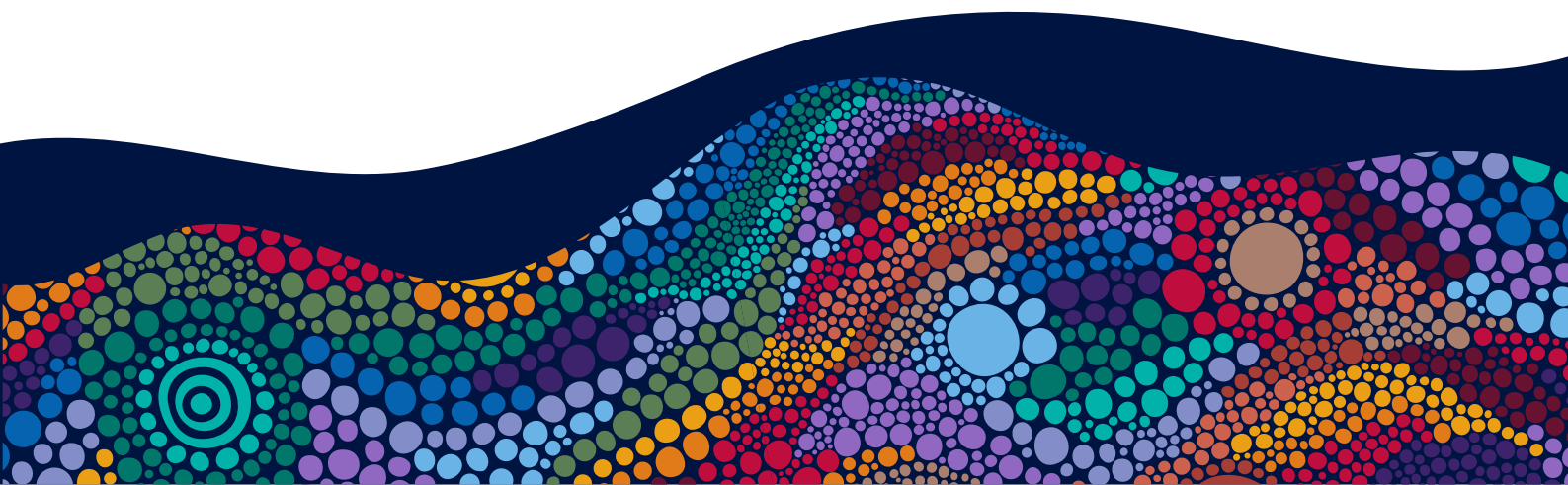


Getting It Right: A New Definition for NDIS Providers

Submission to the Department of Health,
Disability and Ageing

February 2026



About NACCHO

NACCHO is the national peak body representing 149 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 149 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 any interventions to improve NDIS Service Provision align with the National Agreement and its four Priority Reform Areas.
- 2 as part of the development of the risk-proportionate standards and regulations, accreditation standards should be used to embed culturally safe care and there be a greater accountability of mainstream service providers to deliver culturally safe services to Aboriginal and Torres Strait Islander people with disability. This accreditation should be embedded at all levels of provider obligation.
- 3 under new NDIS Rules, a Cultural Support Framework is developed. This framework must:
 - avoid prescriptive definitions of culture.
 - respect that some cultural knowledge cannot be translated or documented.
 - enable assessors and planners to recognise cultural context without requiring disclosure of culturally sensitive or sacred information.
 - develop independent Aboriginal and Torres Strait Islander assessors capability to conduct cultural needs assessments with participants.
 - respect that participants and communities have a differing and diverse knowledge of disability that must be engaged with.
 - recognise local cultural authority in decision-making processes and the design, delivery, and evaluation of cultural supports.
 - integrate culturally safe systems in safeguarding frameworks to support participant-led actions against providers who infringe their right to cultural safety.
 - integrate models of community-control in the development, provision, funding, and monitoring of culturally safe services.
 - develop a workforce trained in cultural safety, trauma-informed practice, and local context.
- 4 ensure all Aboriginal and Torres Strait Islander NDIS participants are aware of their right to access culturally safe practices.
- 5 harmonisation of the regulatory environment through an integrated and matrixed registration and accreditation process across various Government agencies' accreditation standards and requirements.

Acknowledgements

NACCHO welcomes the opportunity to provide a submission to the NDIS 2025-26 Annual Pricing Review and is happy to be involved in further discussions and involved in the ongoing implementation of the NDIS Pricing Schedule Review

NACCHO would like to acknowledge the valuable input received to this submission, from:

- Carbal Medical Services
- Central Australian Aboriginal Congress Aboriginal Corporation
- Miwatj Health Aboriginal Corporation
- Moorditj Koort Aboriginal Corporation
- NPY Women's Council
- Tasmanian Aboriginal Centre

NACCHO would like to extend that acknowledgement to all the ACCHOs and staff working on the programs mentioned throughout – as well as all those working without funding to support Aboriginal and Torres Strait Islander children living with disability.

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

National Agreement on Closing the Gap

Advocating for and securing the National Agreement on Closing the Gap was an historically significant act of Aboriginal and Torres Strait Islander self-determination. The National Agreement is evidence of a new era of engagement by and with Aboriginal and Torres Strait Islander people. It commits Australia to a new direction and is a pledge from all governments to fundamentally change the way they work with Aboriginal and Torres Strait Islander communities and organisations – to support self-determination and build the capacity of the community-control sector.

This Government's first Closing the Gap Implementation Plan commits to achieving Closing the Gap targets *through implementation of the Priority Reforms*. This represents a shift away from focussing on the Targets, towards the structural changes that the Priority Reforms require, and which are more likely to achieve meaningful outcomes for our people in the long term.

The reforms and targets outlined in the National Agreement seek to overcome the inequality experienced by Aboriginal and Torres Strait Islander people and achieve life outcomes equal to all Australians. Governments at all levels have committed to the implementation of the National Agreement's four Priority Reform Areas, which offer a roadmap to meaningfully impact structural drivers of poor health and social outcomes for Aboriginal and Torres Strait Islander people:

Priority Reform Area 1 – Formal partnerships and shared decision-making

This Priority Reform commits to building and strengthening structures that empower Aboriginal and Torres Strait Islander people to share decision-making authority with governments, and to accelerate policy making that centres Aboriginal and Torres Strait Islander voices.

Priority Reform Area 2 – Building the community-controlled sector

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

Priority Reform Area 3 – Transformation of mainstream institutions

This Priority Reform commits to systemic and structural transformation of government organisations to identify and eliminate racism, embed and practice cultural safety, deliver services in partnership with Aboriginal and Torres Strait Islander people, support truth telling about agencies' history with Aboriginal and Torres Strait Islander people, and engage fully and transparently with Aboriginal and Torres Strait Islander people when programs are being changed.

Priority Reform Area 4 – Sharing data and information to support decision making

This Priority Reform commits to shared access to regional data and information to inform local-decision making and support achievement of the first three Priority Reforms. This Priority Reform supports principles of Indigenous Data Sovereignty.

Despite some progress, the need for fundamental systemic reform remains evident. In its first review of the National Agreement on Closing the Gap, the Productivity Commission found that governments are not adequately delivering on their commitments. Despite support for the Priority Reforms and some good practice, progress has been slow, uncoordinated, and piecemeal.

The Commission noted that to enable better outcomes, governments need to relinquish some control, share decision making and acknowledge that Aboriginal and Torres Strait Islander people know what is best for their communities. Aboriginal Community Controlled Organisations must be treated as critical partners rather than passive funding recipients, and trusted to design, deliver and measure government services in ways that are culturally safe and meaningful for their communities.

‘Too many government agencies are implementing versions of shared decision-making that involve consulting with Aboriginal and Torres Strait Islander people on a pre-determined solution, rather than collaborating on the problem and co-designing a solution’¹

NACCHO recommends any interventions to improve NDIS Service Provision align with the National Agreement and its four Priority Reform Areas.

Background

NACCHO welcomes the opportunity to contribute to the New Definition for NDIS Providers Consultation. We are committed to supporting Aboriginal Community Controlled Health Organisations (ACCHOs) to improve outcomes for Aboriginal and Torres Strait Islander people across all areas of care, including their access to culturally safe NDIS services.

Within ACCHOs, primary health care is planned and delivered with the active participation of the community it serves, and is highly aware of the social, economic, historical and political determinants of health. Responsiveness to community need and inclusiveness in action are immutable characteristics of ACCHO service delivery. In this way, ACCHOs provide more than just primary care. They deliver whole-of-person care that provides primordial prevention through addressing environmental, economic, social and behavioural conditions known to increase the risk of disease. This includes food security, housing, economic prosperity, general education, and literacy.

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>.

Australian Bureau of Statistics Census data indicates about 25% of Aboriginal and Torres Strait Islander people have a disability². This is greater than twice the rate of non-Indigenous Australians. The disparity is pronounced among children, with approximately 1 in 5 Aboriginal and Torres Strait Islander children having a disability, compared with 1 in 12 children in the general Australian population³. Additional studies also show that aboriginal children remain twice as likely to be developmentally vulnerable at school entry⁴.

Currently, Aboriginal and Torres Strait Islander people do not access disability services or early intervention supports at a rate commensurate with their level of need. NACCHO's 2019 *NDIS Capacity Building Report*⁵ notes there are multiple factors contributing to lower access for Aboriginal and Torres Strait Islander people, including:

- Limited or no availability of disability services in Aboriginal communities (thin markets)
- The need to provide evidence of disability and the burden on health systems to supply this
- Difficulty navigating the system
- A lack of culturally appropriate and/or trauma informed mainstream disability service provision (culturally thin markets)
- Experiences of systemic and interpersonal racism
- Distrust of institutional care as a result of both personal and historical experiences.

As of September 2025, there were 62,032⁶ Aboriginal and Torres Strait Islander NDIS participants, making up 8% of total NDIS participants, most are children under the age of 15 years⁷ the \$3.38 billion Aboriginal and Torres Strait Islander NDIS market in 2024, there were 54,967 providers of NDIS supports to Aboriginal and Torres Strait Islander participants. In contrast only 144 known First Nations-owned and controlled disability providers were identified, making this less than 1% of providers⁷.

The data highlights the urgent need to strengthen and sustain existing ACCHOs delivering NDIS services, while working in partnership with NACCHO to develop targeted strategies that support and encourage greater participation of ACCHOs as NDIS providers.

NDIS provision provides an opportunity for ACCHOs to build capacity and provide further services within their communities. If implemented effectively and integrated within existing systems, NDIS service delivery presents a valuable opportunity to overcome current barriers to accessing support and build capacity within the community-controlled sector, in line with Priority Reform 2 of the National Agreement.

Introduction

The NDIS proposed amendments to the definition of a NDIS provider are broadly supported by NACCHO and its member services, as it provides a mechanism to implement a tiered approach to NDIS registration.

NACCHO welcomes a risk-proportionate regulatory framework that will minimise the compliance fatigue experienced by the ACCHO sector and supports the NDIS Reviews recommendation to minimise imposing barriers, burdens or duplication.

NACCHO has responded specifically to questions one, three and six as outlined in the consultation paper *Getting It Right: A New Definition for NDIS Providers*.

² Australian Bureau of Statistics (ABS), Aboriginal and Torres Strait Islander peoples with disability, February 2025, <https://www.abs.gov.au/articles/aboriginal-and-torres-strait-islander-peoples-disability-2022>

³ Ibid.

⁴ Australian Institute of Health and Welfare (AIHW), Education of First Nations people, September 2023, <https://www.aihw.gov.au/reports/australias-welfare/indigenous-education-and-skills#Early%20child%20development>

⁵ Available from NACCHO on request.

⁶ 14% of total participants do not state their First Nations identity on their NDIS profile. This means counts are likely an underestimate.

⁷ 2025 NDIS First Nations market and sector discussion paper

Importance of an ACCHO-led approach

ACCHOs are central to the success of NDIS service provision—not just due to their established track record in delivering holistic, culturally safe services, but because of their leading role in health system advocacy and reform for Aboriginal and Torres Strait Islander communities. As already trusted members of the community, they also provide continuity of care for everyone in their community, inclusive of people with disability.

ACCHOs deliver better results for Aboriginal and Torres Strait Islander people than mainstream services.^{8,9} Supporting ACCHOs to deliver disability supports and NDIS services, responds to the commitment all governments have made to Closing the Gap, and the four priority reforms. It also responds to recommendation 9.5 of the Royal Commission. As the NDIS Review states, community-led and place-based funding approaches would improve outcomes for Aboriginal and Torres Strait Islander communities and for all participants nationally.

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. ACCHOs are best placed to provide the care that Aboriginal and Torres Strait Islander people need and should be funded universally to provide care or all types to our people in all settings. As the NDIS Review highlighted, a lack of culturally safe disability supports often means Aboriginal and Torres Strait Islander people with disability, need to choose between supports that are not culturally safe or not getting supports at all. ACCHOs are well positioned to respond as they are highly visible and trusted in Aboriginal and Torres Strait Islander communities. Aboriginal and Torres Strait Islander people have a clear preference to access community-controlled services, many bypassing mainstream services to access an ACCHO, where they are confident their cultural safety is guaranteed.¹⁰

Many ACCHOs are maintaining and strengthening quality disability and allied health service delivery for their communities through existing programs. Some ACCHOs are also delivering fee-for-service NDIS services as both registered and unregistered providers.

ACCHOs must be explicitly identified in the strategy as key stakeholders to strengthening the NDIS. Enhancing the role of ACCHOs and ACCOs to deliver NDIS services, ultimately improves access to culturally safe and effective services. This responds to the commitment all governments have made to Closing the Gap, and the four priority reforms.

Cultural Safety

Government must consider cultural safety when amending the definition of NDIS provider to maintain flexibility and responsiveness to NDIS participants needs.

Currently, Aboriginal and Torres Strait Islander people do not access to diagnosis, early intervention or disability support and services at a rate commensurate with their level of need. Critically, the Disability Royal Commission has found that Aboriginal and Torres Strait Islander NDIS participants are 28% less likely to

⁸ Pearson, O., Schwartzkopff, K., Dawson, A. *et al.* Aboriginal community controlled health organisations address health equity through action on the social determinants of health of Aboriginal and Torres Strait Islander peoples in Australia. *BMC Public Health* **20**, 1859 (2020). <https://doi.org/10.1186/s12889-020-09943-4>.

⁹ Mackean Tamara, Freeman Toby, Musolino Connie, Fry Denise, MacDougall Colin, Lewis Virginia, Baum Fran (2025) Leading the way: the contribution of Aboriginal community controlled health organisations to community health in Australia. *Australian Journal of Primary Health* **31**, PY24223. <https://doi.org/10.1071/PY24223>

¹⁰ Kathryn S Panaretto, Mark Wenitong, Selwyn Button and Ian T Ring, Aboriginal community controlled health services: leading the way in primary care, *Med J Aust* 2014; 200 (11): 649-652. | doi: 10.5694/mja13.00005

receive care via the NDIS than their non-Indigenous counterparts. The Commission found some of these disability services could be described as 'unsafe, traumatising and inequitable'.¹¹

'Non-Indigenous service providers are more likely to deliver culturally inappropriate services and are less culturally informed about individual and community needs. The ongoing legacy of historical and systemic trauma is compounding for First Nations people with disability and manifests differently in the sector. First Nations people with disability often feel invisible in the system.'¹²

NACCHO CEO, Pat Turner's 2022 Disability Royal Commission evidence¹³ stated that:

- where no ACCHO exists, mainstream providers must be culturally safe in providing services to Aboriginal and Torres Strait Islander people and there needs to be strong and accountable measures.
- actions are required around improving cultural safety in mainstream organisations, and where mainstream services are funded by governments to provide culturally competent care, there is a need for strong governance and accountability measures. The Queensland Aboriginal and Torres Strait Islander Health Equity Framework⁶ provides an excellent example of such an approach.
- Accreditation standards should be used to embed culturally safe care, to increase the number of staff who have undertaken cultural capability and anti-racism training, and to adopt validation tools led by Aboriginal and Torres Strait Islander people which regularly assess organisational and workforce cultural capability as part of broader institutional assessments.

NACCHO recommends as part of the development of the risk-proportionate standards and regulations, accreditation standards should be used to embed culturally safe care and there be a greater accountability of mainstream service providers to deliver culturally safe services to Aboriginal and Torres Strait Islander people with disability and communities. This accreditation should be embedded at all levels of provider obligation.

ACCHO cultural supports

Cultural supports have been identified by the sector as critical. However, due to the complexity surrounding definitional issues NACCHO recommends they be included in the NDIS rules rather than the legislative definition. Whilst not explicitly stated, in consultations with the ACCHO sector, it was agreed the provision of cultural supports will be captured in the new Table 2: *Support to access the community or engage in social participation*.

The way in which cultural supports should be available and delivered under the NDIS need to be co-designed and developed in consultation with the Aboriginal and Torres Strait Islander community. Feedback from the sector is that the necessary changes required for the inclusion of cultural supports in the NDIS rules will require the development of a cultural support framework. The framework should be flexible, person-led, strengths based and guided by Aboriginal and Torres Strait Islander cultural governance.

¹¹ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, The lack of NDIS services for First Nations people with a disability 'a national crisis', June 2023, <https://disability.royalcommission.gov.au/news-and-media/media-releases/lack-ndis-services-first-nations-people-disability-national-crisis>.

¹² Deloitte, Research report – Options to improve service availability and accessibility for First Nations people with disability. 2020, <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>

¹³ <https://disability.royalcommission.gov.au/publications/exhibit-25-084-stat056600010001-statement-patricia-turner-27-jun-2022>

Aboriginal and Torres Strait Islander people have long affirmed that health is not solely a biomedical concept, but one that encompasses cultural, ecological, and spiritual dimensions.¹⁴ Maintaining relationships with land, waters, and cultural practices is essential to holistic wellbeing.¹⁵ Embedding these principles into disability policy and practice—through culturally responsive supports and cross-agency collaboration—will contribute to more inclusive, effective, and sustainable outcomes for Aboriginal and Torres Strait Islander participants. Culturally safe, equitable, and community-informed disability supports should be available for Aboriginal and Torres Strait Islander people.

Healing on Country programs where participants engage in cultural activities guided by Elders—such as bush medicine preparation, storytelling, and ceremony not only provide therapeutic benefits but also strengthen identity, community connection, and emotional resilience. Similarly, therapies that reconnect participants with traditional languages are vital for cultural continuity and mental wellbeing yet are rarely recognised under standard support categories.¹⁶

The NDIS must ensure transparency and protection for culturally grounded and community-led supports.

Cultural supports are also the disability related supports that enable an Aboriginal and Torres Strait Islander person to live well on their own terms, in a way that is culturally safe, respectful, and responsive to their identity, community, and Country. Cultural supports are not a fixed set of activities, they are person-led and change over time depending on individual circumstances, life stage, trauma history, and where a person is in their cultural or spiritual journey. Cultural supports are not the same for all Aboriginal and Torres Strait Islander participants.

NACCHO recommends:

Under new NDIS Rules, a Cultural Supports Framework is developed. This framework must:

1. avoid prescriptive definitions of culture.
2. respect that some cultural knowledge cannot be translated or documented.
3. enable assessors and planners to recognise cultural context without requiring disclosure of culturally sensitive or sacred information.
4. develop independent Aboriginal and Torres Strait Islander assessors capability to conduct cultural needs assessments with participants.
5. respect that participants and communities have a differing and diverse knowledge of disability that must be engaged with.
6. recognise local cultural authority in decision-making processes and the design, delivery, and evaluation of cultural supports.
7. integrate culturally safe systems in safeguarding frameworks to support participant-led actions against providers who infringe their right to cultural safety.
8. integrate models of community-control in the development, provision, funding, and monitoring of culturally safe services.
9. develop a workforce trained in cultural safety, trauma-informed practice, and local context.
10. ensure all Aboriginal and Torres Strait Islander participants are aware of their right to access culturally safe practices.

¹⁴ AIHW, Indigenous Mental Health and Suicide Prevention Clearinghouse, July 2025, <https://www.indigenoumhspsc.gov.au/topics/culture-country-spirituality#keystatistics>

¹⁵ Johnston, F.H., Jacklyn, Susan, Vickery, Amy and Bowman, D.M.J.S, 'Ecohealth and Aboriginal testimony of the nexus between human health and place', *EcoHealth*, vol.4, 2007, 489-499.

¹⁶ Roxanne Bainbridge, Janya McCalman, Anton Clifford and Komla Tsey (for the Closing the Gap Clearinghouse), Cultural competency in the delivery of health services for Indigenous people. AIHW, 2015, <https://www.aihw.gov.au/reports/indigenous-australians/cultural-competency-in-the-delivery-of-health-serv/summary>

System Barriers

There are opportunities to ensure a new definition of “an NDIS provider” supports productivity and sustainability across the care and support economy if system barriers are addressed. Broadly, current registration and compliance processes at the minimum level remain arduous, costly, and administratively complex. In early 2024, 39 ACCHOs were delivering NDIS supports nationally. Of these, 23 were active¹⁷ registered NDIS providers, and 13 located in remote or very remote areas. However, many of these services have communicated the difficulties identified, especially due to their misalignment with the ACCHO model of service. This has also been a significant deterrent for additional ACCHOs facing community demand to provide disability servicing. Thus, undermining priority reform 2 and the strategic priorities of NDIA First Nations Strategy 2025–30.

Individualised supports

The implementation of the NDIS has placed an emphasis on individualised supports, which is at odds with Aboriginal and Torres Strait Islander culture and values of placing family and community first. This is consistent with the evidence and advice from our ACCHO sector which has demonstrated the market-driven, individualist model in its current format does not align with the comprehensive, integrated way in which ACCHOs approach the work within their communities.

Regulatory duplication, burden and rigidity

Due to the non-alignment of the regulation between disability, aged care and primary healthcare ACCHOs are overburdened with meeting the regulatory requirements. This is a large barrier to ACCHOs delivering disability services in addition to primary healthcare.

NACCHO welcomes a risk-proportionate regulatory framework that will minimise the compliance fatigue experienced by the ACCHO sector and supports the NDIS Reviews recommendation to minimise imposing barriers, burdens or duplication. NACCHO further supports the NDIS Reviews statement that:

These processes should be integrated with other government systems and recognise similar compliance of providers operating in other parts of the care and support sector. This will guard against regulatory creep, ensure proportionality, and minimise unnecessary burdens.

To ensure Priority Reform 3 of the National Agreement, harmonisation of the regulatory environment must be prioritised by Government to ensure the regulatory system is streamlined and integrated.

NACCHO recommends:

harmonisation of the regulatory environment through an integrated and matrixed registration and accreditation process across various Government agencies’ accreditation standards and requirements.

¹⁷ Have drawn down NDIS payments in the 3-months prior to 31 August 2023.