiritual domains — must be integral to safeguarding the integrity frameworks of the NDIS if these foundational rights are to be meaningfully realised in practice.

Proven models of culturally safe supports - Aboriginal Community Controlled Health Organisations (ACCHOs)

Aboriginal Community Controlled Health Organisations (ACCHOs) are delivering culturally safe, holistic primary health care and many also support Aboriginal and Torres Strait Islander people with disability, including assisting individuals and families to access and navigate the NDIS. 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 and advocacy are informed by ongoing engagement with community members, service users and local leadership.

ACCHOs are also well placed to assist in identifying and reporting 'sharp practices' and other non-compliant behaviour by NDIS providers because of their deep, trusted and ongoing relationships with local communities. However, the ability of ACCHOs to be part of the NDIS is not the same across the ACCHO sector and significantly hampered by the lack of certainty over funding, costs of delivering services and the administrative burden of NDIS registration and compliance. Some ACCHOs have chosen not to become registered NDIS providers or to deliver specific programs due to concerns about funding adequacy, administrative burden, and long-term sustainability. Others participate in limited or targeted ways, including through navigation, liaison or connector-type supports.

The ACCHO model of care

The ACCHO model of community-controlled comprehensive primary health care⁹ is a holistic system grounded in truth, lived realities, culture, law and Country. It brings these elements together to design culturally informed health models and programs that respond to community needs and inform effective policy and legislation.

As outlined above, 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 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 empowerment¹⁰.

ACCHOs hold a well-established reputation for culturally safe service delivery and maintain strong relationships with the communities they serve. Their inherent structural and governance mechanisms, seen in the ACCHO model of care, place their quality and safeguarding frameworks as markers of best practice. Their expertise is critical to the development of meaningful and credible quality and safeguarding mechanisms.

⁹ National Aboriginal Community Controlled Health Organisation (2024). Aboriginal community controlled health organisations. [online] NACCHO. Available at: <https://www.naccho.org.au/aboriginal-community-controlled-health/>

¹⁰ National Aboriginal Community Controlled Health Organisation – Core Services and Outcomes Framework (2021). Available at [Core-Services-Outcomes-Framework-brief-overview.pdf](#)

How ACCHOs can help protect vulnerable NDIS participants from sharp practices

Out of necessity, many ACCHOs have been offering navigation/liaison/connector-type supports to ensure Aboriginal and Torres Strait Islander people with disability in their communities receive adequate and culturally safe supports.

Programs such as Aboriginal Disability Liaison Officers (ADLOs) and Remote Community Connectors (RCCs) provide important, locally embedded support functions, including assisting participants to navigate the NDIS and, in some cases, identifying issues in service delivery.

Through the ADLO program, dedicated support is provided to Aboriginal and Torres Strait Islander people with disability in urban and rural areas to access the NDIS and use their plans. ADLOs are generally members of the communities they work in, understand the culture and often speak the local languages. The insights of ADLOs can contribute to co-design initiatives to improve the way NDIS works with Aboriginal and Torres Strait Islander communities.

RCCs are community-based NDIA representatives funded by the NDIA that support the culturally appropriate delivery of the NDIS in remote and very remote communities. They recognise that people with disability in remote communities including Aboriginal and Torres Strait Islander people, may need additional support to access the NDIS, build their NDIS plan and use their funded supports. RCCs are part of a large network of about 200 community-based Connectors, supporting people with disability across 480 remote communities.

However, these roles are not universally available, and not all ACCHOs participate in or are funded to deliver them. Where they do operate, they demonstrate the value of trusted, community-based mechanisms that support both access and informal monitoring of provider behaviour. As outlined below many ACCHOs face insurmountable barriers to becoming NDIS providers because of the lack of ongoing funding certainty, administrative and registration barriers and ‘thin markets’ in the communities that they serve.

Strengthening, funding and expanding these roles — alongside other locally appropriate models — would enhance safeguarding, but should occur as part of a broader, flexible approach that recognises differing community needs, capacities and preferences. ADLOs and RCCs would need specific and additional funding and training to undertake these additional roles over and above their existing functions.

NACCHO recommends that programs such as Aboriginal Disability Liaison Officers and Remote Community Connectors be funded to provide better support and advice to NDIS participants and enhance the integrity of the NDIS by monitoring and reporting instances of non-compliance, fraud and sharp practices the appropriate regulators.

NACCHO recommends that ACCHOs be funded on a longer-term basis to provide a sustainable funding base for providing culturally safe and inclusive disability services to NDIS participants.

Nature of Non-Compliance, Fraud and Sharp Practices

Input from ACCHOs and affiliates indicates that integrity risks in the NDIS extend beyond deliberate fraud to include “sharp practices” and exploitative but lawful behaviours, like those observed in other sectors such as the funeral insurance and mobile phone services.



For example, we are aware of practices such as offering incentives or inducements (like fast food or cigarettes or phones) to swap over their NDIS plans to a new provider¹¹.

There have been repeated reports (including community advocacy and associated media coverage¹²) of providers actively targeting remote Aboriginal communities in the Northern Territory and remote South Australia, offering inducements and signing people up to services they don't understand. Inducements can include food, vouchers or transport and high-pressure tactics to secure NDIS clients without informed consent or a full understanding of the implications.

While not all instances of misconduct occur in Aboriginal or Torres Strait Islander communities, the structural conditions that enable these practices — including thin markets, limited access to advocacy, language, literacy, numeracy, digital and cultural barriers — are more prevalent in these contexts, increasing the risk of harm to Aboriginal and Torres Strait Islander people and their families.

Regulatory action following the Aboriginal funeral insurance investigations highlighted how products were sold using complex pricing structures, aggressive sales tactics, and limited transparency, often targeting Aboriginal consumers.

Comparable dynamics are emerging in the NDIS, including:

- overservicing
- bundling or steering of supports
- the use of unrelated inducements (such as food, cigarettes or gift cards) to seek agreement to provide NDIS services
- marketing practices that exploit low system literacy that many Aboriginal and Torres Strait Islander people with a disability, their families and communities may have
- high pressure tactics to gain approval to provide NDIS services or to transfer NDIS plans to a new provider

These practices are most prevalent where participants have limited access to independent advice, workers such as ADLOs and RCC's and/or alternative culturally safe providers (such as ACCHOs).

Impacts on Participants, their families and communities

Like the enforcement actions relating to the mobile phone plan misconduct cases, vulnerable consumers may enter arrangements they do not fully understand, resulting in financial harm, distress, and further disengagement by the participants and the community from essential services such as the NDIS.

In the NDIS context, similar patterns can lead to:

- depletion of plan NDIS funds without meaningful outcomes
- reduced trust in the NDIS scheme as a whole and NDIS providers
- disengagement from NDIS supports
- compounding disadvantage for families and communities

These failures lead to ongoing inequity, a lack of personal and cultural safety, and further trauma, which in turn cause people to disengage from services. Evidence further indicates that inadequate safeguarding of cultural safety contributes to poorer health outcomes, lifelong harm, and, in some cases, preventable deaths

¹¹ See for example ABC News article 15 February 2026 – available at <http://abc.net.au/news/2026-02-15/unscrupulous-ndis-providers-inducements-remote-nt-communities/106338736>

¹² See for example Media Release from the Darwin Community Legal Service dated 16 February 2026 available at <https://www.dcls.org.au/news/ndis-sharp-practises-in-the-nt>

within Aboriginal and Torres Strait Islander communities. These outcomes underscore that cultural safety is not an optional or supplementary consideration, but a fundamental safeguard.

Effectiveness of Current Safeguards and Oversight

The NDIS Code of Conduct¹³ specifically requires NDIS providers to 'act with integrity, honest and transparency'. This part of the Code allows the NDIS Quality and Safeguards Commission to target 'sharp practices'.

The guidance supporting the Code also notes that such practices may also be potential breaches of consumer laws and regulations (such as the Australian Consumer Law, which is enforced by the Australian Competition and Consumer Commission (ACCC) and state and territory consumer protection regulators).

The NDIS Quality and Safeguards Commission's Regulatory Priorities for 2025-26¹⁴ focuses primarily on reducing and eliminating regulated restrictive practices; strengthening oversight of unregistered NDIS providers and sole traders and provider obligations to support their workers and manage high-risk health concerns. While laudable, the Priorities do not specifically focus on sharp practices – particularly those that may be occurring in Aboriginal and Torres Strait Islander communities.

The ACCC's Compliance and Enforcement Priorities¹⁵ identifies conduct that has the potential to specifically impact on the welfare of Aboriginal and Torres Strait Islander people (especially consumers living in remote areas) and priorities its compliance and enforcement activities in these areas.

In December 2023 a Taskforce comprising the ACCC, NDIS and the NDIS Commission was established to help address some of the harms affecting NDIS participants. In February 2026, the ACCC published a report¹⁶ setting out its observation on consumer issues in the NDIS. The report highlights the work the Taskforce has undertaken with Aboriginal and Torres Strait Islander groups to start addressing some of the consumer law issues arising for NDIS participants (especially those in remote communities).

In that report, the ACCC notes that it has heard concerns from NDIS participants in Aboriginal and Torres Strait Islander communities about the lack of access to NDIS supports; NDIS providers allegedly taking payment for supports not provided and the lack of support services with ties to local communities and cultural safety.

Consumer protection experience demonstrates that complaints-based regulatory models are insufficient in markets where consumers face barriers to reporting harm.

Interventions in the funeral insurance and mobile phone sectors have relied on proactive investigations, systemic inquiries, and enforcement action to address misconduct affecting Aboriginal communities.

Aboriginal and Torres Strait Islander participants in the NDIS may be reluctant to raise concerns, may not recognise misconduct or sharp practices, or may lack access to advocacy support. As a result, harmful practices can persist undetected.

For many Aboriginal and Torres Strait Islander participants, particularly those in remote and rural communities, these weaknesses are heightened by structural inequities such as limited digital connectivity, language, literacy, numeracy and digital barriers, low access to advocacy, and fewer provider choices. Without effective protections, these participants face increased exposure to exploitation, including overcharging, service substitution, culturally unsafe practices, and coercive provider behaviour.

Community-controlled organisations play a critical role in mitigating these risks. Their service delivery models are grounded in deep understanding of family, cultural, and community contexts, enabling them to identify

¹³ The NDIS Code of Conduct is established by [National Disability Insurance Scheme \(Code of Conduct\) Rules 2018 - Federal Register of Legislation](#)

¹⁴ [Our regulatory priorities | NDIS Quality and Safeguards Commission](#)

¹⁵ Available at [Compliance and enforcement priorities | ACCC](#)

¹⁶ [NDIS report: ACCC observations of consumer issues in the NDIS](#)



concerns early, ensure culturally safe support, and maintain stronger accountability mechanisms. These locally governed, community-embedded models of care strengthen compliance by ensuring that services are responsive, transparent, and aligned with participants' needs.

NACCHO recommends that the ACCC, NDIA and the NDIS Quality and Safeguards Commission and state and territory consumer protection regulators adopt a more strategic approach in consultation with NACCHO and other Aboriginal and Torres Strait Islander community representatives to prevent and prosecute instances of misconduct by NDIS providers in Aboriginal and Torres Strait Islander communities.

Enhancing NDIS integrity by recognising cultural safety as a critical safeguard

Within the NDIS, the current safeguards administered by the NDIA and the NDIS Quality and Safeguards Commission are set out in the NDIS Code of Conduct.

The Code of Conduct specifically requires NDIS providers to 'provide supports and services in a safe and competent manner, with care and skill'. The supporting guidance material for providers refers that for providers to meet this requirement they should ensure that their workers are appropriately trained and qualified, that their services are provided consistent with relevant professional codes, that they meet work health and safety requirements and maintain appropriate record and insurance requirements.

However, the Code does not refer to the need to provide services in a culturally safe and appropriate manner.

As mentioned above, 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."¹⁷

In this context, Aboriginal and Torres Strait Islander disability markets are often dominated or exploited by mainstream providers who reportedly negate, suppress, or ignore the cultural rights and lived realities of Aboriginal and Torres Strait Islander people with disability.¹⁸

The consequences of these failures are reflected in persistent experiences of inequity, lack of safety, trauma, and disengagement from services, including instances of service refusal by participants. Aboriginal and Torres Strait Islander people with a disability, their families and communities may also be less confident in accessing the essential services the NDIS provides if they see or perceive providers are culturally unsafe.

Failing to maintain cultural safety also contributes to poorer health outcomes, lifelong harm, and, in some cases, preventable deaths. These underscores that cultural safety is not an optional or supplementary consideration, but a fundamental safeguard.

A strong understanding of cultural safety must be part of the organisational mindset at all levels of government in order to align with Priority Reform Area 3 under the National Agreement on Closing the Gap (a commitment by all governments to systemic and structural transformation of mainstream government organisations to embed and practice cultural safety and deliver services in partnership with Aboriginal and Torres Strait Islander people).

¹⁷ NDIS' First Nations Strategy

¹⁸ 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/publications/options-improve-service-availability-and-accessibility-first-nations-people-disability>

There should be an increased focus by all NDIS providers on their cultural capabilities, and developing skills, knowledge and behaviours required to plan, support, improve and deliver services in a culturally respectful and appropriate manner¹⁹.

This requires comprehensive, cultural capabilities training and greater engagement by listening to Aboriginal and Torres Strait Islander people about their experiences and taking those learnings on board.

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

The Australian Institute of Health and Welfare's *Cultural safety in health care for Indigenous Australians: monitoring framework*²⁰ may offer insights on how best to evidence the provision of culturally safe care. This would need to centre around:

- the culture of the provider (a provider has structures, policies and process in operation to deliver culturally respectful support);
- the experience of Aboriginal and Torres Strait Islander participants when accessing the services and their family experience of the service (they are treated respectfully, included and empowered);
- the level of access to NDIS services.

Consideration could also be given to the development of mandated, specific guidance on delivering cultural safe disability care and supports for Aboriginal and Torres Strait Islander people.

NACCHO recommends that to improve the integrity of the NDIS for Aboriginal and Torres Strait Islanders, the NDIS Code of Conduct expressly recognise the need for NDIS providers to provide services in culturally safe and appropriate way.

Unintended consequences of 'one-size fits all' approach to compliance

This submission supports strong and effective integrity measures. However, for these measures to be effective in practice, they must be designed to operate in the contexts where risks are greatest — including remote, thin and culturally thin markets. A one-size-fits-all approach to integrity risks entrenching existing inequities. A flexible, culturally informed and place-based approach is necessary to ensure that efforts to strengthen integrity do not inadvertently reduce access or exclude community-controlled providers.

Creating an effective NDIS system requires compliance settings that uphold integrity while not disadvantaging ACCHOs or the communities they serve. Building a culturally responsive compliance mechanism means shifting away from one-size-fits-all regulatory approaches and grounding oversight in a genuine understanding of community-controlled service models.

In considering compliance measures it is also important to ensure that any compliance measures do not have the unintended consequence of increasing administrative burden, accreditation complexity and unfunded compliance costs on already stretched and under resourced providers such as ACCHOs or act as a disincentive on ACCHOs becoming NDIS providers for their local communities.

This is especially the case in 'thin markets' (where the number of providers or participants in a particular are too small to support adequate service provision) or 'culturally thin markets' (areas where there is a lack of culturally safe and appropriate support services for Aboriginal and Torres Strait Islander participants, their families and communities). This is not just a problem for participants but may also discourage other Aboriginal and Torres Strait Islander people with a disability to consider becoming NDIS participants.

¹⁹ Mohamed J, Stacey K, Chamberlain C and Priest N. (2024), Cultural safety in Australia, Discussion paper, Lowitja Institute, Melbourne. <https://www.lowitja.org.au/resource/cultural-safety-in-australia/>

²⁰ <https://www.aihw.gov.au/reports/indigenous-australians/cultural-safety-health-care-framework/contents/about>



Some ACCHOs do not have adequate infrastructure support or reliable connectivity to be able to interact with the growing range of digital platforms for government services. For ACCHOs, this results in increased administrative workload, more time spent on documentation, and added pressure on already stretched staff, ultimately diverting resources away from direct client support.

ACCHOs already manage highly complex environments to ensure client safety as primary health care providers. Various ACCHOs provide services across healthcare, aged care and disability – all with differing accreditation requirements. There is no funding to support the increased regulatory burden which will result in increased financial burden. This will be particularly significant for smaller providers.

ACCHOs can face regulatory requirements that do not match community-controlled ways of delivering care, making it more difficult for them to register or maintain registration as NDIS providers. This is especially challenging in thin or remote markets, where limited-service availability already places additional administrative and financial strain on providers.

By co-designing additional compliance measures with ACCHOs these unintended consequences can be mitigated and managed to ensure that they do not lead to barriers to more ACCHO participation in the NDIS.

This includes ensuring requirements are proportionate, flexible and culturally informed, while reducing unnecessary administrative burden. It also relies on long-term investment, co-design with ACCHOs, and compliance mechanisms that recognise community control and cultural safety as a core dimension of quality.

A culturally informed approach is essential to prevent Aboriginal and Torres Strait Islander participants from being penalised due to structural barriers such as remote location, limited technological access, lower health literacy, and inconsistent access to support coordination or interpreters.

To address these inequities, compliance frameworks should ensure communication materials are accessible, written in plain language and culturally appropriate. They should also offer targeted support to help Aboriginal and Torres Strait Islander participants and providers meet documentation and billing requirements, acknowledging that digital access and administrative capacity vary across communities.

Equally important is avoiding punitive responses when non-compliance results from systemic disadvantage rather than deliberate misuse. Together, these measures create compliance settings that support integrity while respecting cultural practice and community-controlled models of care.

With sustained investment and genuine co-design, a culturally responsive compliance mechanism can strengthen accountability without undermining ACCHOs' ability to provide culturally grounded, community-controlled services. NACCHO recommends culturally informed compliance frameworks co-designed with ACCHOs and Aboriginal and Torres Strait Islander disability advocates.

NACCHO recommends that any new or additional compliance/integrity measures take account of the pressures that small, community-controlled organisations face and do not set up barriers to entry for capable ACCHOs to provide NDIS services.

Opportunities for Reform and System Improvement

Strengthening NDIS integrity requires a shift from a predominantly reactive, compliance-driven model to one that is proactive, risk-based and responsive to local context.

This includes:

- targeting systemic practices rather than isolated actors
- supporting participant capability through trusted intermediaries such as ACCHOs
- enabling and funding diverse, community-controlled service models that reflect the needs and aspirations of local communities

- ensuring regulatory settings are proportionate and do not undermine access in thin markets
- ensuring regulatory responses are culturally informed, culturally safe and place-based

Applying these principles within the NDIS would support a more effective and equitable integrity framework.

These reforms are consistent with the National Agreement on Closing the Gap and the findings of the Disability Royal Commission, both of which emphasise the importance of culturally safe systems, strong safeguards and community control.