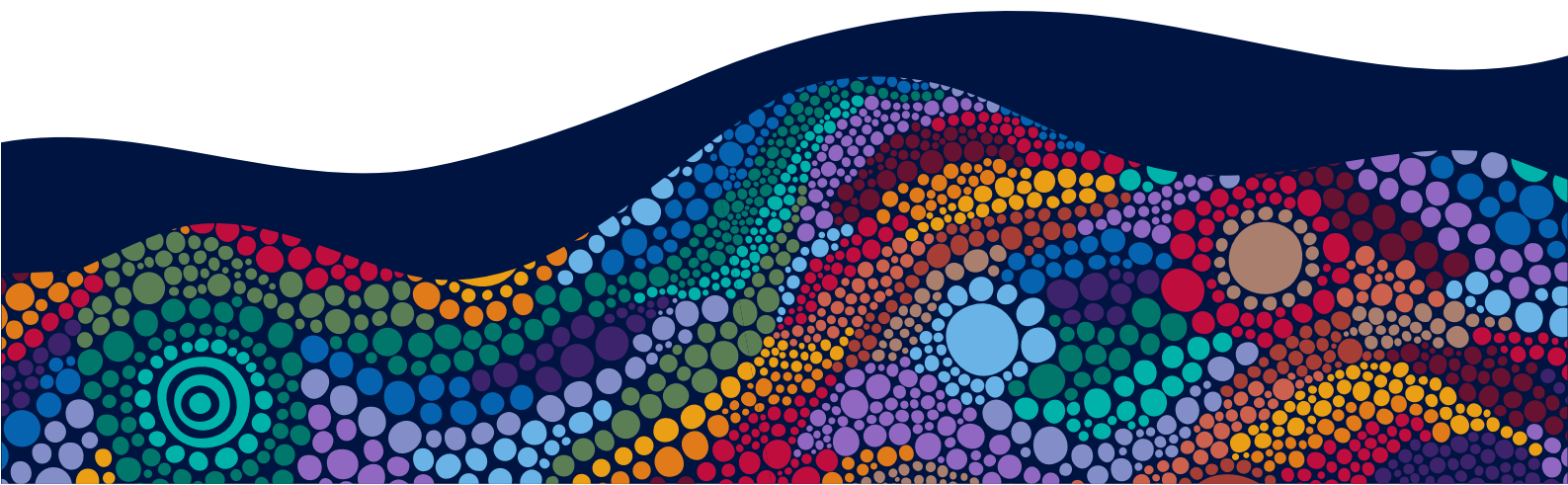


NDIS rules and framework planning

Submission to the Department of Health,
Disability and Ageing

March 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

NACCHO recommends:

- 1 Establish a dedicated Aboriginal and Torres Strait Islander assessment pathway within the NDIS planning framework.
- 2 Undertake cultural oversight and co-design of the Support Needs Assessment tool (including the I-CAN 6) before implementation.
- 3 Embed Support Needs Assessors within Aboriginal Community Controlled Organisations (ACCHOs) wherever possible.
- 4 Invest in and implement a staged rollout of an ACCHO-led Aboriginal and Torres Strait Islander assessment workforce, including culturally safe training and career pathways.
- 5 Establish minimum professional qualification requirements and mandatory cultural competency standards for Support Needs Assessors.
- 6 Ensure funding calculation methodologies recognise participant context, including cultural obligations, family and community caregiving structures, geographic service barriers and social determinants of disability.
- 7 Preserve participant rights to submit independent clinical and community-controlled evidence in assessment and planning decisions.
- 8 Maintain robust and accessible review and appeal rights, including the ability to challenge funding decisions and raise cultural safety concerns.
- 9 Co-design compliance, monitoring and integrity frameworks with Aboriginal Community Controlled Organisations to ensure holistic care models are recognised.
- 10 Ensure the implementation of the new planning framework aligns with the National Agreement on Closing the Gap, particularly the Priority Reforms relating to shared decision-making and strengthening the community-controlled sector.

Acknowledgements

NACCHO welcomes the opportunity to respond to the Australian Government's consultation on the proposed new framework planning rules for the National Disability Insurance Scheme (NDIS). NACCHO would like to acknowledge the valuable input received from Queensland Aboriginal and Islander Health Council (QAIHC), Tasmania Aboriginal Centre (TAC), Aboriginal Health Council Western Australia (AHCWA), Aboriginal Health Council South Australia (AHCSA), Victorian Aboriginal Community Controlled Health Organisation (VACCHO), and Rumbalara Aboriginal Co-operative to this submission.

NACCHO supports the submissions to this consultation made by NACCHO Members and Affiliates.

National Agreement on Closing the Gap

At the meeting of National Cabinet in early February 2023, First Ministers agreed to renew their commitment to Closing the Gap by re-signing the National Agreement, first signed in July 2020. 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.

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.

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 to accelerate policy and place-based progress against Closing the Gap.

Priority Reform Area 2 – Building the community-controlled sector

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

Priority Reform Area 3 – Transformation of mainstream institutions

This Priority Reform commits to systemic and structural transformation of mainstream government organisations to improve 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 location-specific data and information (data sovereignty) to inform local-decision making and support Aboriginal and Torres Strait Islander communities and organisations to support the achievement of the first three Priority Reforms.

Review of Closing the Gap

In its first review of the National Agreement on Closing the Gap, the Productivity Commission¹ 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, the Australian government needs to relinquish some control and acknowledge that Aboriginal and Torres Strait Islander people know what is best for their communities. It needs to share decision making with Aboriginal Community Controlled Organisations (ACCOs), recognise them as critical partners rather than passive funding recipients, and then trust them 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’²

NACCHO recommends the NDIS planning reforms must be explicitly aligned with the Priority Reforms under the National Agreement on Closing the Gap, particularly those relating to shared decision-making, community-controlled service delivery and data sovereignty.

Introduction

Aboriginal Community Controlled Health Organisations (ACCHOs) provide 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 National Disability Insurance Scheme (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.

The ACCHO model of community-controlled comprehensive primary health care³ 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. For many Aboriginal and Torres Strait Islander people, health is 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 empowerment.

This model reflects longstanding Aboriginal and Torres Strait Islander understandings of health and wellbeing. For Aboriginal and Torres Strait Islander people, health has always been understood as holistic, grounded in deep interrelationships between people, Country, culture, kinship and spirit. These ways of Knowing, Being and Doing recognise that physical, emotional, social, cultural and environmental wellbeing are inseparable and inform community-led approaches to health and healing that are relational, place-based and grounded in collective

¹ Australian Government (2019). *Productivity Commission*. [online] Pc.gov.au. Available at <https://www.pc.gov.au/>

² 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>.

³ 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/>.

responsibility. For Aboriginal and Torres Strait Islander people with disability, wellbeing extends beyond western concepts of daily functioning to include meaningful participation in culture, community and connection to Country. However, current NDIS policies often treat cultural connection as discretionary rather than essential. Embedding cultural safety and recognising the importance of cultural identity and participation within disability supports is therefore critical to ensuring the Scheme delivers equitable outcomes.

The health and wellbeing of Aboriginal and Torres Strait Islander people are also shaped by a broad range of structural and social determinants. Entrenched cycles of poverty, poorer education and employment outcomes, racism and increased interaction with the justice system contribute significantly to poorer health outcomes. The Australian Institute of Health and Welfare notes that social determinants account for a substantial proportion of the health gap between Aboriginal and Torres Strait Islander people and non-Indigenous Australians. These determinants operate across urban, regional and remote areas and contribute to higher rates of chronic disease, preventable illness and disability.

Recognising these interconnected drivers of health requires a whole-of-government approach to policy design. A Health in All Policies approach acknowledges that health outcomes are influenced by decisions across many sectors, including housing, education, employment and justice. This approach aligns with the holistic ACCHO model of care and with the National Agreement on Closing the Gap, requiring governments to consider the health implications of policy decisions and avoid unintended harms. Applying this approach to disability policy would support more integrated responses to the structural drivers that shape the experiences of Aboriginal and Torres Strait Islander people with disability.

Within this context, disability is both more prevalent and more complex for many Aboriginal and Torres Strait Islander people. Aboriginal and Torres Strait Islander people experience disability at significantly higher rates than non-Indigenous Australians and are over-represented in regional, remote and very remote areas. Many individuals live with the compounded effects of intergenerational trauma, chronic disease and limited access to culturally safe health and disability services. Despite this higher level of need, Aboriginal and Torres Strait Islander people remain underrepresented in the NDIS, and those who do access the Scheme often experience poorer outcomes.

The proposed NDIS planning reforms therefore present an important opportunity to address these longstanding inequities. The reform intent to improve consistency, clarity and transparency in NDIS participant planning is recognised. However, to deliver equitable outcomes for Aboriginal and Torres Strait Islander people, the Rules must enable culturally safe approaches to disability support that recognise the leadership of Aboriginal Community Controlled Organisations and the importance of self-determination in service design and delivery. This includes recognising holistic models of care, such as the ACCHO model, which reflect Aboriginal and Torres Strait Islander understandings of health, wellbeing, family and community responsibility.

Consistent with the National Agreement on Closing the Gap, the planning framework should support shared decision-making with Aboriginal and Torres Strait Islander organisations and strengthen the role of the community-controlled sector in delivering disability supports. Embedding these principles will help ensure reforms contribute to, rather than undermine, the Priority Reforms under the National Agreement on Closing the Gap, particularly those relating to formal partnerships, shared decision-making and strengthening the Aboriginal and Torres Strait Islander community-controlled sector.

It is also important that consultation and communication about these reforms reflect the same principles of clarity and transparency. Current consultation materials are highly technical and complex, with limited explanation of the practical implications of the proposed rules or how cultural safety considerations will be addressed. For the ACCHO sector to effectively communicate reforms to services and communities, consultation processes and materials must clearly articulate the purpose, risks and expected impacts of the proposed changes.

NACCHO recommends the NDIS establish an Aboriginal and Torres Strait Islander assessment pathway:

The planning framework should establish a dedicated Aboriginal and Torres Strait Islander assessment pathway, including culturally appropriate assessment tools and an Aboriginal and Torres Strait Islander

assessor workforce, designed and implemented in partnership with the Aboriginal community-controlled sector.

Response to Proposed Planning Rules

Rule Group 1: Preparation for a Support Needs Assessment

The proposed framework introduces a standardised Support Needs Assessment (SNA) intended to bring greater rigour and consistency to how participant needs are identified. While the aspiration is clear, the current model, including assessment tools developed without adequate cultural oversight, risks replicating existing harms. Cultural oversight should involve co-design with Aboriginal and Torres Strait Islander people with disability and their representative organisations, as well as governance arrangements that ensure assessment tools and processes reflect cultural context, community realities and lived experience. Preparation for Aboriginal and Torres Strait Islander participants is not a formality; it is central to culturally safe planning. Assessments require disclosure of personal information about daily functioning, family responsibilities and vulnerabilities. Without culturally safe processes, participants may under-disclose information, disengage from the process, or avoid it entirely.

The discussion paper also proposes the introduction of formal notices, including a **Notice of Impairment** and a **Notice of a New Framework Plan**. These communications will play a critical role in how participants understand their rights and engage with the planning process. For Aboriginal and Torres Strait Islander participants, written notices must be clear, accessible and culturally appropriate. Concepts of disability are understood differently across communities, often framed through cultural, relational and community contexts rather than strictly clinical definitions. Notices that rely solely on technical or clinical language risk creating confusion, mistrust or disengagement. Plain language explanations, culturally appropriate communication methods and access to support from trusted organisations should therefore accompany these notices to ensure participants fully understand their implications.

The proposal that participants will transition to the new planning framework over a five-year period also requires careful implementation. During this transition, participants must not be placed at risk of losing supports or experiencing reduced funding due to changes in assessment tools or planning methodologies. Clear safeguards are required to ensure participants are **no worse off** under the new framework and that transition arrangements are transparent, gradual and supported by culturally safe engagement processes. Trusted community organisations must be involved in supporting participants through this transition so they can understand the changes, prepare for assessments and exercise their rights within the new system.

Cultural safety is foundational to achieving these outcomes. It requires systems to address power imbalances and institutional racism and to embed Aboriginal and Torres Strait Islander peoples' rights, voices and worldviews into service design and delivery. Participants must feel respected and supported in ways that recognise cultural identity, family obligations, community connections and collective wellbeing. Organisations with cultural authority, such as ACCHOs and ACCOs, must be appropriately resourced to lead delivery, governance and evaluation of culturally safe processes.

The need for culturally safe systems is nationally recognised. The Disability Royal Commission⁴ recommended disability-inclusive cultural safety standards, and the Australian Government has committed to strengthening cultural safety through the NDIS First Nations Strategy 2025–2030 and Priority Reform 3 of the National Agreement on Closing the Gap. Preparation for assessments must therefore be community-led, relational and culturally

⁴ Australian Government Department of Health, Disability and Ageing. (2025). *Disability Royal Commission Progress Report 2025*. [online] Available at: <https://www.health.gov.au/resources/publications/disability-royal-commission-progress-report-2025-0?language=en> [Accessed 12 Mar. 2026].

grounded. This includes clear explanations of assessment processes, trust-building with participants, interpreter or visual support where required, and engagement with family or community representatives where appropriate.

ACCHOs are uniquely placed to deliver this preparation. Their trusted community relationships, understanding of kinship and caregiving structures and holistic models of care enable participants to articulate their needs, gather supporting evidence, coordinate clinician input and ensure family involvement aligns with cultural norms. Without funded and structured preparation, participants risk entering assessments unaware of their purpose, implications or rights, exacerbating existing inequities. To support meaningful participation, the planning framework should fund ACCHOs and other Aboriginal Community Controlled Organisations to deliver preparation as an essential component of the assessment process. This should include culturally safe communication, advocacy support, evidence gathering, family engagement, interpreter services and follow-up assistance, ensuring preparation is relational, culturally grounded and responsive to individual and community contexts rather than a one-size-fits-all process.

NACCHO recommends that the NDIS Rules require preparation for Support Needs Assessments for Aboriginal and Torres Strait Islander participants to be funded and delivered through ACCHOs and ACCOs: This approach supports culturally safe, relational engagement and aligns with the National Agreement on Closing the Gap, particularly Priority Reforms relating to shared decision-making and strengthening community-controlled service delivery, enabling participants to engage meaningfully and confidently in the assessment process.

ACCHOs and ACCOs are best placed to undertake this role, with assessors located within ACCHOs/ACCOs strengthening cultural safety, participant trust and engagement, and enabling more accurate identification of support needs. These roles should be recognised as highly skilled positions and appropriately remunerated to reflect the complexity, responsibility and cultural expertise required. Assessment teams should also be supported by dedicated administrative and support officer roles, with a clearly defined program structure to ensure quality, consistency and accountability.

Rule Group 2: Conducting the Support Needs Assessment

Current evidence and stakeholder experience indicate that many Aboriginal and Torres Strait Islander participants have difficulty engaging with standardised assessment processes that fail to capture cultural context, community responsibilities, non-verbal communication styles and collective caregiving structures. Assessments delivered by external assessors who lack cultural knowledge or connection to community can also be retraumatising, inaccurate and ineffective.

NACCHO, informed by members and affiliates, has serious concerns regarding the proposed use of the I-CAN⁵ as the primary Support Needs Assessment tool within the NDIS planning framework. While consistency and transparency are legitimate policy objectives, they must not come at the expense of cultural safety, procedural fairness or equity for Aboriginal and Torres Strait Islander people with disability. It remains unclear whether the I-CAN 6 has been designed with Aboriginal and Torres Strait Islander participants in mind, including those in regional, remote and very remote communities, or whether it adequately reflects their lived realities.

Previous independent assessment proposals have been strongly opposed by the First Peoples Disability Network⁶ (FPDN) and NACCHO, who have consistently warned that standardised “one-size-fits-all” approaches fail to account for the social, cultural and structural conditions shaping disability, including intergenerational trauma, poverty, housing and food insecurity, limited service access and systemic racism. Evidence to the Disability Royal

⁵ Centre for Disability Studies (2022). *I-CAN Support Needs Assessment - Centre for Disability Studies*. [online] Available at: <https://cds.org.au/clinical-services/i-can/>.

⁶

First Peoples Disability Network (2024). *FPDN Home - Network for Australia's Aboriginal and Torres Strait Islanders with disabilities*. [online] FPDN. Available at: <https://fpdn.org.au/>.

Commission⁷ and the Joint Standing Committee on the NDIS has also highlighted the risks of subjective decision-making by non-Aboriginal staff, including unconscious bias and institutional racism.

Concerns about the I-CAN tool also extend to the lack of transparency regarding how assessment outcomes translate into funding allocations. Without clarity on the methodology used to convert scores into budgets, the tool risks functioning, intentionally or unintentionally, as a budget-capping mechanism rather than a genuine needs-based instrument. For Aboriginal and Torres Strait Islander participants, a three-hour interview with an unfamiliar assessor cannot be assumed to capture complex and contextually shaped support needs, particularly where tools such as the Personal and Environmental Circumstances Questionnaire (PECQ) have not been co-designed with Aboriginal and Torres Strait Islander people with disability or their representative peak bodies.

Support needs assessors for Aboriginal and Torres Strait Islander participants must be located within ACCHOs wherever possible. Embedding assessors in community-controlled settings fosters trust, enables culturally informed engagement and ensures local context is understood from the outset. It also allows multidisciplinary ACCHO teams to contribute to assessments, including Aboriginal Health Workers and Health Practitioners, disability support staff and those delivering cultural programs and supports.

Critically, this model must be supported by dedicated and sustainable funding for ACCHOs to build workforce capacity, governance frameworks and organisational systems to undertake assessments. This includes training ACCHO staff in assessment methodology, cultural governance, conflict identification, team-based decision-making and collaboration with external specialists where required.

Role, Qualifications and Location of Assessors

In addition to concerns regarding the assessment tool itself, there are serious reservations about the proposed assessor workforce model. The I-CAN was originally designed for administration by allied health professionals; however, it has been indicated that planners or assessors under the new framework may not be required to hold allied health qualifications. There is currently no publicly available evidence demonstrating that the I-CAN produces reliable outcomes when administered by individuals without appropriate clinical expertise.

These concerns are amplified in Aboriginal and Torres Strait Islander contexts. In regional and remote communities, assessors may be flown in from urban environments with limited understanding of local language, kinship systems, collective caregiving practices or community-specific challenges. Without sufficient contextual knowledge, assessors may misinterpret family dynamics, communal living arrangements or socioeconomic hardship as indicators of individual dysfunction rather than recognising the structural disadvantage that intersects with disability. This can distort understanding of support needs and the funding required to address them.

First Peoples Disability Network (FPDN) has previously warned of the serious consequences that can arise when assessors lack understanding of Aboriginal and Torres Strait Islander lived experience, including the risk of inappropriate conclusions that may have harmful implications for children and families. In communities where child removal remains an ongoing trauma, the introduction of externally located assessors without appropriate cultural understanding must be approached with caution.

Case Study: Community-Controlled Assessment – Rumbalara Aboriginal Cooperative

The experience of Rumbalara Aboriginal Cooperative provides an example of how culturally safe assessment can operate within community-controlled structures. Within the aged care assessment pathway, Rumbalara hosts an assessor role embedded within the organisation's governance and service framework. This allows Elders and older people to approach a trusted organisation to initiate assessment processes, ensures interviews occur in culturally safe environments, and supports holistic care planning within the same trusted organisational structure.

⁷ Australian Government Department of Health, Disability and Ageing. (2025). *Disability Royal Commission Progress Report 2025*. [online] Available at: <https://www.health.gov.au/resources/publications/disability-royal-commission-progress-report-2025-0?language=en> [Accessed 12 Mar. 2026].

However, even within this strong community-controlled model, the assessment process still relies on tools that were not designed with Aboriginal and Torres Strait Islander cultural contexts in mind. This highlights a broader systemic issue: while community-controlled delivery can significantly improve engagement and cultural safety, the underlying assessment tools themselves must also be designed in partnership with Aboriginal and Torres Strait Islander people with disability.

The Rumbalara model demonstrates that assessment authority can be safely exercised within Aboriginal community-controlled governance structures when supported by clear governance arrangements, delegated authority and conflict-of-interest processes agreed with government. Future NDIS assessment pathways should therefore be co-designed in genuine partnership with Aboriginal and Torres Strait Islander communities, with ACCHOs leading delivery to ensure culturally safe and locally grounded practice.

Experience from the aged care assessment system also highlights the importance of ensuring that both the assessment workforce and the assessment tool themselves are culturally appropriate. While recent reforms have created opportunities for assessors to be located within ACCHOs and other trusted community settings, the assessment tools used within the system were not designed with Aboriginal and Torres Strait Islander cultural contexts in mind. These tools largely reflect western clinical frameworks and do not adequately capture cultural responsibilities, community roles, kinship structures or connection to Country. As a result, even when assessments are delivered in culturally safe environments, the underlying methodology may still fail to accurately reflect the lived realities of Aboriginal and Torres Strait Islander people.

Implementing this model will require additional targeted investment to support ACCHOs to build and sustain an assessment workforce. There is a huge need for funding to support workforce development pathways, including partnerships with Aboriginal Community Controlled Registered Training Organisations (ACCHORTOs) to develop culturally safe training, accreditation and career pathways for Aboriginal and Torres Strait Islander assessors. It's recommended that this approach be piloted through a staged rollout, commencing with a small number of ACCHOs as demonstration sites, with evaluation and learning used to inform progressive national expansion.

NACCHO recommends the NDIS rules preserve participant rights to submit independent evidence:

The NDIS Rules should explicitly guarantee participants the right to submit independent reports from treating clinicians, allied health professionals and community-controlled services, and require decision-makers to give appropriate weight to that evidence.

NACCHO recommends the NDIS undertake cultural oversight and co-design of the Support Needs Assessment tool with the Aboriginal community-controlled sector:

The NDIS should not implement the I-CAN 6 Support Needs Assessment tool for Aboriginal and Torres Strait Islander participants unless it has been co-designed with Aboriginal and Torres Strait Islander people with disability, their representative organisations and the Aboriginal community-controlled sector, and tested to ensure it reflects cultural and community contexts.

NACCHO recommends the NDIS embeds assessors within Aboriginal Community Controlled Organisations:

The NDIS must prioritise the embedding of Support Needs Assessors within Aboriginal Community Controlled Organisations (ACCHOs), with appropriate funding and delegated authority arrangements.

NACCHO recommends the NDIS target investment and staged rollout for an ACCHO-led assessment workforce:

The NDIS should provide targeted funding to support ACCHOs to build and sustain an assessment workforce, including partnerships with ACCHO RTOs to develop culturally safe training and career pathways for Aboriginal and Torres Strait Islander assessors. NACCHO recommends a staged rollout through ACCHO demonstration sites, with evaluation informing national expansion.

NACCHO recommends the NDIS rules outline the establishment of minimum qualification and cultural competency standards for assessors:

The NDIS Rules must establish minimum qualification requirements for Support Needs Assessors, including allied health expertise and mandatory cultural competency standards for Aboriginal and Torres Strait Islander contexts, developed in partnership with ACCHO Registered Training Organisations (RTOs).

Rule Group 3: Developing the Participant Plan

Flexible funding arrangements are necessary to reflect the varied lived realities and support needs of participants. However, Aboriginal Community Controlled Health Organisation (ACCHO) models of care are inherently holistic, integrating health, disability supports, family responsibilities, cultural obligations and community connections. Under current auditing and compliance frameworks, this holistic approach can sometimes be misunderstood or incorrectly characterised. As the new planning framework introduces standardised approaches to calculating participant budgets, it is critical that the Rules recognise the broader social, cultural and environmental factors that shape the support needs of Aboriginal and Torres Strait Islander participants.

In determining funding allocations, the Rules should ensure that budget calculation methodologies do not rely solely on standardised assessment scores or narrow interpretations of support needs. Funding decisions must allow decision-makers to consider participant context, including cultural obligations, family caregiving structures, community participation and geographic barriers to accessing services. Without this flexibility, standardised funding approaches risk underestimating the supports required for Aboriginal and Torres Strait Islander participants to achieve equitable outcomes.

The Rules should also provide clarity regarding restrictions on the use of NDIS funding. While safeguards are necessary to ensure appropriate use of public funds, overly rigid interpretations of eligible supports may inadvertently exclude culturally appropriate supports or holistic service models delivered through community-controlled organisations. Monitoring and compliance frameworks should therefore be culturally informed and co-designed with Aboriginal organisations to ensure that holistic care approaches are recognised and not incorrectly interpreted as inappropriate use of funding.

The proposed approach to review and appeal rights also raises significant concerns. Plan review processes are frequently experienced as culturally unsafe and distressing for Aboriginal and Torres Strait Islander participants, particularly where reviews occur without continuity of relationships or adequate understanding of participant-specific context, cultural obligations and community circumstances.

The proposed narrowing of reviewable decisions under the new planning framework is particularly concerning. Under the proposed model, individual funding allocations and specific support decisions would no longer be directly reviewable, with review largely limited to whether the Support Needs Assessment accurately captured needs and whether the budget calculation methodology was applied correctly. In practice, where an assessment fails to reflect a participant's circumstances, the likely outcome would be a repeat assessment using the same tool and methodology.

For Aboriginal and Torres Strait Islander participants, this creates significant risks. Where assessments fail to capture cultural context or are experienced as culturally unsafe, review processes must provide meaningful

opportunities to address these issues. Participants should retain the ability to correct factual errors, submit independent clinical evidence and raise concerns about cultural safety without being required to pursue lengthy or adversarial appeals.

Given the historic and ongoing risk that personal information may be misunderstood or used against individuals and families in systems such as child protection, housing or welfare, it is critical that funding decisions, compliance processes and review mechanisms prioritise procedural fairness, transparency and culturally safe engagement. Without these safeguards, participants may feel unsafe disclosing their full support needs, which risks undermining the accuracy of planning decisions and the effectiveness of funded supports.

Suggested Inclusions in the NDIS Rules

To support equitable outcomes for Aboriginal and Torres Strait Islander participants, the NDIS Rules should:

- Ensure funding calculations allow decision-makers to consider participant context, including cultural obligations, family and community caregiving arrangements, geographic service access barriers and the broader social determinants shaping support needs.
- Ensure restrictions on funding do not inadvertently exclude culturally appropriate supports or holistic service models delivered through Aboriginal Community Controlled Organisations.
- Preserve meaningful review and appeal rights, allowing participants to seek review of individual funding allocations and support decisions, not solely the assessment methodology or budget calculation process.
- Allow participants to submit independent evidence from treating clinicians, allied health professionals and community-controlled organisations where assessments do not adequately reflect their circumstances.
- Embed cultural safety considerations in review and appeal processes, including the ability for participants to raise concerns where assessments or planning processes fail to capture cultural context or community responsibilities.

NACCHO recommends the NDIS Rules embed robust and accessible review rights:

The NDIS Rules should allow participants to request reassessment, correct errors, submit independent evidence, and raise cultural safety concerns, with support from ACCHOs or trusted community organisations, without entering lengthy or adversarial appeal processes.

Rule Group 4: Implementing and Using the Plan

The Rules emphasise the importance of ensuring participants understand and can use their NDIS plan. However, many Aboriginal and Torres Strait Islander participants continue to face persistent barriers in implementing their plans, including navigating complex administrative processes, accessing culturally safe providers and understanding procedural requirements associated with plan use.

The planning framework also introduces processes such as implementation meetings and plan variations, which are intended to support participants to operationalise their plans and adjust where circumstances change. For Aboriginal and Torres Strait Islander participants, these processes must be delivered in culturally safe ways that recognise community contexts, family responsibilities and the practical challenges of accessing services in regional and remote areas. Without appropriate support, participants may struggle to engage in implementation meetings, understand their options for plan variations or effectively access the NDIS supports available to them.

In practice, ACCHOs frequently provide informal assistance with plan implementation, including plan navigation, coordination with service providers, advocacy during implementation meetings and support to request plan variations where plans do not adequately reflect participant needs. These roles are often undertaken without formal recognition or dedicated funding.

To achieve the intent of the Rules, the planning framework should explicitly recognise the role of ACCHOs and other Aboriginal Community Controlled Organisations in supporting plan implementation. This should include

dedicated funding for culturally safe plan navigation, assistance during implementation meetings, support to request plan variations, and ongoing coordination to ensure participants can access and use their NDIS supports effectively.

Funding Cycles, Compliance, and Fraud Monitoring

There remains concerned about the impact of short funding cycles and rigid compliance standards on ACCHOs. Community-controlled organisations require stable funding to build workforce capacity, maintain culturally safe service models, and deliver preventive, holistic support over time.

There is support for the integrity of the NDIS and the need for appropriate safeguards, however, compliance frameworks must be culturally responsive, proportionate, and designed in partnership with ACCHOs. Flexible funding arrangements are essential to account for varied lived realities and support requirements. ACCHO models of care are inherently holistic, integrating health, disability, family support, cultural obligations, community connections, healing and social participation.

Under current auditing and compliance frameworks, this holistic approach is sometimes misunderstood or incorrectly characterised as inappropriate service delivery. Rigid compliance systems that do not recognise collective caregiving practices or culturally grounded support arrangements risk misinterpreting legitimate care as inappropriate bundling or misuse of funds.

To prevent this, monitoring and evaluation processes must be co-designed with ACCHOs and grounded in an understanding of cultural governance, community accountability and local context. Without culturally informed oversight mechanisms, the integrity framework risks penalising the very organisations best placed to deliver equitable outcomes for Aboriginal and Torres Strait Islander people with disability.

NACCHO recommends the NDIS co-design monitoring and evaluation processes with Aboriginal Community Controlled Health Organisations (ACCHOs):
Monitoring and evaluation frameworks should be co-designed with ACCHOs and grounded in cultural governance, community accountability and local context to ensure compliance and integrity mechanisms do not inadvertently penalise culturally appropriate, holistic models of care.

Again, NACCHO welcomes the intent of the proposed NDIS planning framework reforms but emphasises that **equity will not be achieved without cultural safety, community control and structural reform**. Embedding assessors within ACCHOs, funding workforce development, recognising holistic models of care, reforming compliance and review processes, and grounding the planning framework in culturally safe, community-governed practice are essential.

Without these measures, the proposed rules risk perpetuating systemic barriers and undermining the potential of the NDIS to deliver dignity, choice and equitable outcomes for Aboriginal and Torres Strait Islander people with disability.