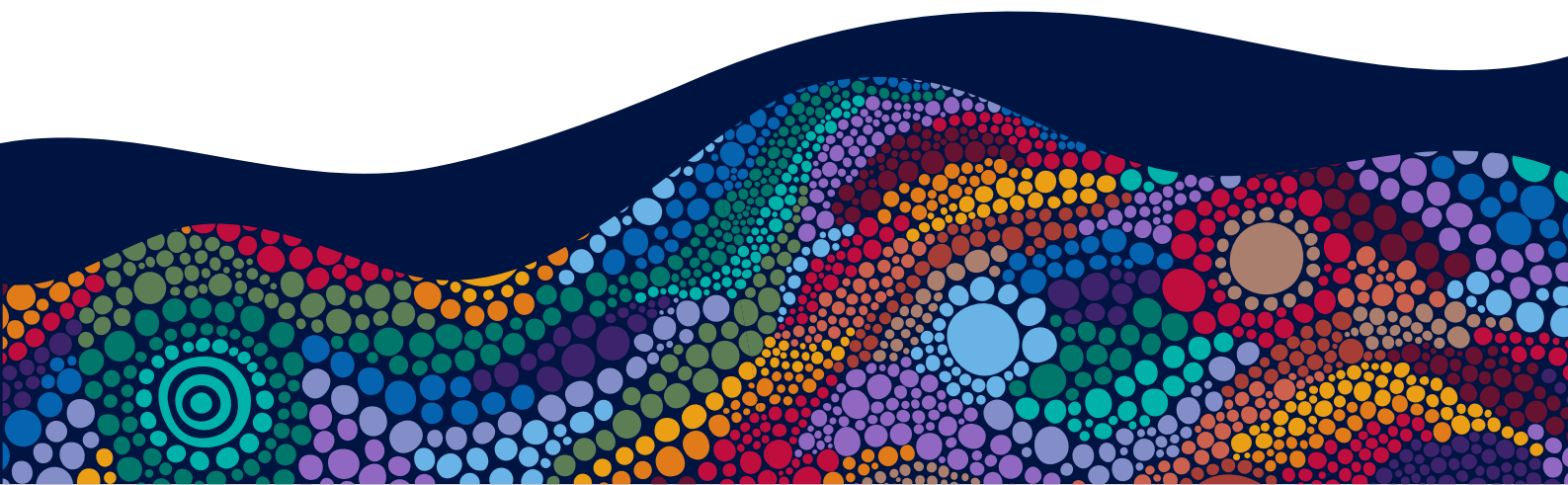


A New Commonwealth Individual Disability Advocacy Program

Submission to the Department of Health,
Disability, and Ageing

January 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 (ACCOs).

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 that any interventions to improve the quality of, and access to, advocacy for Aboriginal and Torres Strait Islander people with a disability align with the National Agreement and the elements of its four Priority Reform Areas
- 2 that an exception be granted for ACCHO/ACCOs in point 2 of the Program's independence capability domain.
- 3
 - a. in accordance with Recommendation 9.10 of Disability Royal Commission, the First Nations Disability Forum be established to oversee the provision of Aboriginal and Torres Strait Islander advocacy in mainstream disability advocacy services prior to the Program's launch.
 - b. mainstream service providers are held accountable through their funding agreements to demonstrate cultural capabilities required to deliver care in a culturally respectful and appropriate manner.
- 4 prioritising funding and support mechanisms for ACCHOs and ACCOs to provide disability advocacy services needed in their regions.
- 5 embedding principles of Indigenous Data Sovereignty in the Disability Advocacy Program, aligning with Priority Reform 4 of the National Agreement and obligations under the Framework for Governance of Indigenous Data.
- 6 prioritising workforce development training and pathways for ACCHO and ACCO staff delivered through the existing network of ACCRTOs.
- 7 targeted engagement with the community-controlled sector to ensure Aboriginal and Torres Strait Islander disability needs and priorities are supported and implemented through department initiatives.

Acknowledgements

NACCHO welcomes the opportunity to provide a submission to the Department of Health, Disability, and Ageing (DHDA) on a New Commonwealth Individual Disability Advocacy Program (the Program).

NACCHO supports the submission to this consultation made by the Disability Advocacy Network Australia, in partnership with NACCHO Member, NPY Women's Council.

NACCHO also thanks NPY Women's Council for their ongoing service to the Aboriginal and Torres Strait Islander people with disability within the lands they work, and for the time taken to help shape this submission through their knowledge.

The 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.

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

Alignment with the National Agreement the National Agreement on Closing the Gap

NACCHO recognises that the proposed Program has made efforts to align with the National Agreement on Closing the Gap. However, without explicit attention to the Program’s alignment with the four priority reform areas, these efforts fall significantly short of their intended outcomes. This is another missed opportunity to improve outcomes for Aboriginal and Torres Strait Islander people with disabilities. While the Program minimises effort and cost to government, it continues to deny Aboriginal and Torres Strait Islander people access, opportunity, and self-determination in a way that is meaningful and culturally safe. It is indicative of government agencies failing to rise to the challenge of Priority Reform 3, to fundamentally change the way they do business with Aboriginal and Torres Strait Islander people, communities, and organisations.

The New Commonwealth Individual Disability Advocacy Program (CIDAP) must align with, and specifically reference, the elements under the National Agreement’s four Priority Reforms. By broadly referencing the priority reforms, without specific attention to each element, the Program’s efforts appear cosmetic, unimpactful, and insincere. To rectify this, NACCHO urges the DHDA to modify the Program to explicitly reflect the Priority Reforms.

Advocacy for Aboriginal and Torres Strait Islander people with disability is recognised as a critical pathway to improving genuine health, wellbeing and human rights outcomes for these communities. Governments must prioritise genuine partnerships with Aboriginal Community Controlled Organisations (ACCOs), ensuring they are empowered to design, deliver, and evaluate advocacy programs in ways that are culturally safe and responsive to community needs. Explicit reference to, and incorporation of, the Priority Reform elements, is needed throughout the proposed Program to reflect government commitments to improve outcomes for Aboriginal and Torres Strait Islander people and realise its principles.

NACCHO recommends that any interventions to improve the quality of, and access to, advocacy for Aboriginal and Torres Strait Islander people with a disability align with the National Agreement and its four Priority Reform Areas.

Introduction

NACCHO values the principles described in the draft Program policy framework as they align with the ACCCHO model of care, and are central to NACCHO’s commitment to improve health outcomes for Aboriginal and Torres Strait Islander people. However, the structure of the CIDAP does not adequately reflect the principles it describes, and is therefore likely to result in culturally unsafe care and perpetuate existing systemic inequalities for Aboriginal and Torres Strait Islander people with disability.

We have heard from some of our member services that participated in the Indigenous Community Advocates (ICA) pilot who have reported a distinct misalignment between the way services are funded by the

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>.

Commonwealth and the ACCHO model of care which underpins the way service is delivered. This places NACCHO members at a financial deficit, despite meeting community needs. Reportedly, this discrepancy will only become more prominent with the proposed changes.

Structural concerns in the Commonwealth funding for disability advocacy are present outside of funded areas, where Aboriginal and Torres Strait Islander community members with disability preference informal advocacy via the disability support, disability liaison, and primary health services operated by the community-controlled sector. This displays a systemic shortcoming in the cultural safety of mainstream advocacy and an existing unmet demand for disability advocacy that aligns with the ACCHO model of care.

To build the trusted relationships needed for “*outcome-driven work*”, “*continuous improvement*”, and “*long-term sustainability*” in the advocacy sector, as stated in the draft Program policy framework, reform must prioritise community-led approaches to advocacy inherent to community-controlled organisations. These approaches should be relational, place-based, and grounded in collective responsibility. If we hope to see real and sustained improvements for Aboriginal and Torres Strait Islander communities Aboriginal and Torres Strait Islander leadership and control must be at the core of systemic shifts in the way government seeks to strengthen disability advocacy.

Partnership with the community-controlled sector

One of the most significant principles identified in the Program is the need to pursue positive outcome driven work. However, this requires structural transformation to minimise inequalities and maximise cultural safety. Without this, the outcomes derived from disability advocacy may be significantly limited.

To meaningfully enact this, advocacy cannot be constrained to highly individualised, issues-based, and independent models of servicing currently described in the “independence capability” domain of table two of the proposed Program.

The ACCHO Model of Care

The ACCHO model of community-controlled comprehensive primary healthcare is a holistic system grounded in truth, lived realities, culture, law, and Country, bringing these elements together and drawing on evolving structures and relationships to design culturally informed health models and programs that meet community needs, with practice led from the ground up to inform effective policy, advocacy, and legislation.²

For many Aboriginal and Torres Strait Islander people, health is deeply connected to land, sea, language, culture, and community relationships. These connections manifest differently from one individual or community to another. The Aboriginal and Torres Strait Islander community-controlled comprehensive primary healthcare model seeks to translate these unique and intrinsic values into a framework for delivering health services and programs.

The model is built around four core domains that ensure healthcare services are locally defined and culturally responsive. These include governance, clinical services, policy direction and partnership, and community health promotion and empowerment.

Research shows that ACCHOs deliver better results for Aboriginal and Torres Strait Islander people than mainstream services,³ and at a lower cost.^{4,5} ACCHOs achieve this through delivering a holistic model of care, which:

² 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/>.

³ NACCHO, Core Services and Outcomes Framework, June 2021, <https://csf.naccho.org.au/wp-content/uploads/2022/10/Core-Services-Outcomes-Framework-full-document.pdf>.

⁴ Vos et al., Assessing Cost-Effectiveness in Prevention, September 2010, https://public-health.uq.edu.au/files/571/ACE-Prevention_final_report.pdf.

⁵ Ong et al., Differences in primary health care delivery to Australia's Indigenous population: a template for use in economic evaluations, September 2012, <https://bmchealthservres.biomedcentral.com/articles/10.1186/1472-6963-12-307>.

- Underscores the importance of connecting the physical, mental, social, emotional and spiritual dimensions of health and wellbeing to promote preventive and comprehensive care, with a strong focus on prevention not solely through focusing on treatment.
- Prioritises the values of community, culture and the deep connection to the land as integral elements of overall wellness.
- Recognises the significance of traditional healing methods, cultural protocols and community-driven initiatives in fostering the wellbeing of Aboriginal and/or Torres Strait Islander communities.
- Integrates the concept of 'joined up services', to ensure that healthcare services are coordinated and work together seamlessly to provide comprehensive support for individuals and communities.

A critical supportive factor, and key cultural determinant of health, is the provision of health care by staff and services that know the lived reality of Aboriginal and Torres Strait Islander people. ACCHOs have provided culturally safe primary healthcare by and for Aboriginal people since the 1970s. They are innovators in the development of comprehensive primary health care in Australia. ACCHOs are best placed to respond to local health needs as they position their model of care within a framework of family and cultural safety.

Because of this, ACCHOs are more effective than other health services at improving Aboriginal and Torres Strait Islander health.⁶ To align with the ACCHO model of care, engagement with advocacy must first start by acknowledging, and making meaningful progress towards supporting, the fundamental needs of the person. This can include domains such as housing, health, economic security, and/or access to Country. While these processes often appear arduous, unsustainable, and can be mitigated through referral, it does not allow the participants identity, needs, and self-determination to be fully realised. By upholding a 'joined up service' approach, the participant can be wholly understood. This is a central component to building the required trust for providers to adequately advocate on their behalf in a manner that enables the social goals of closing gaps to succeed. It is for this same reason that many depend on informal advocacy via the disability support, disability liaison, and primary health services who have undergone this trust and knowledge building process. The importance of this model of servicing, has been illustrated by NACCHO's Aboriginal Disability Liaison Officer Program.

Case Study | NACCHO's Aboriginal Disability Liaison Officer Program

Funded by the NDIA, and led by NACCHO, the Aboriginal Disability Liaison Officer Program is a team of 50 Aboriginal Disability Liaison Officers (ADLOs) servicing remote, regional, and metropolitan Aboriginal and Torres Strait Islander communities across every Australian state and territory.

ADLOs focus on highlighting and reducing barriers to accessing the NDIS for Aboriginal and Torres Strait Islander people with disability through culturally safe navigation support and increasing access to culturally safe disability services in their local areas.

Due to their intimate understanding of the client, their support needs, and culturally safe servicing needs, they are often best place to advocate for the client's access to cultural supports in mainstream settings, escalating complaints from a cultural safeguarding perspective, and navigating client risks of violence, abuse, and neglect within and outside of NDIS servicing. Separating these services would have had a tangible impact on recipients' full perception of self, who they are, and what they need, as reflected below:

"I just wanted to be taken from this world and now I've sat at the river watching the grandkids fishing. Never wanted anything other than to see the grandkids. The ADLO team and everyone here are so good – it is a rare thing that people are trying to do the right thing for people and really helping. They are interested in each individual person."

This ultimately impacts cultural safety, self-determination, and identity, which has been confirmed by all participants who would recommend this service to those within their communities.

⁶ Campbell, M.A. et al. Contribution of the Aboriginal Community-Controlled Health Services to Improving Aboriginal Health: an Evidence Review, Australian Health Review (<http://www.publish.csiro.au/ahr>).

By enforcing an independent and individualised model of care, the Program risks undermining the success of ACCHOs, and the outcomes they generate. Ultimately, neglecting to adequately support systems that minimise abuse, neglect, exploitation, violence, and trauma among Aboriginal and Torres Strait Islander people with disability.

NACCHO recommends that an exception be granted for ACCHO/ACCOs in point 2 of the Program's independence capability domain.

Cultural safety

The NDIA's First Nations Strategy 2025–30, co-designed with Aboriginal and Torres Strait Islander community members, recognises that *“the rights of First Nations people with disability cannot be separated from First Nations concepts of holistic physical, cultural, social, emotional, and spiritual health and wellbeing.”*⁷ This understanding extends beyond service delivery models to encompass ways of being, knowing, and doing, including culturally distinct understandings of disability that differ from Western, deficit-based definitions.

Despite this recognition, the ongoing absence of culturally safe services has left Aboriginal and Torres Strait Islander participants particularly vulnerable within the NDIS.⁸ 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.⁹ 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 communities.¹⁰ These outcomes underscore that cultural safety is not an optional or supplementary consideration, but a fundamental safeguard.

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 frameworks if these foundational rights are to be meaningfully realised in practice.

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

As the third largest employer of Aboriginal and Torres Strait Islander people, NACCHO welcomes the Program's initiative to increase the employment of Aboriginal and Torres Strait Islander people in the Advocacy sector. However, the Program's eligibility requirements and funding frameworks that identify an

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/system/files/2023-09/Research%20Report%20-%20Options%20to%20improve%20service%20availability%20and%20accessibility%20for%20First%20Nations%20people%20with%20disability.pdf>

⁹ Ibid.

¹⁰ Elvidge, E., & Haddock, R. (2025). *Measuring what really matters for Aboriginal and Torres Strait Islander peoples – Racism and cultural safety in healthcare* (Deeble Issues Brief No. 60). Australian Healthcare and Hospitals Association. <https://ahha.asn.au/wp-content/uploads/2024/09/Deeble-Issues-Brief-No.-60-Racism-and-cultural-safety-in-healthcare.pdf>

Aboriginal and Torres Strait Islander Disability Advocate within a mainstream setting and a complimentary history of servicing Aboriginal and Torres Strait Islander communities as promoters of cultural safety is fundamentally flawed.

As identified prior, individualised issue-based case structures prevalent in the mainstream space do not align with the holistic ACCHO model of care, which has been shaped by community needs, culture, and perspectives. This cannot be supplemented by a history of service nor a specialist advocate, as the service will continue to remain within a model of delivery that is incompatible with meaningful practices of cultural safety. It does not allow for the provision of culturally safe advocacy services for participants, and additionally puts the Aboriginal and Torres Strait Islander Disability Advocate at risk of working within a culturally unsafe environment.

NACCHO does not support the integration of the Indigenous Community Advocates (ICA) pilot into mainstream services as this does not align with the government's commitment to build the community-controlled sector. To ensure elements of community control are applied to mainstream Aboriginal and Torres Strait Islander Disability Advocates, Aboriginal and Torres Strait Islander governance and partnership with community-controlled organisations is needed.

NACCHO recommends

- a) in accordance with Recommendation 9.10 of Disability Royal Commission, the First Nations Disability Forum be established to oversee the provision of Aboriginal and Torres Strait Islander advocacy in mainstream disability advocacy services prior to the Program's launch.
- b) mainstream service providers are held accountable through their funding agreements to demonstrate cultural capabilities required to deliver care in a culturally respectful and appropriate manner.

Equitable funding models

NACCHO appreciates the proposed Program's aim to increase the funding periods for grants targeting ACCOs. We also note that the Program's principle of stability and sustainability makes efforts to align with the National Agreement on Closing the Gap, particularly Priority Reform Two. However, the *"open and competitive"* nature of this grant process is fundamentally incompatible with the community-controlled sector.

Separate from mainstream advocacy providers, ACCHOs experience a 'hidden subsidy'¹¹ that comes from providing culturally safe services, which makes delivery of the level of service they provide uncompetitive in a market-based system. This process ultimately demands time and a sufficient workforce, as well as capacity to upskill members of local communities, travel to remote areas and accommodation for staff in those areas. Because the current model of financing disability advocacy negates needs-based funding, neglecting element 45(b), this subsidy is absorbed by the ACCO. By placing ACCHOs and ACCOs in an open and competitive grant process alongside mainstream advocacy providers, they will appear less fiscally desirable in comparison to their mainstream counterpart who are unburdened by the subsidy.

This approach prioritises a market that incentivises larger state-based servicing over a model that is place-based, service in-language, and employ within the communities they service. This is a significant concern to ACCOs servicing regional and remote communities who are under resourced. It diminishes the formal and informal advocacy work already performed by ACCOs in those communities and minimises opportunities for consistent, stable, and sustainable growth.

NACCHO recommends prioritising funding and support mechanisms for ACCHOs and ACCOs to provide disability advocacy services needed in their regions.

¹¹ <https://press-files.anu.edu.au/downloads/press/n13344/pdf/ch01.pdf>

Data collection and service improvement

NACCHO supports the Program's commitment to collecting data for service improvement as this will allow for clear coordination across mainstream and community services, transitional planning, and holistic care.

Care must be taken however in collecting and using data collected from Aboriginal and Torres Strait Islander people. Clear processes relating to data collection, ownership, analysis, storage and dissemination are needed. These must align with obligations under the Framework for Governance of Indigenous Data and principles of Indigenous Data Sovereignty, with transparency on how data will be returned to community and to Aboriginal and Torres Strait Islander organisations in ways they find useful. Under the National Skills Agreement, funding has been allocated to improve data collection, specifically under Closing the Gap for our sector. It is envisaged that this will improve data collection across the sector, and it is critical that the Program links in with this.

Monitoring approaches must be co-designed with community-controlled organisations and must clearly demonstrate how the data will support local decision-making and benefit the organisations and communities from which it is collected. Aboriginal and Torres Strait Islander-led governance is critical to avoid reinforcing existing power imbalances and entrenching inequities. Embedding mechanisms for Aboriginal and Torres Strait Islander governance of disability advocacy priorities, funding decisions, data access and translational findings into outcomes that benefit Aboriginal and Torres Strait Islander people will ensure accountability.

DHDA should specify mechanisms that will be put in place to ensure that Indigenous Data Sovereignty is maintained throughout all stages of monitoring and evaluation.¹²

We recognise that organisations or systems may not yet have the capability to support or align with principles of Indigenous Data Sovereignty. As such, DHDA should include continuous quality improvement as a component of the Program with key performance measures for organisations, systems and infrastructure to work towards aligning with Indigenous Data Sovereignty.

DHDA should ensure that all activities relating to data collection, storage, analysis, use, sharing, storage, management, data systems and infrastructure align with:

- [Priority Reform 4](#) of the National Agreement on Closing the Gap, including
 - obligations under the [Framework for Governance of Indigenous Data](#), and
 - work of the [First Nations Data Policy Partnership](#),
- [Principles of Indigenous Data Sovereignty](#) (Maiaṁ nayri Wingara),
- [The United Nations Declaration on the Rights of Indigenous Peoples](#).

NACCHO recommends embedding principles of Indigenous Data Sovereignty in the Disability Advocacy Program, aligning with Priority Reform 4 of the National Agreement and obligations under the Framework for Governance of Indigenous Data.

Capacity building

There is a strong demand from ACCHOs who provide informal and formal advocacy to receive greater training opportunities for peer learning, mentoring, and reflective practice. This model of training is reflective of the education and training models utilised by the Aboriginal Community-Controlled Registered Training Organisations (ACCHRTOs). NACCHO welcomes this model of education and training into the mainstream advocacy sector.

¹² Taking Control of Our Data: A Discussion Paper on Indigenous Data Governance for Aboriginal and Torres Strait Islander People and Communities, Discussion Paper, Lowitja Institute, Melbourne. DOI: 10.48455/rtvd-7782.
<https://www.lowitja.org.au/resource/taking-control-of-our-data-a-discussion-paper-on-indigenous-data-governance-for-aboriginal-and-torres-strait-islander-people-and-communities/>.

However, we have concerns as to how this will be reflected in the delivery of cultural safety and intersectionality training. In a mainstream setting, cultural safety training is often developed and delivered away from the Aboriginal and Torres Strait Islander community it services. This training ultimately fails participants due to its isolation, not only from community consultation, but from community culture as well.

While baseline education is important, NACCHO and its members understand that cultural safety training is ongoing learning that can only be meaningfully achieved in cross-cultural settings. As such, advocates in the community-controlled sector are often educated by observing and assisting senior advocates in their work. This allows advocates to understand the intricacies surrounding language, social roles, local-knowledge, and how this informs one's disability. Providing the requisite knowledge to meaningfully understand how culturally safe services are determined among specific Aboriginal and Torres Strait Islander communities.

NACCHO recommends prioritising workforce development training and pathways for ACCHO and ACCO staff delivered through the existing network of ACCRTOs.

Consultation and stakeholder engagement processes

The consultation and stakeholder engagement processes undertaken by DHDA can be significantly strengthened. This should include involving Aboriginal and Torres Strait Islander people, communities, and organisations in planning phases of all initiatives, ensuring ongoing communication throughout development, and appropriate timeframes to allow for meaningful feedback. The nature of consultations to date do not reflect a commitment to the Priority Reforms of the National Agreement on Closing the Gap.

NACCHO seeks to reflect the voices of our membership in all our submissions, however, limited timeframes, and limited formats for stakeholder engagement do not allow for sufficient consultation. Given the importance of this work, these short windows restrict our ability to meaningfully engage with our members and Aboriginal and Torres Strait Islander communities, whose voices are essential in shaping policies that affect disability care and supports. Genuine consultation requires adequate time to ensure cultural safety and inclusive engagement.

We are concerned by the lack of flexibility DHDA demonstrates regarding consultation and stakeholder engagement, which risks excluding many who would otherwise have valuable insights to contribute. We would welcome opportunities to strengthen alternative engagement approaches to ensure the finite resources of our sector are utilised effectively. For example, forums such as the NDIS Policy Project Community of Practice facilitated by NACCHO allows for open discussion, and feedback shared by members. A willingness for DHDA to engage with members in this format would support respectful dialogue and allow for a broader, more inclusive understanding of sector priorities. We urge DHDA to provide more accessible opportunities for public consultations to enable broader and more representative participation.

NACCHO supports more proactive stakeholder engagement approaches as this will allow for more meaningful consultation with the ACCHO sector to include their perspectives throughout DHDA's functions. This would ensure that any NDIS and other initiatives are more effective for Aboriginal and Torres Strait Islander people and organisations.

NACCHO recommends targeted engagement with the community-controlled sector to ensure Aboriginal and Torres Strait Islander disability needs and priorities are supported and implemented through department initiatives.