Improving Disability Services for Aboriginal People in the Northern Territory

Final Report

30 January 2025

keogh bay

ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY
AMSANT

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EXECUTIVE SUMMARY

Introduction

In many ways the National Disability Insurance Scheme (NDIS) is failing Aboriginal people with disability in the Northern Territory (NT).

The NT is culturally rich, with the highest population of Aboriginal and/or Torres Strait Islander people[1] per capita than all other states and territories. Aboriginal people experience disability at nearly twice the rate of non-Aboriginal people; yet '*historically, they have been up to four times less likely to receive a funded disability service'.*[2] While the National Disability Insurance Scheme (NDIS) is having positive outcomes for many people with disability, it is widely recognised that the needs of many Aboriginal Territorians and communities continue to go unmet.

A range of resulting initiatives are underway to address this issue, including the *Closing the Gap Northern Territory Disability Sector Strengthening Plan*. To enable the development of this plan, Aboriginal Partnerships and Reform, NT Government funded the Aboriginal Medical Services Alliance of the Northern Territory (AMSANT) to map, and better understand, the range of disability supports currently available across Aboriginal communities in the NT.

Project Aims and Objectives

AMSANT engaged Keogh Bay People (Keogh Bay) to research, map, and assess:

- The extent of disability supports available to Aboriginal people in the NT.
- Aboriginal Community-Controlled Health Services' (ACCHSs) current role in the disability/National Disability Insurance Scheme (NDIS) sector, barriers to operating and expanding, and potential solutions.

In addition, AMSANT aims to use the Project Report to inform its members and the broader disability sector about:

- the level of gaps in supports (and culturally safe supports) for Aboriginal people;
- how the Aboriginal community-controlled model could address challenges the NDIS faces;
- the NDIS readiness of ACCHS providers; and
- opportunities and innovative models of providing high quality, sustainable, and culturally safe supports to Aboriginal people with disability in the NT.

Project Methodology

This Project used a multi-method approach to deliver on its findings including:

- mapping activities resulting in a *Map of Disability Services* (separate document) to understand the number and range of service options available, as well as the different types of service providers; and

[1] Note: Keogh Bay will use 'Aboriginal people' to respectfully describe both Aboriginal and/or Torres Strait Islander people in this report from this point forward.
[2] QLD Government Child Safety Practice Manual: Disability in Aboriginal and Torres Strait Islander cultures. Accessed 19/07/2024: https://cspm.csyw.qld.gov.au/practice-kits/disability/working-with-aboriginal-and-torres-strait-islander/seeing-and-understanding/disability-in-aboriginal-and-torres-strait-islande

- consultations with 38 representatives of ACCHSs, Aboriginal Community Controlled Organisations (ACCOs), Aboriginal businesses, mainstream providers, peak bodies and Territory and Federal Government.

To support this analysis, Keogh Bay also undertook additional analysis to triangulate its findings, including desktop information, submissions, literature and NDIS data. There were a number of methodology limitations associated with the Project that can be found in **Chapter 1**.

The key findings of the Project are set out below.

Key Findings

Aboriginal people with disability often have different service needs

Disability is a Westernised, socially constructed concept that doesn't always align with Aboriginal worldviews.[3] For various reasons, Aboriginal people may not see or experience their disability in the same way as non-Aboriginal people.

Many people with a disability living in remote areas are experiencing interrelated socio-economic factors such as extreme poverty and hardship, overcrowding or unsafe/unhealthy living environments, and family and domestic violence. Aboriginal people with disability may experience 'double discrimination' when accessing supports, (i.e. discrimination due to disability and racism); and are therefore less likely to engage with critical services.[4]

Aboriginal people in the NT have rich and complex language and cultural needs, which if not adequately met, can significantly impact their safety and experiences when receiving services.

Disability services are scarce; the NDIS market approach is failing across the NT

In understanding the number and range of options available (for choice and control), the mapping undertaken by Keogh Bay identified the number (and range) of services available, as well as the different types of service providers.

Overall, the Map of Disability Services identified only 193 distinct organisations actively providing supports to Aboriginal people in the NT. This is a significantly lower figure than the NDIA reports (2285)[5][6] due to differences in counting methodologies.

[3] The Lowitja Journal. Researching Indigenous People Living with a Disability: The urgent need for an intersectional and decolonising approach (BlakAbility). Accessed 22 July 2024: https://www.lowitjajournal.org.au/article/S2949-8406(23)00004-9/fulltext
[4] NT Government, Territory Families, Housing and Communities. . Accessed 07 July 2024: https://tfhc.nt.gov.au/__data/assets/pdf_file/0020/1124183/disability-strategy.pdf
[5] Providers who received payments from a NDIS plan: registered and unregistered charging against self, plan and Agency funding.
[6] NDIA. *Explore Data.* Accessed 8 July 2024 at https://dataresearch.ndis.gov.au/explore-data

Regional Analysis

Given the geographical and population diversity of the NT, a regional analysis of organisations supporting Aboriginal people in the NT was conducted. The analysis found that the NDIS market approach was not working in all seven regions, as defined by the low number of providers, significant gaps in support types, lack of culturally secure services, and the disproportionate number of Aboriginal participants to Aboriginal-owned/community-controlled service providers.

The table below provides information about the seven regions of the NT.

Table 1 – NDIS and disability mapping data, by region[7] [8]

Region	No. of Aboriginal participants	Plan utilisation	No. of organisations via mapping	No. of Aboriginal-owned/community-controlled	NDIS Market approach working?[9]
Darwin	1,138 (33%)	80%	12[10]	8 (67%)	No
Top End[11]	477 (92%)	60%	16	4 (25%)	No
West Arnhem and Tiwi			21	7 (33%)	No
East Arnhem	230 (95%)	59%	30	5 (17%)	Positive trends, needs support
Big Rivers[12]	206 (66%)	82%	62	7 (12%)	No
Barkly	127 (86%)	66%	24	7 (29%)	No
Central Australia	708 (72%)	80%	75	10 (13.3%)	No
Total Northern Territory	**3,032 (51%)[13]**	**78%**	**N/A**	**35 (18%)**	**N/A**

[7] NDIA. Explore Data. Ibid.
[8] Note: Total of organisations cannot be provided as some organisations support multiple regions
[9] 'not working' as defined by the low number of providers, significant gaps in support types, lack of culturally secure services, and the disproportionate number of Aboriginal participants to Aboriginal- owned/community-controlled service providers.
[10] Note: A different method for identifying organisations was used for the Darwin Region, please refer to the methodology.
[11] Called Top End Remote for NDIS Service Districts.
[12] Called Katherine within the NDIS Service Districts.
[13] The number of participants by Region does not add to the total number of NT participants as 'Unspecified NT Region' data is missing from the table as it wasn't available for Aboriginal participants.

Findings by Region

Findings in the metropolitan region (Darwin)

The Darwin provider market is the largest in size, and is constantly changing.[14] Therefore, for this region the mapping methodology differed, in that, organisations were only included in mapping if they were Aboriginal-owned or community-controlled, if Aboriginal organisations or people could vouch for the cultural safety of their services and/or they were highly tailored for the needs of Aboriginal people. In Darwin, Keogh Bay could only identify 12 organisations that met the above criteria. If the 12 providers were compared to the National Disability Insurance Agency's (NDIA's) data, where there are 1,569 active providers, this would potentially mean less than 1 per cent of providers are delivering disability services in a culturally secure manner.

The number of providers identified in the Darwin Region is also disproportionate to the number of NDIS Aboriginal participants (n=1,138). Participants living in Darwin are also likely to have higher support needs than those in more remote communities, and therefore require high levels of supports and skill levels. The reason for this is that, due to the lack of such services outside Darwin, many participants with higher support needs have previously had to travel to Darwin for healthcare, Supported Independent Living (SIL), and Short-term Accommodation (STA) services.

While having choice between Aboriginal and mainstream services is sometimes important for privacy reasons (i.e. local people may know the workers in an ACCHS/ACCO), the above findings, along with corresponding stakeholder feedback, is concerning as it indicates that the NDIS' 'market approach' is not working[15], even in the capital city of the NT.

Regional and Remote Findings

As would be expected, we identified the largest number of disability organisations in regions with the larger towns of Alice Springs and Katherine.

Stakeholders reported that the NDIS market approach is failing in all but one of the regions outside of Darwin (the East Arnhem Region) as there are not enough providers, let alone quality and culturally secure providers, to support the numbers of Aboriginal people with a disability. This issue becomes increasingly acute the further participants live from major towns.

Significant gaps in support types were also seen in every region, noting support coordination and community access/group-centre activities are often the most prominently available.

While some East Arnhem Region stakeholders report that they have seen some improvements in the quantity, cultural security and quality of providers in the market, they would still like to see changes to the NDIS to ensure that what is in place now is sustainable into the future. In addition, NDIS plan utilisation for this region was the lowest of all, a situation exacerbated by reported examples of fly-in providers cancelling services at short notice due to issues with travel or not understanding the need for service flexibility (thus drawing down on plan budgets without any consequential delivery of service).

[14] Note: A different method for identifying organisations was used for the Darwin Region, please refer to the methodology.
[15] 'not working' as defined by the low number of providers, significant gaps in support types, lack of culturally secure services, and the disproportionate number of Aboriginal participants to Aboriginal- owned/community-controlled service providers

While plan expenditure appears high in three regions (80 per cent or higher), this report has identified (see **Chapter 4**) participant experiences of 'sharp' practices, circumstances where plans are being 'drained' and commensurate supports not provided, and significant costs of service related to travel. This indicates that plan expenditure may not always be a strong indicator of participants' needs being met or the health of the market.

Findings about Choice of Provider Type

As noted above, many Aboriginal people have different service needs and often choose to engage with culturally aligned providers.

Of the 193 organisations identified NT-wide, the majority (69 per cent, n=133) are privately-owned businesses, with only 18 per cent (n= 35) being classified as Aboriginal-owned/community controlled[16]. Of the 35 organisations, 29 are ACCHS and ACCOs.

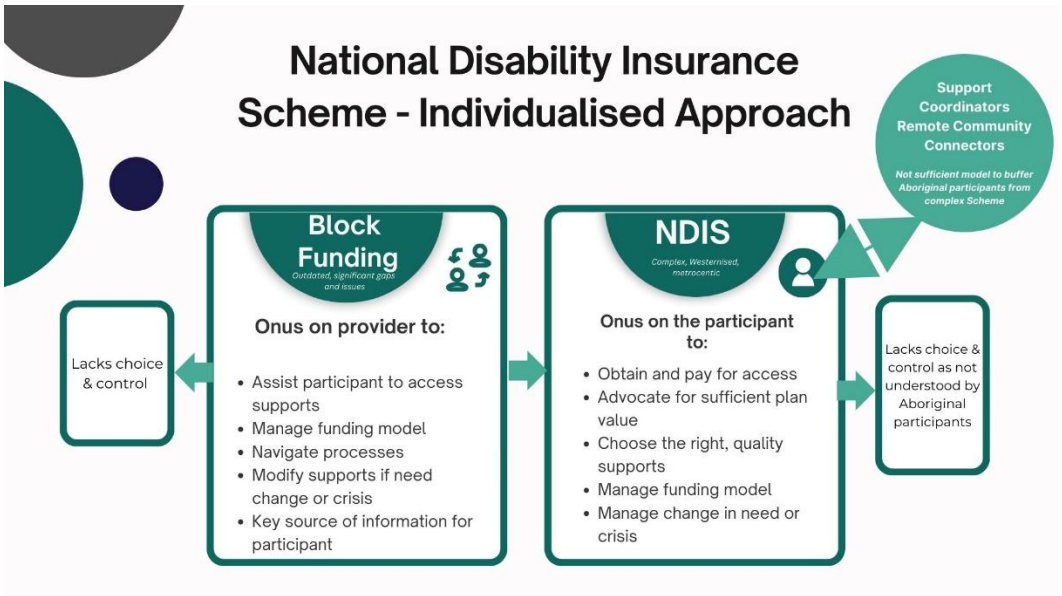
With around 28,000 Aboriginal Territorians living with a disability (approximately 3,302 people receiving NDIS supports), this does not indicate adequate choice for culturally aligned services.

The NDIS design and implementation is unsuited to the needs and rights of Aboriginal participants in the NT

Keogh Bay notes that the unsuitability of the NDIS design and implementation partially stems from the NDIS driving an 'individualised approach' away from a former block funding contract model (noting this approach also had its issues). Under the block funding model, providers would 'buffer' participants, in that they would hold the contract responsibilities for navigating and organising what participants need (and therefore the participant didn't need to fully understand all aspects of the broader system).

Under the NDIS, however, this requirement is imposed on the individual with the hope that supports will be more person-centred and enable choice and control.

This issue is illustrated in the figure below.

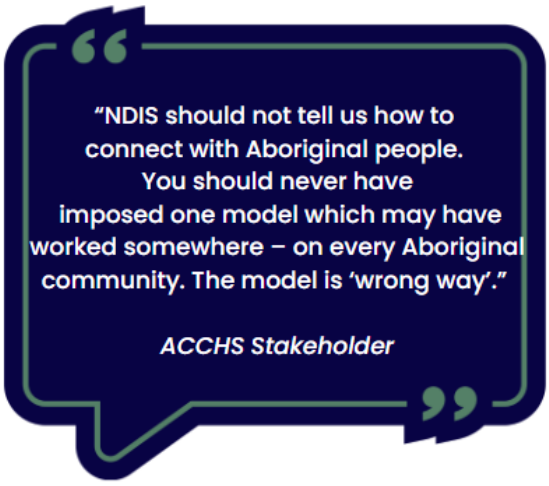


[16] Doesn't include NT Government – it is understood that the NT Government no longer provide direct supports to participants. However, some conflicting information was received through consultations at times.

This is posing considerable challenges for Aboriginal participants in the NT

This Project identified six key issues with the disability sector that impact both Aboriginal participants and organisations (Aboriginal-owned/community-controlled and mainstream) in the NT, which are:

1. **Accessibility of the NDIS** – There are significant problems with Aboriginal participants being able to understand and navigate the individualised, complex NDIS sector, as well as major difficulties and delays obtaining assessments and support to submit an Access Request. These issues are particularly acute where participants have English as a second or third language.
2. **Appropriateness of NDIS Plans** – Planning processes were described as not being culturally secure, with many NDIS Planners having no understanding of the context of service delivery in remote environments, resulting in plan funding that is inadequate and inappropriate for participants' needs.
3. **Cultural security of supports** – Disability supports available through mainstream services, which many Aboriginal people rely on, were often described as not being culturally secure. Supports provided by Aboriginal-owned/community-controlled organisations demonstrated examples of good cultural security in practice (along with occasional mainstream workers/sole traders).



4. **Support quality** – Supports available to Aboriginal people are often poor quality, and of concern, examples of sharp practices, abuse and exploitation were repeatedly reported.
5. **Westernised, metrocentric design of the NDIS** – Aboriginal people and organisations are impacted by the design of the NDIS which is built for mainstream organisations and metropolitan participants living in bigger cities outside of the NT. The evidence to date is that the market approach, funding framework, provider registration and other key areas do not work for Aboriginal participants in the NT.
6. **Workforce challenges** – All regions and areas are impacted by significant workforce constraints and challenges including recruitment and retention issues. Where there is only a limited potential for providers to increase the disability workforce in their region, then it becomes extremely difficult for the wider provider market to grow in the NT. This barrier to growth is acerbated by mainstream providers visiting from interstate and often delivering low-quality services that are unlikely to be culturally safe.

The failure of the 'market approach' in the NT and the issues identified above are well known; they have been highlighted through various inquiries and reports that are currently shaping the reform of the NDIS sector. However, the NT (and regional and remote Aboriginal participants) are a very small cohort within the NDIS participant pool, and we are yet to see real investment and change in how the Scheme is implemented to meet the unique needs of these people and communities.
The impact of these concerns is significant, not only on the safety and human rights of participants, but on Aboriginal-owned/community-controlled organisations attempting to buffer the impacts (often at their own cost).

The Aboriginal Community Controlled model could address some NDIS challenges

The National Agreement on Closing the Gap has committed Governments (through Priority Reform 2) to Build the Community Controlled Sector; recognising the value in, and effectiveness of, funding and strengthening the Aboriginal community-controlled sector to deliver high quality services to meet the needs of Aboriginal people.[17] For example, many supports are being transitioned to ACCHSs in the sectors of primary health and aged care.

The NDIS sector has not followed this commitment as it has been mostly reliant on the Scheme's current market approach where there is less government control (apart from RCCs and other direct contracts relating to early intervention childhood supports). The NDIA could work to address the many challenges and barriers of delivering disability supports in regional and remote areas, and more generally meet the needs of Aboriginal people in a culturally secure way by having targeted engagement of ACCHS who want to be involved in the NDIS. The advantages and strengths of ACCHSs as outlined below (many of which also apply to ACCOs), highlights the benefit of this approach would have on improving access and meeting the unmet needs of Aboriginal people with a disability in the NT, particularly in remote areas.

- **Community control means choice and control** - the Aboriginal worldview is heavily focused on community, kinship systems and other close ties to the community. 'Community control' via community-controlled organisations is often the most culturally secure model of choice and control.
- **People are more engaged and have more trust** - Aboriginal people are more likely to engage with supports and achieve good outcomes if a service is culturally safe, and trust has been developed over time.
- **ACCHSs/ACCOs are invested in outcomes versus commercial interests** - Community-controlled services have strong values related to improving the wellbeing of their communities' interests, versus the commercial objectives of many private NDIS providers. This can reduce the risks of plans being 'drained' due to unethical provider practices, excessive travel costs or high cancellation fees.
- **Local people means better knowledge** - Disability supports can be more appropriate, suitable, and meet participant needs and safeguarding requirements.

[17] Source: *Remote Primary Health Care Services to Aboriginal Community Control Policy.* Accessed 17 July 2024, https://health.nt.gov.au/professionals/aboriginal-and-torres-strait-islander-health/pathways-to-community-control

- **ACCHSs/ACCOs are culturally safe and innovative** - Local employees speak local languages, have deep understanding of local culture, protocols, Lore, practices, family groups and local politics.
- **ACCHs/ACCOs are established, regulated and cost efficient** - well-established organisations with a local workforce and built infrastructure means more sustainable service delivery.

The ACCHS (and ACCO) governance model centres Aboriginal culture in all decision-making, practices and services. By giving control to ACCHS (and ACCOs) it supports Closing the Gap principles, supports community-led approaches and strengthens the ability of the organisation to work outside of the westernised NDIS system.

The readiness of the NT Aboriginal Community-Controlled Health Service sector to deliver disability services

This Report examines the disability sector experiences of 16 NT ACCHSs and ACCOs that Keogh Bay consulted with, or could obtain some information about, that are full or associate members of AMSANT.

Many of these organisations are delivering culturally secure and high-quality NDIS or disability supports, but struggle with the impacts of NDIS system and funding not being suitable for Aboriginal people, particularly in regional and remote environments. Due to these limitations, some organisations have chosen to focus on current core business, while some smaller ACCHSs have indicated that they would require a greater health funding base if they are to consider expansion of, or into, disability services.

The analysis also identified that if there was a better, more flexible (e.g. block) funding approach to the NDIS, at least three ACCHSs that would be willing to enter the NDIS market; another three ACCHS that would expand their disability services to communities in need; and one ACCO (a non-AMSANT member) operating disability supports in the Central Australia Region indicated they would seek to expand their services.

These findings are significant, in that there is likely to be a potential solution to the NDIS design and implementation issues experienced by people with a disability, carers and families in the NT and the organisations providing them with support, i.e., through a change in the NDIS funding model.

What will enable Aboriginal Community-Controlled Health Services to enter into/expand disability services

In order to better support ACCHSs (and ACCOs) to bring these benefits to the NDIS sector, this Report discusses the following strategies:

- **Transition funding** – to allow for new organisations into the NDIS market and to support existing organisations expand into new communities or support types. This will share the risk of service expansion between the provider and government – at present all risks are carried by the provider.
- **Ongoing, flexible block funding** – to enable ACCHSs (and ACCOs) already delivering NDIS supports to operate in a more culturally secure and sustainable way, and to be paid for the activities they are currently delivering 'out of pocket.'
- **Workforce strategies** – to support local worker recruitment and training.
- Other ideas for improvement, as listed below.

Summary and Ideas for Improvement

Overall, this Report has identified that there are a number of significant challenges relating to the NDIS that are impacting Aboriginal people with a disability, carers, families and communities. This includes market failures, accessibility of the Scheme, plan appropriateness, westernised systems and supports that are sporadic, of poor quality and lacking cultural security.

Positively, the NDIA has been listening to this feedback (from recent reviews and reforms) and has commenced a range of actions that will reportedly be bettered tailored towards Aboriginal communities and will reflect a place-based approach.

This Report has identified, however, that these new approaches will require a community development approach towards service delivery rather than one that is individualised in nature; and should be informed by the experiences, innovative models and often self-funded 'work arounds' currently being implemented by ACCHS and ACCOs across all regions. The NDIA also needs to consider how cultural safety and security (as defined by Aboriginal people and communities) is made central to the provision of NDIS supports for Aboriginal people.

Further, supporting ACCHSs and ACCOs to enter the NDIS market (or expand) could address many of the current challenges the sector faces; improve access and better meet the needs of Aboriginal people with disability in the NT; empower communities; and contribute to Closing the Gap outcomes.

Specific *Ideas for Improvement* have been suggested in this Report and are summarised in Table 2 below. This report uses 'Ideas for Improvement' instead of recommendations, as any actions should be co-designed with Aboriginal people, organisations and/or communities. Further, many of the Ideas are within the remit of State and Federal Government agencies.

Table 2 – Ideas for Improvement in relation to supporting Aboriginal people with a disability and organisations in the NT

No.	Ideas for Improvement
	Accessibility of the NDIS
1.	• Funding should be made available to replicate Central Australian Aboriginal Congress Aboriginal Corporation's (CYATS') Child and Youth Assessment and Therapeutic Service model in all regions of the NT, including in Darwin where a strong need was identified.
2	• It is unclear whether the NDIA'S proposed Navigator roles will a) take over the Aboriginal-owned/community-controlled support coordinators who have built strong connections in community and b) be suitable for Aboriginal people and remote settings. Any changes in this area need to be done in partnership and co-design with Aboriginal people with disability and Aboriginal-owned/community-controlled organisations.

3.	• The NDIA's new Remote Servicing Model, where regions will have improved access to RCCs or to a Community Connector, is supported by this Report's findings. However, the NDIA should consider, for any new positions allocated:
	  • the need for RCCs to be employed within a local, trusted ACCO or ACCHS
	  • RCC roles to be based on contracts that allow for the funded provider to deliver a self-determined, flexible, and culturally secure approach that suits each community
	  • RCC contracts should prioritise NDIS access and entry supports and should be funded adequately to deliver a model similar to the previous Evidence, Access, Coordination and Planning (EACP) funding which allowed for Allied Health professionals and clinicians to

No.	Ideas for Improvement
	support RCC outcomes (including innovative approaches such as 'Access Clinics' that address the excessive waitlists across NT for access and evidence). • If Community Connectors are allocated to cities or towns (e.g. Darwin, Katherine, and Alice Springs etc.), then NDIA needs to consider whether these roles also need to meet the above RCC specifications. • The NDIA could consider reviewing any existing RCC contracts, to ensure they: • are provided by the most appropriate provider, with preference to local community-controlled organisations and in accordance with community preferences; and • they are sufficiently funded and allow the provider to deliver a self-determined, flexible, and culturally secure approach that suits each community, and meets local access and entry challenges. • If not already available, given the complexity of the NDIS, the NDIA should provide RCCs and Community Connectors with standardised supports developed and delivered in a culturally secure way (Keogh Bay notes the NDIA did deliver training to RCCs and the former Evidence, Access, Coordination and Planning (EACP) Program roles some time ago). This could include training, ongoing support and a central point for queries and resolving blockages (delivered by someone who understands regional and remote service provision).
Appropriateness of the NDIS	
4.	• The NDIA's new Remote Servicing Model, which aims to encourage a less transactional approach, is supported by findings of this Report. However, when developing the new model, the NDIA should ensure it is based on the principles of building trust, knowledge, and connection with individual Aboriginal towns, communities, and groups. NDIA planners need to build plans and plan values using the concepts of trust, knowledge, and connection, along with professional reports and assessments done by those who know the participant and family well. Where possible, the NDIA should fund local cultural brokerage models during planning. Without these factors, plans will continue to be inappropriate. The NDIA should also consider the following. • Operating access clinics across the NT, supported by NDIA planners, allied health professionals and clinicians, RCCs and using local cultural brokerage models, to support streamlined access and evidence processes for identified potential NDIS participants, and reduce the current, excessive wait times (as per earlier RCC ideas for improvement). • Need assessment tools being developed/in place internally within the NDIA may not be culturally secure (as are often developed based on mainstream populations) and therefore are not a good indication of need. New, culturally secure need assessment tools should be developed in partnership with Aboriginal people with disability and ACCHSs/ACCOs, and NDIA Planners should receive training in the use of the tools.
Cultural Safety	
5.	• ACCHSs should be supported to increase their presence in the NDIS sector to allow for an improvement in the availability of culturally secure services available under the NDIS (specific ideas discussed further in the Report). • The NDIS Quality and Safeguards Commission should expand on the Royal Commission's Recommendation 9.12 and add cultural safety standards to the NDIS Practice Standards. These Standards should be developed via co-design with Aboriginal people with a disability and community. • The NDIS Quality and Safeguards Commission should ensure that NDIS auditors that undertake audits with providers in regional and remote areas (and who provide supports to Aboriginal people with a disability) receive training in: • culturally secure ways of working, understanding regional and remote service delivery contexts, the unique needs of Aboriginal people with disability; and

No.	Ideas for Improvement
	• what evidence of culturally secure service looks like, to meet cultural safety standards (once developed). • The NDIS Quality and Safeguards Commission should support a capacity-building approach to quality improvement with NDIS unregistered and registered providers in regional and remote areas, and with mainstream services in relation to culturally secure and safe services.
	Westernised, metrocentric design of the NDIS

6.	• In implementing new Direct Commissioning approaches, the NDIA/DSS to consider the following:
	  • Communication strategies about the new initiatives should be clear and transparent to Aboriginal peaks and organisations, including about the scope, progression, and site selection process.
	  • Direct Commissioning needs to ensure that culturally secure, local, trusted organisations are engaged, preferencing Aboriginal community-controlled organisations.
	  • Selection of the sites should not just be based on data (given some of the issues identified in this report with it not being accurate reflections of markets and demand) and involve discussions with AMSANT and ACCHSs/ACCOs at the community level about appropriate locations and organisations.
	  • ACCHSs/ACCOs in selected communities should be strongly engaged in the planning process of this new approach including what supports they need to move into NDIS service delivery (start-up costs, infrastructure, workforce and specialist consultancy support was raised through this Project).
	  • The new model should take a community-led approach and recognise existing local authority structures.
	  • Funding should be adequate to cover establishment and delivery of culturally secure models of working, as explored within this Report and self-determined by local Aboriginal-owned/community-controlled organisations.
	  • NDIA/DSS need to walk between two worlds during these projects, explaining the NDIS' westernised approaches (policies, participant pathways, funding framework, registration etc.) in a way Aboriginal communities can understand, which will require investment in the skills and knowledge of all NDIA workers that work with Aboriginal people with disability, community and Aboriginal organisations; and/or engage experienced consultants who can support this process.
	• For sites not operating under new funding approaches, the NDIA should consider allowing greater flexibility for Aboriginal-owned/community-controlled organisations in charging for the following (and Plans need to reflect greater values subsequently):
	  • cultural and language supports (including cultural brokerage/bi-cultural pairing models etc.)
	  • Return to Country services
	  • community development work
	  • participant connection and location activities; and supporting visiting professionals.
	There should be flexibility in how ACCHS/ACCOs deliver place-based cultural service models (i.e. clarifying the interpreting support options for Participants with language barriers and removing the requirement for AIS accredited interpreters as this limits choice and control).

7.	• The NDIS Quality and Safeguards Commission to examine the feasibility of these ideas relating to provider registration:
	  • Aboriginal-owned/community-controlled organisations who pass the Aged Care Quality Standards (or other relevant standards) to have a reduced or more streamlined NDIS audit.
	  • The NDIS Practice Standards, and/or the audit evidence required, are revised to:
	  ○ be better suited to organisations who work with Aboriginal participants and in regional and remote settings (supports are flexible, place-based and include 'work arounds');
	  ○ include how Aboriginal worldviews impact disability services; and

No.	Ideas for Improvement
	○ allow for a capacity-building approach to NDIS audits for Aboriginal-owned/community-controlled organisations. • NDIS auditors are supported to work in a more culturally secure manner including mandatory training (as noted previously), adaptation of the audit paperwork issued to providers (currently complex and not in plain English) and include more Aboriginal people within their teams. • Any changes to the NDIS Registration process resulting from the NDIS Review *(Recommendation 17—Develop and deliver a risk-proportionate model for the visibility and regulation of all providers and workers)* must consider the impacts and needs of Aboriginal-owned/community-controlled organisations given they are a cohort significantly impacted by these changes as many of their community have Agency-managed funding in their plan.
8.	• Increase to support coordination funding (preferably under alternative funding arrangements) for Aboriginal people to ensure support coordinators have sufficient funds to support cross-sector work in areas such as housing, mental health, justice, child protection and education. • The proposed Navigator roles should be tailored to the needs of Aboriginal people with disability (as noted previously). • NDIA and NDIS Quality and Safeguards Commission to have a communication strategy and webpage solely targeted at Aboriginal-owned/community-controlled organisations with culturally secure resources and clear advice that allows for flexibility on hiring family members, use of non-accredited interpreters, use of same agency support coordinators and other supports, issues with accessing NDIS Worker Screening etc. • The NDIS Quality and Safeguards Commission should review its policies and practices to ensure Aboriginal people can lodge complaints and be supported through the complaints and Reportable Incidents processes in culturally secure ways. This could include ensuring that there are culturally safe avenues for incident and complaints management, through having an Aboriginal support team or similar to manage Reportable Incident investigations and complaints; and allowing for Aboriginal people to give consent for ACCHSs/ACCOs to lodge, seek and receive updates on their behalf.
Growing the ACCHS Sector	
9.	• Transition funding should be made available to ACCHSs and ACCOs who want to enter the NDIS market or expand into new communities. This includes funding for workforce roles, purchase of expert advice (or AMSANT establish in-house advice roles), support to register with the NDIS and infrastructure costs. Such funding would significantly reduce the risk to Aboriginal organisations to enter the disability service delivery sector. Note that smaller ACCHSs may need additional health base funding to first meet the health needs of community, before considering expansion to the NDIS. • AMSANT could be funded to establish a NDIS community of practice (if not already available through other mechanisms) for NT ACCHS and ACCOs to share learnings and innovations in regard to establishing (and operating) NDIS services.
10.	• Block funding for ongoing NDIS operations is to be made available to ACCHSs/ACCOs as per the Idea for Improvement 5 relating to the alternative funding approaches recommendation.
11.	• NIAA should consider undertaking a project, that includes external or internal NDIS expertise, to explore place-based approaches with interested Community Development Program (CDP - Remote Employment Program) providers or ACCOs focussed on connecting CDP participants into NDIS employment positions that are needed within local ACCHSs (and ACCOs) in the local community. This project would result in transition plans for each interested CDP provider with brokerage to purchase training, equipment and other items required.

No.	Ideas for Improvement
	• Funding should be made available to undertake projects that explore workforce challenges and potential place-based approaches to grow local workforces, including 'hub and spoke' and other innovative workforce models. • Any future block funding for ongoing NDIS operations should take into account the significant workforce shortages in these regions; and the increased costs of developing and retaining remote workforces and delivering culturally safe models of care.

CONTENTS

Acknowledgements

Keogh Bay respectfully acknowledges the Aboriginal and/or Torres Strait Islander Peoples and pay our respects to their Elders past and present. We acknowledge their continued connection to culture, land, and waterways. This report was produced on Larrakia land. We are committed to prioritising the voices of Aboriginal and/or Torres Strait Islander people in work that impacts them, and we thank them for their valuable input in this project. Keogh Bay would like to acknowledge and thank the community-controlled (and other) Aboriginal and/or Torres Strait Islander organisations that provided insights and local knowledge for this Report. We appreciate your time and connection.

Keogh Bay would like to acknowledge Jackie Craigie an Eastern Arrente/Murray woman, and mum of a son with a disability, for her artwork used in this Report. It is named 'Working and Walking Together' and relates to the collaboration between participants and NDIS providers.

Indigenous Data Sovereignty

We recognise that this report presents negative findings relating to Aboriginal and/or Torres Strait Islander people with a disability. However, we acknowledge that the health and wellbeing inequalities experienced are a result of the complex interactions between social, political, historical and economic determinants, including the Stolen Generations. We recognise that Aboriginal people experience double discrimination, in terms of ableism and racism; and that systems, policies and services have historically discriminated against Aboriginal and/or Torres Strait Islander people. Most importantly, we would like to respect the strength of culture and identity and the inclusiveness of people with a disability in many Aboriginal and/or Torres Strait Islander communities as well as the Aboriginal-owned and community-controlled organisations that continue to support communities to exercise empowerment, choice and control over their lives. Keogh Bay recognises that better outcomes are achieved if Aboriginal and Torres Strait Islander people have a genuine say in matters affecting them, including use of data to inform policy-making in government.

Disclaimer

This report has been prepared at the request of Aboriginal Medical Services Alliance of the Northern Territory. Nothing in this report should be taken to imply that Keogh Bay, or its principals have verified any information supplied to them or in any way carried out an audit of the books of account or other records of Aboriginal Medical Services Alliance of the Northern Territory, service providers or associated entities. Any forecasts of the future are largely based on available information. It is possible that events will not occur as shown in this report.

Accordingly, as material differences may occur between actual and forecast results. Keogh Bay does not express an opinion as to whether actual results will approximate forecast results nor can we confirm, underwrite or guarantee the achievability of these forecasts as it is not possible to substantiate assumptions based on future events. As Keogh Bay has relied entirely upon information provided to them, we do not assume any responsibility or liability for losses occasioned to the entity, its Directors, its members or to any other party as a result of the circulation, publication, reproduction or use of this document. Keogh Bay reserves the right, but will be under no obligation, to review all calculations, assumptions or information included or referred to in this document.

TABLE OF DEFINITIONS

Table 3: Table of Definitions

Term	Description
Aboriginal community control	'A process which allows the local Aboriginal community to be involved in its affairs in accordance with whatever protocols or procedures are determined by the Community'.[18] 'Aboriginal community control has its origins in Aboriginal peoples' right to self-determination. This includes the right to be involved in health service delivery and decision making according to protocols or procedures determined by Aboriginal communities based on the Aboriginal holistic definition of health.'[19] 'Community control refers to the principle that Aboriginal communities have the right to participate in decision making that affects their health and wellbeing'.[20]
Aboriginal Community Controlled Health Organisation/Service/Organisation/Medical Service (ACCHO/ACCHS/ACCO/AMS)	AMSANT Board are agreeing on terminology/definitions at the time of the report release and will share publicly once confirmed. The National Aboriginal Community Controlled Health Organisation (NACCHO) provide the following definition: 'An ACCHO is a primary health care service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive, and culturally appropriate health care to the community which controls it, through a locally elected Board of Management. The ACCHO approach has evolved out of an inherited responsibility to provide flexible and responsive services that are tailored to the needs of local Aboriginal and Torres Strait Islander communities. ACCHOs provide many services over and above their funded activities to ensure their community members gain the services they need. In line with their holistic health approach ACCHOS support the social, emotional, physical and cultural wellbeing of Aboriginal and Torres Strait Islander peoples, families and communities.'
Bi-cultural pairing	Pairing of two workers from two different cultures to e.g. one from a non-Indigenous background and another from an Aboriginal background to provide cultural safety during service delivery.
Cultural safety	The provision of culturally safe care for Aboriginal and/or Torres Strait Islander[21] people reflect the extent to which systems and services are aware of, and responsive to, cultural needs and experiences. It also includes "An environment that is safe for people: where there is no assault, challenge, or

[18] National Aboriginal Community Controlled Health Organisation…
[19] Australian Institute of Health and Welfare: NIAA Health Performance Framework…
[20] NT Aboriginal Health Forum: Pathways to Community Control…
[21] From this point on, the Report uses 'Aboriginal people' to describe Aboriginal and/or Torres Strait Islander people. We respectfully acknowledge that Torres Strait Islander peoples are First Nations people living in the Territory.

Term	Description
	denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge, and experience of learning, living and working together with dignity and truly listening.[22] Unsafe cultural practice comprises any action which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual.'[23] Cultural safety can be on continuum with cultural awareness being the first step in the learning process (which involves understanding difference), cultural sensitivity being a next step (where self-exploration occurs), cultural competence, and cultural safety being the final outcome. This is a dynamic and multidimensional process where an individual's place in the continuum can change depending on the setting or community.[24]
Disability	Keogh Bay recognises that the definition of disability is different to each individual and community and is closely related to societal barriers. People with a disability have specific perspectives based on their individual identities including their gender, age, sexuality, race, and cultural background. Legislation and research construct disability from a negative or impairment view e.g. "an umbrella term for impairments of body function or structure, activity limitations or participation restrictions. Disability can be related to genetic disorders, illnesses, accidents, ageing, injuries, or a combination of these factors." Importantly, disability can be created and significantly exacerbated by environmental factors including community attitudes and the opportunities, services, and assistance they can access.[25] Note that this definition of disability is different to National Disability Insurance Scheme (NDIS) access criteria and its disability requirements.
Disability services	For the purpose of this project, disability services included organisations, of any business structure, providing disability supports (National Disability Insurance Scheme [NDIS] or non-NDIS) to Aboriginal people with a disability in the NT. Organisations could include: • unregistered or registered NDIS providers;

[22] Australian Human Rights Commission (2011). *Chapter 4: Cultural safety and security: Tools to address lateral violence - Social Justice Report 2011:* Accessed 2 January 2024 at https://humanrights.gov.au/our-work/chapter-4-cultural-safety-and-security-tools-address-lateral-violence-social-justice#Heading118

[23] Australian Institute of Health and Welfare. *Cultural safety in health care for Indigenous Australians: monitoring framework* (web report). Accessed 19 July 2024: https://www.aihw.gov.au/reports/indigenous-australians/cultural-safety-health-care-framework/contents/module-1-culturally-respectful-health-care-service

[24] National Aboriginal and Torres Strait Islander Health Worker Association (2013). *Cultural Safety Framework.* Accessed 19 July 2024: https://www.naatsihwp.org.au/sites/default/files/natsihwa-cultural_safety-framework_summary.pdf

[25] Australian Institute of Health and Welfare (2024) *Defining disability.* Accessed 19/07/2024: https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/about-this-report/defining-disability

Term	Description
	• organisations related to the NDIS, but not charging against NDIS plans such as those delivering RCC programs; and • Aboriginal Community Controlled Health Services (ACCHS) or Aboriginal Community Controlled Organisations (ACCOs) delivering health, allied health, early intervention and/or SEWB services that support the general Aboriginal community including people with a disability. The latter cohort of organisations was included to reflect the holistic nature of Aboriginal wellbeing as well as that these organisations often address the gaps in remote areas where there are few or no NDIS providers. Services out of scope for all regions included education sector and health services that were not Aboriginal community-controlled or didn't specifically support people with a disability.
Participant	Relates to a person who is a participant in the NDIS.

TABLE OF ACRONYMS

Table 4: Table of Acronyms

Acronym	Description
ACCHS	Aboriginal Community-Controlled Health Service
ACCO	Aboriginal Community-Controlled Organisation
AMSANT	Aboriginal Medical Services Alliance of the Northern Territory
CDP	Community Development Program
CHSP	Commonwealth Home Support Program
CEO	Chief Executive Officer
CYATS	Central Australia Aboriginal Congress
DIDO	Drive-in, drive-out
DSS	Department of Social Services
FASD	Fetal Alcohol Spectrum Disorders
FIFO	Fly-in, Fly-out
FPDN	First Peoples Disability Network (FPDN)
LDM	Local Decision Making
ISO	International Standards Organisation
MJD	Machado-Joseph Disease
MTA	Medium Term Accommodation
NACCHO	National Aboriginal Community Controlled Health Organisation
NATSIFACP	National Aboriginal and Torres Strait Islander Flexible Aged Care Program
NDIS	National Disability Insurance Scheme
NDIA	National Disability Insurance Agency
NFP	Not for Profit
NPY	Ngaanyatjarra Pitjantjatjara Yankunytjatjara
NT	Northern Territory
PHC	Primary Health Care
RCC	Remote Community Connector
SIL	Supported Independent Living
STA	Short Term Accommodation

1. INTRODUCTION

It is widely recognised that disability supports for Aboriginal and/or Torres Strait Islander people[26], kin and communities in the Northern Territory (NT) need improvement. A range of resulting initiatives are underway to address this issue, including the *Closing the Gap Northern Territory Disability Sector Strengthening Plan.* To support the development of this plan, Aboriginal Partnerships and Reform, NT Government funded the Aboriginal Medical Services Alliance of the Northern Territory (AMSANT) to map the disability supports available for Aboriginal communities in the NT.

AMSANT engaged the organisation Keogh Bay People (Keogh Bay) to support this initiative through the following Project: *Mapping Disability Services for Aboriginal People of the Northern Territory* (NT) and is the subject of this Report. Further details on this Project are below.

Project Aims and Objectives

Keogh Bay was engaged to research, map, and assess:

- The extent of disability supports available to Aboriginal people in the NT.
- Aboriginal Community-Controlled Health Services' (ACCHSs') role in the disability sector including what they deliver now, what they would like to deliver, barriers to operating in the disability sector and potential solutions.

In addition, the Project's findings will be used to inform AMSANT and the broader disability sector (including the National Disability Insurance Agency (NDIA) and other areas of State and Federal Government) about:

- the level of gaps in supports (and culturally safe supports) for Aboriginal people with a disability in the NT;
- how the Aboriginal community-controlled model could address challenges the NDIS faces in remote service provision;
- the NDIS readiness of ACCHS providers; and
- opportunities and innovative models of providing high quality, sustainable, and culturally safe supports to Aboriginal people with disability in the NT.

Project Methodology

This Project used a multi-method approach to deliver on its findings including:

- mapping activities; and
- consultations.

Although not in the original scope, Keogh Bay also analysed additional information in order to triangulate its findings: policy information, submissions to the *Inquiry into NDIS Participant Experiences in Regional, Regional and Remote Australia,* relevant desktop information relating to the suite of NDIS reforms, literature and publicly available NDIS data.

[26] Note: Keogh Bay will use 'Aboriginal people' to respectfully describe both Aboriginal and/or Torres Strait Islander people in this report from this point forward.

It should be noted that this report also presents 'ideas for improvement' to address issues and barriers that were strongly identified through the Project. These are addressed as 'ideas' instead of recommendations as any actions forward should be co-designed with Aboriginal people and the individual communities they impact.

Some of the key methodology approaches used for the Project are described in more detail below.

Mapping Activities

A key component of the Project was to 'map' supports available to Aboriginal people in the NT to capture key gaps and trends.

Given the large size and scale of disability supports in the NT, the Map of Disability Services had a set scope.

Scope

Organisations in scope for mapping included active organisations, of any business structure, providing disability supports[27] (NDIS or non-NDIS) to Aboriginal people with a disability in the NT. Organisations could include:

- unregistered or registered NDIS providers;
- organisations related to the NDIS, but not charging against NDIS plans such as those delivering Remote Community Connector (RCC) programs[28]; and
- ACCHS or Aboriginal Community Controlled Organisations (ACCOs) delivering health, allied health, early intervention and/or Social and Emotional Wellbeing (SEWB) programs that support the general Aboriginal community including people with a disability.

Darwin Region

A stricter 'in-scope' definition was used due to the significant size of the provider market. Organisations were included in scope if they were registered or unregistered NDIS Aboriginal-owned or community-controlled organisations i.e., ACCHS, ACCOs or Aboriginal businesses.

Mainstream providers were included if Aboriginal organisations or people 'vouched' that their services were at times, culturally safe, or were highly tailored for Aboriginal people.

The latter cohort of organisations was included to reflect the holistic nature of Aboriginal health and wellbeing, and because it is often these organisations that address the gaps in services in remote areas where there are few or no NDIS providers.

Services out of scope for all regions included education sector and health services that were not Aboriginal community-controlled or didn't specifically support people with a disability.

Methodology

Keogh Bay used a mixed-method sourcing approach to identify organisations for the Map of Disability Services, including:

- Consultations with ACCHSs, ACCOs, Australian and Territory Government, peak bodies and mainstream NDIS organisations.
- Searching the NDIS Provider Finder.

[27] See the earlier definition of disability supports used in this report.

[28] Note: This Report uses the term RCC to encompass the both the RCC and Access and Evidence Program or other names that encompass block funding contracts for organisations to build community understanding of the NDIS and gain access to the Scheme (among other tasks).

- Searching the Mable Platform application.
- Searching public information on the internet (Google Search function using relevant key word searches).
- Testing the accuracy of organisations identified via the above methods during consultations.

The Disability Services Map used seven regions in its methodology as follows:

1. **Darwin** – Darwin and the surrounding areas, such as Palmerston, Litchfield and the Darwin regional area.
2. **Top End Remote** (Darwin Remote NDIS Region) – Wadeye, Daly River and surrounding homelands.
3. **West Arnhem and Tiwi** –Jabiru, Gunbalanya, Maningrida, Wurrimiyanga, Wurankuwu, Pirlangimpi, Milikapiti and outstations.
4. **East Arnhem** – Nhulunbuy, Yirrkala, Galiwin'ku, Gapuwiyak, Gunyangara, Ramingining, Milimbimbi, Groote Eylandt, Umbakumba, Milyakburra and homelands
5. **Big Rivers** (Similar to the Katherine NDIS Region) – Katherine, Katherine East (Bulman, Barunga, Mataranka, Minyerri, Ngukurr, Numbulwa) and Katherine West (Kalkaringi, Lajamanu, Timber Creek, Bulla, Yarralin and other smaller communities).
6. **Barkly** – Tennant Creek, Elliott, Ali Curung, Alpurrurulam, Urapuntja (Utopia), Wutunugurra, Ampilatwatja and other homelands and outstations.
7. **Central Australia** – Central Desert (Yuendumu, Nyirripi, Willowra), MacDonnell (Ntaria, Ltentye, Apurte, Yulara, Kintore, Papunya, Titjikala) and NPY Lands (Kaltukatjara, Mutitjulu, Imanpa, Aputula and other smaller communities).

These Regions are slightly different to the NDIS Service Regions as Keogh Bay split 'Darwin Remote' into 'Top End Remote' and 'West Arnhem and Tiwi' to enable a more meaningful analysis.

Mapping Limitations

There are several limitations with the Map of Disability Services and, as such, the findings should be used with caution, be used as approximate information only and be paired with other evidence for decision making. This is due to:

- The significant size of the disability sector makes accurate mapping difficult.
- In regional and remote areas, organisations sometimes commence supports and then close after a short period due to inexperience and difficulties serving these areas.
- Keogh Bay did not consult with organisations in every community.
- There are many organisations focused on plan management, consumables and aids & equipment that were not found via online searches due to head offices being in different states and territories. These organisations also would unlikely be mentioned in consultations.
- 'Active Service Types' provided by organisation is an estimate as it is difficult to accurately map this level of detail and this can change over time due to decisions of the organisation, issues in access to communities due to seasonal weather, and worker availability.
- Findings may be weighted towards registered providers as they are more likely to be found as on the NDIS Provider Register and have websites.

- There is likely a large undercount of unregistered, sole trader organisations (which make up a significant proportion of the market[29]) as they cannot always be identified through internet searches and may not be well known to organisations consulted.

Consultations

During the Project, the Keogh Bay team spoke with representatives from ACCHS, ACCOs, government agencies and sector peaks; to ensure insights were captured from across all regions of the NT, including urban, regional, remote, and very remote areas.

The figure below provides a snapshot of the breadth of consultation activities undertaken across the NT, to inform this Report. A full list of stakeholders consulted can be found at **Appendix A.**

Figure 1: Consultation summary for the Project

Consultation limitations

The following limitations were noted in relation to the consultation activities:

- Although most organisations consulted were ACCHSs and ACCOs, the cultural background of individual stakeholders only included a small number of Aboriginal people. This reflects the need for growth in the number of Aboriginal people working in the NDIS sector, particularly in management roles. To address this issue, Keogh Bay has included research references and submissions by Aboriginal people within the report.
- Organisations consulted did not reflect all communities across the NT.
- Consultations were not inclusive of people with a disability as the topics were related to systemic and organisational issues, noting that people with a lived experience of disability were significantly involved with this Project.

[29] Australian Government. *NDIS Review – Working Together to Deliver the NDIS*. Accessed 8 July 2024: https://www.ndisreview.gov.au/resources/reports/working-together-deliver-ndis

Project Governance

To support the Project, AMSANT convened a *Disability Service Mapping Working Group* (the Project Working Group), that included representatives from the stakeholders below:

- AMSANT;
- representatives from the Aboriginal community-controlled health sector[30]:
    - Miwatj Health Aboriginal Corporation;
    - Central Australian Aboriginal Congress Aboriginal Corporation;
    - Urapuntja Health Service Aboriginal Corporation;
- the National Disability Insurance Agency (NDIA); and
- Department of Industry, Tourism and Trade, NT Government.

The Working Group was established to provide advice and guidance to Keogh Bay and:

- keep the Project team up to date with changes that are happening within the sector;
- support the Project team to connect in with ACCHSs and disability networks;
- steer modes of inquiry within the scope of the Project;
- provide advise on how AMSANT can support the removal of the barriers to ACCHS participant in the NDIS and promote the funding of disability services as a part of comprehensive Primary Health Care (PHC);
- support the identification of synergies between disability and other areas of PHC; and
- review the draft Project report.

Report Structure

This report has been structured as follows:

- Executive Summary: Provides an overview of the Report findings.
- Section 1: Introduction: Introduces the Project and the Report.
- Section 2: Background and Context: Presents background and contextual information.
- Section 3: Map of Disability Supports for Aboriginal People in the NT: Provides an overview of organisations and supports available to Aboriginal people across the NT.
- Section 4: Issues with the Disability Sector impacting Aboriginal People with a Disability: Provides insights regarding key issues with the disability sector that are impacting Aboriginal people and communities across the NT.
- Section 5: The Aboriginal Community-Controlled Health Services Sector and Disability Services: Provides an overview of the NT ACCHS sector and their involvement in, readiness for, and benefits of participation in, the disability sector.
- Section 7: Summary: Provides a summary of findings.
- Appendices A to C: Presents additional information relevant to the report.

This Report accompanies a separate document (Attachment A), which is the *Map of Disability Services for Aboriginal People in the NT*.

[30] All AMSANT member organisations were invited to take part.

2. Background and Context

This Chapter provides background and contextual information relating to disability supports for Aboriginal people in the NT.

The Northern Territory

The NT population is small, culturally diverse, and geographically isolated. With a population of 253,000 people in 2023,[31] it only accounts for less than 1 per cent of the Australian population.

The NT is culturally rich, with the highest population of Aboriginal people per capita than all other states and territories. Aboriginal[32] people make up 31 per cent of the NT population[33] compared to 4 per cent Australia wide and there is also a high migrant population, with 22 per cent of residents born overseas. Just under half of the population speak a language other than English.[34]

Most Territorians live in the Greater Darwin area, with the remainder spread over regional, remote and very remote areas of the Territory's 1.35 million square kilometres. While many Aboriginal people choose to live in the regional centres such as Darwin or Alice Springs, three quarters of the population live in remote or very remote areas.[35] These remote areas include 73 remote communities and over 500 homelands and outstations across the NT.[36] More than 54,000 people speak an Aboriginal language at home, and some people living in remote areas may not speak English at all.[37]

As a result of this geographical spread, the NT regions experience challenges with developing and maintaining infrastructure and services to meet the needs of residents, including (as examples):

- severe lack of housing and commercial infrastructure;
- workforce shortages and capability in all industries, but particularly in health and human services;
- lack of connectivity, including internet connectivity; and
- expensive service establishment and operating costs due to vast distances, cost of travel and equipment maintenance costs.

[31] NT Government Department of Treasury and Finance. *Population*. Accessed 6 July 2024: https://nteconomy.nt.gov.au/population
[32] Note: Aboriginal has been used throughout the report, as 95.8% of the Aboriginal and Torres Strait Islander population identified as Aboriginal in the 2021 Census, accessed 6 July 2024: https://www.abs.gov.au/articles/northern-territory-aboriginal-and-torres-strait-islander-population-summary
[33] NT Government Department of Treasury and Finance, accessed 6 July 2024: https://nteconomy.nt.gov.au/population
[34] NT Government Department of Territory Families, Housing and Communities, accessed 6 July 2024: https://tfhc.nt.gov.au/social-inclusion-and-interpreting-services/multicultural-affairs/people-of-the-northern-territory
[35] Boyd R, Wright A, Li L and Bhat S. *Trends in the Northern Territory Aboriginal Health Key Performance Indicators*, 2010 to 2021. Health Statistics and Informatics, NT Health and NT PHN, 2023. Accessed 7 July 2024: https://digitallibrary.health.nt.gov.au/nthealthserver/api/core/bitstreams/466dea73-fdde-4bd2-9f04-31e575188ad2/content
[36] NT Government (2019) *Everyone Together: Aboriginal Affairs Strategy 2019-2029*. Accessed 7 July 2024: https://aboriginalaffairs.nt.gov.au/our-priorities/aboriginal-affairs-strategy
[37] Ibid.

Aboriginal People with Disability in the Northern Territory

Around 28,000 Territorians live with a disability, with 3,302 people receiving NDIS supports between January and March 2024.[38] [39] [40]

It is estimated that Aboriginal people experience disability at nearly twice the rate of non-Aboriginal people; yet '*historically, they have been up to four times less likely to receive a funded disability service*'[41]. Rates of disability among Aboriginal people are likely under-estimated for many reasons including lack of access to assessment services and frequently, data often does not accurately capture the populations living in very remote areas or discrete Aboriginal communities.

Aboriginal Worldview and the Concept of Disability

It is important to recognise in this Report that Aboriginal peoples' worldviews relating to disability may differ to Westernised thinking and models, and that this is an area significantly under-researched.[42]

What is known, is that disability is a Westernised, socially constructed concept that doesn't always align with Aboriginal worldviews. For example:

- Aboriginal communities may not see a person as having a deficit (as per the medical model), the person is just the way they are[43] and they are included within the community as such. [44]
- Aboriginal cultures are collectivist and value the needs of family and kinship over the individual, which is frequently at odds with Western (and NDIS) concepts of individualised goals, needs and services.
- The term disability often doesn't translate easily in Aboriginal languages.
- Some Aboriginal communities believe disability comes from payback, curses, or other spiritual beliefs.
- Some people might see their disability as part of the broader disadvantage they face resulting from poverty and colonisation.
- If an Aboriginal person can fulfil their cultural and family obligations, they may not see a disability, but rather a 'difference'.[45]

[38] NDIS access criteria is different to the definition of disability in the SDAC.
[39] NDIA. *Explore Data*. Ibid.
[40] Australian Bureau of Statistics. *Survey of Disability, Ageing and Carers (SDAC) 2024*. Ibid.
[41] QLD Government Child Safety Practice Manual: *Disability in Aboriginal and Torres Strait Islander cultures.* Ibid.
[42] The Lowitja Journal. *Researching Indigenous People Living with a Disability: The urgent need for an intersectional and decolonising approach (BlakAbility*). Ibid.
[43] L. Ariotti. *Social Construction of Anangu Disability*. Accessed 19/07/24: https://onlinelibrary.wiley.com/doi/full/10.1046/j.1440-1584.1999.00228.
[44] S. Avery. *Culture is Inclusion: A Narrative of Aboriginal and Torres Strait Islander People with a Disability* (Book).
[45] QLD Government Child Safety Practice Manual: *Disability in Aboriginal and Torres Strait Islander cultures.* Accessed 19/07/2024: https://cspm.csyw.qld.gov.au/practice-kits/disability/working-with-aboriginal-and-torres-strait-islander/seeing-and-understanding/disability-in-aboriginal-and-torres-strait-islande

Aboriginal people also have a holistic view of health and wellbeing that can strengthen protective factors and improve outcomes. *The National Strategic Framework for Aboriginal and Torres Strait Islander People' Mental Health and Social and Emotional Wellbeing 2017-2023*[46] lists the following seven domains of social and emotional wellbeing:

Figure 2: A Model of Social and Emotional Wellbeing[47]

Aboriginal Communities' Experiences with Accessing Support

Aboriginal people with disability may experience 'double discrimination' when accessing supports, i.e. discrimination due to disability and racism; and are therefore less likely to engage with critical services.[48]

Many Aboriginal people with a disability living in remote areas are experiencing interrelated socio-economic factors such as extreme poverty and hardship, overcrowding or unsafe/unhealthy living environments, and family and domestic violence. Many of these issues can be linked to past government practices and disempowerment policies, including the Stolen Generations. These issues can impact engagement with services as it can be difficult to seek disability specific support when basic needs are not being met.

Aboriginal people in the NT have strong links to Country and will often choose to live on Country (or return to visit Country) even if it means missing out on supports they need. Where they cannot live on, or visit Country, it can have very detrimental effects on their social and emotional wellbeing. NT Aboriginal people are also often transient, moving between communities and regions for various

[46]Australia Government (2017). *The National Strategic Framework for Aboriginal and Torres Strait Islander People' Mental Health and Social and Emotional Wellbeing 2017-2023*. Accessed 06 July 2024: https://www.niaa.gov.au/resource-centre/national-strategic-framework-aboriginal-and-torres-strait-islander-peoples-mental

[47] Ibid.

[48] NT Government, Territory Families, Housing and Communities. Ibid.

reasons; such as visiting family, cultural business, accessing services, or seasonality, which can make consistent service provision more challenging for providers.

More information on this topic can be found in the following Chapters.

Current State of Disability Sector in the Northern Territory

Disability Policy and Strategy

The disability sector is driven by a number of strategies and policies at a Federal and Territory Government level, along with complementary initiatives specific to Aboriginal people.

Table 5 – Examples of strategies and policies relevant to Aboriginal people with a disability[49] [50] [51]

	**Australia's Disability Strategy 2021-2031** A national framework that set out how all governments in Australia plan to continue improving the lives of people with disability.	
	**The NT Disability Strategy 2022-2032** Aims to address the barriers to equality, accessibility and inclusion experienced by Territorials with disability.	
	**Closing the Gap** A Partnership Agreement between the Council of Australian Governments and Coalition of Peaks outlining a number of Priority Reform Areas: Formal Partnerships and Share Decision Making; Building the Community-Controlled Sector (includes Sector Strengthening Plans for Disability Sector linked to this Report); Transforming Government Organisations; and Shared Access to Data and Information at a Regional Level	
	**Local Decision Making** An initiative to enable NT Government working together with Aboriginal communities to support self-determination.	**Everyone Together: Aboriginal Affairs Strategy** The NT Government's commitment to working in partnership with Aboriginal Territorians to improve outcomes. It is an overarching, whole-of-government framework that outlines the principles of working together, the key focus areas, objectives, initiatives, and measures.

The National Disability Insurance Scheme

The NDIS was implemented due to growing concerns about the quality of Australia's disability services system delivered through (in the main) State and Territory Governments via block funding,

[49] Australian Government, Disability Gateway. *Australia's Disability Strategy Hub.* Accessed 07/ July 2024, https://www.disabilitygateway.gov.au/ads
[50] Australian Government, Department of Prime Minister and Cabinet. *Closing the Gap.* Accessed 07 July 2024, https://www.closingthegap.gov.au/
[51] NT Government, Territory Families, Housing and Communities. *Northern Territory Disability Strategy 2022-2023*. Accessed 07 July 2024: https://tfhc.nt.gov.au/__data/assets/pdf_file/0020/1124183/disability-strategy.pdf

voiced through the grassroots campaign *Every Australian Counts*. In 2010, the Australian Government requested the Productivity Commission commence its Inquiry into Disability Care and Support, which found that the disability service system was *'underfunded, unfair, fragmented and inefficient'*. It also found that services for Aboriginal people were not functioning well: *'Inadequate services can hit certain communities particularly hard — such as people in regional and remote areas, people from a non-English speaking background and Indigenous people.'*[52]

It outlined what a long-term, quality, support scheme could look like, which led to the establishment of the NDIS, through the *National Disability Insurance Scheme Act 2013*.

In the NT, the NDIS transition started in the trial site of the Barkly Region in 2014, with other regions phased in over time so that the Scheme was fully operational by 1 July 2019. This roll-out was the largest social reform since Medicare in the 1970s.

Current System

The NDIS is now an Australian-wide scheme that aims to enable eligible people with a disability to access the supports they need, in order to 'live the life they choose'. It is based on four principles:

- **Choice and control** - People with disability get to choose and control who provides supports and where they spend their money (within rules) as well as where and when they are provided. This concept underpins the NDIS 'market approach' where it is expected that participant's demand through choice and control of services will grow a sustainable and competitive market of providers (with some NDIA 'market stewardship').
- **Individualised** - People with disability can purchase reasonable and necessary supports they need to pursue their individual goals.
- **Lifetime view** - The NDIS seeks to look beyond a person's immediate needs to what is needed across a person's lifetime. It also includes making early investment.
- **Insurance-based approach** - The insurance approach predicts the costs of support over the life of individuals with disability, helping governments plan for expenditure and sustainability. This forward-looking approach provides incentive for planning for positive outcomes, such as early intervention, to reduce the costs of supports over the long term.

The NDIS has two key strategies relevant to Aboriginal people:

- *NDIA Rural and Remote Strategy 2016-2019* - Created to guide the effective roll out of the NDIS, and ensure the NDIS was responsive to, and appropriate for, people with disability, their families and carers living in regional and remote areas. A Progress Update report was released in July 2021, that detailed the NDIAs key activities related to the Strategy over the four-year period.
- *Aboriginal and Torres Strait Islander Engagement Strategy* – This document is to be superseded by a new *First Nations Strategy* and action plan which is in the early stages of development.

Future System

There are a significant number of reforms and changes that will impact the NDIS and its operations in the NT. Some of these reforms are detailed below.

[52] *Disability Care and Support Productivity Commission Inquiry Report* No. 54, 31 July 2011. Accessed 30 June 2024: https://www.pc.gov.au/inquiries/completed/disability-support/report

Table 6 – Overview of current reforms and changes to the NDIS[53] [54] [55]

Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (the Royal Commission) The Royal Commission was established on 4 April 2019, to inquire into what governments, institutions and the community should do to prevent and better protect people with disability from experiencing all forms of violence, abuse, neglect and exploitation; and promote a more inclusive society that supports the independence of people with disability. The final report was delivered to the Governor-General on 29 September 2023, including 222 recommendations relating to laws, policies, structures, and practices.	**Independent Review into the National Disability Insurance Scheme (NDIS Review)** In 2022, the Minister for the NDIS announced an independent review to address key issues and to improve outcomes for people with a disability. The Review confirmed the widely accepted view that the Scheme is not working in regional and remote areas, and particularly for Aboriginal participants.
NDIS Review Legislation Reform/Changes to the NDIS Act These activities are the first step to reform following the NDIS Review. On 27 March 2024, the Australian Government introduced changes to the *NDIS Act 2013 (NDIS Act)* to enable future improvements to the NDIS and strengthen the NDIS Quality and Safeguards Commission. This includes the NDIS Amendment (Getting the NDIS Back on Track No 1) Bill 2024 as the first tranche of several upcoming amendments to the NDIS Act (not yet passed).	**Joint Standing Committee into National Disability Insurance Scheme Participant Experiences in Regional and Remote Communities** This Committee was tasked with inquiring into the implementation, performance, and governance of the NDIS, including experiences of participants in regional and remote committees. It resulted in submissions and public hearings in Canberra, Broome and Darwin between April and June 2024.
NDIS Provider and Worker Registration Taskforce The Taskforce was established to provide advice on the design and implementation of the new graduated risk-proportionate regulatory model proposed in the NDIS Review in consultation with the disability community. A number of roundtables and consultations have occurred, with some feedback in conflict to the design of the NDIS Review recommendations.	

The findings from this Project will weave in recommendations, directions and submissions from the above reforms where relevant to highlight alignment or areas of conflict.

[53] Australian Government. *Terms of Reference: Building a Strong and Effective NDIS*: Accessed 22 July 2024: https://www.ndisreview.gov.au/about/terms-of-reference
[54] DSS. *The NDIS Amendment Bill - questions and answers*. Accessed 25 July 2024 at https://www.dss.gov.au/the-ndis-amendment-bill-questions-and-answers
[55] Australian Government. *Joint Standing Committee Submission NDIS Participant Experience in Rural and Remote Communities*. Accessed 08 July 2024: https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/RuralRegionalandRemote/Submissions

Summary

As can be seen in this Chapter, the NT has a unique population and geographical trends which should result in a tailored disability support system for Aboriginal people with a disability. While there are a number of strategies and initiatives informing the disability system at present, the sector is currently in-flux due to a number of reforms relating to the NDIS.

The current changes that are underway are timely and interlinked to the findings of this Project discussed in the following Chapters.

3. Map of Disability Supports For Aboriginal People in the Northern Territory

This Chapter provides an overview of disability supports available to Aboriginal people across the NT. Findings are drawn from the Map of Disability Services, data and consultation findings.

Overview of Disability Supports in the Northern Territory

Overall, the Map of Disability Services identified 193 distinct organisations providing supports to Aboriginal people in the NT. This is a significantly lower figure than the NDIA reports. For example, in the three-month period of January to March 2024 the NDIS Report that there were 2,285 active providers[56] [57].

The large gap between these two figures is likely to be due to:

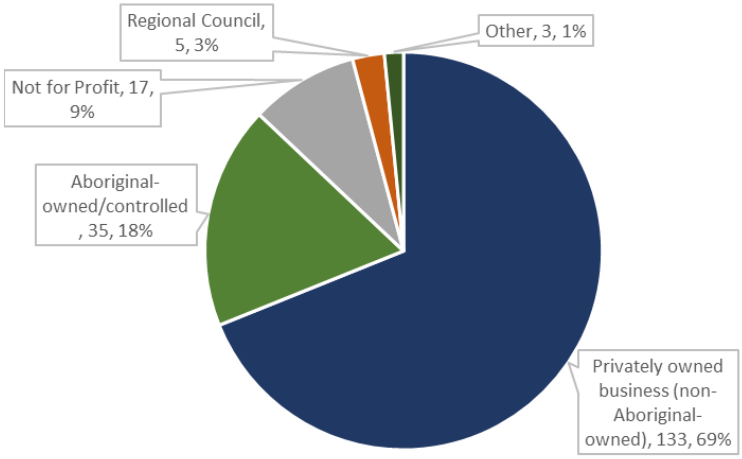
- The Map of Disability Services methodology used as described in **Chapter 1** is different to the data collected in the NDIA's reporting system.
- In the Darwin Region, the Map of Disability Services only included Aboriginal-owned/community-controlled organisations and mainstream providers vouched for by Aboriginal stakeholders. This approach removed the majority of NDIS providers in the NT, given the NDIA report that the majority are servicing participants located in this area (69 per cent of active providers, n= 1,569[58]).

Given these limitations, this Chapter should be used as guiding information only.

Types of Organisations

Of the 193 organisations identified, the majority are privately owned businesses as presented below.

Figure 3: Organisations supporting Aboriginal people with a disability in the NT, by provider type, as at July 2024[59] [60]



[56] Providers who received payments from a NDIS plan: registered and unregistered charging against self, plan and Agency funding.
[57] NDIA. *Explore Data.* Ibid.
[58] Ibid.
[59] Source: See the Report's methodology for the source of information for this figure.
[60] Doesn't include NT Government – it's understood that they no longer provide direct supports. However, some conflicting information was received through consultations at times.

As can be seen in the figure above, only 18 per cent of organisations (n=35) are Aboriginal-owned/community-controlled. This is disproportionate to the 51 per cent of NDIS participants who identify as Aboriginal (and this proportion increases outside of the Darwin Region).

Further, the 18 per cent could be seen as an inflated number as it includes several Aboriginal-owned/community-controlled organisations that provide supports outside of the NDIS system (e.g. RCC program, allied health and SEWB programs).

Aboriginal-owned/community-controlled organisations

The diagram below shows some key features of the 35 organisations who provide supports to Aboriginal people with a disability and who are Aboriginal-owned/community-controlled. The majority of these organisations (71 per cent) are operating within the NDIS system, with others only providing disability-related supports that are not charged to NDIS plans, including the RCC program, health, allied health and SEWB programs.

Figure 4: Overview of Aboriginal-owned and community-controlled organisations' disability services[61]

Interestingly, over half of the Aboriginal-owned/community-controlled organisations are registered with the NDIS, reflecting anecdotal information that many Aboriginal people in regional and remote areas have Agency managed funding (and therefore can only access registered providers).

[61] Map of Disability Services developed for the Project – See methodology section.

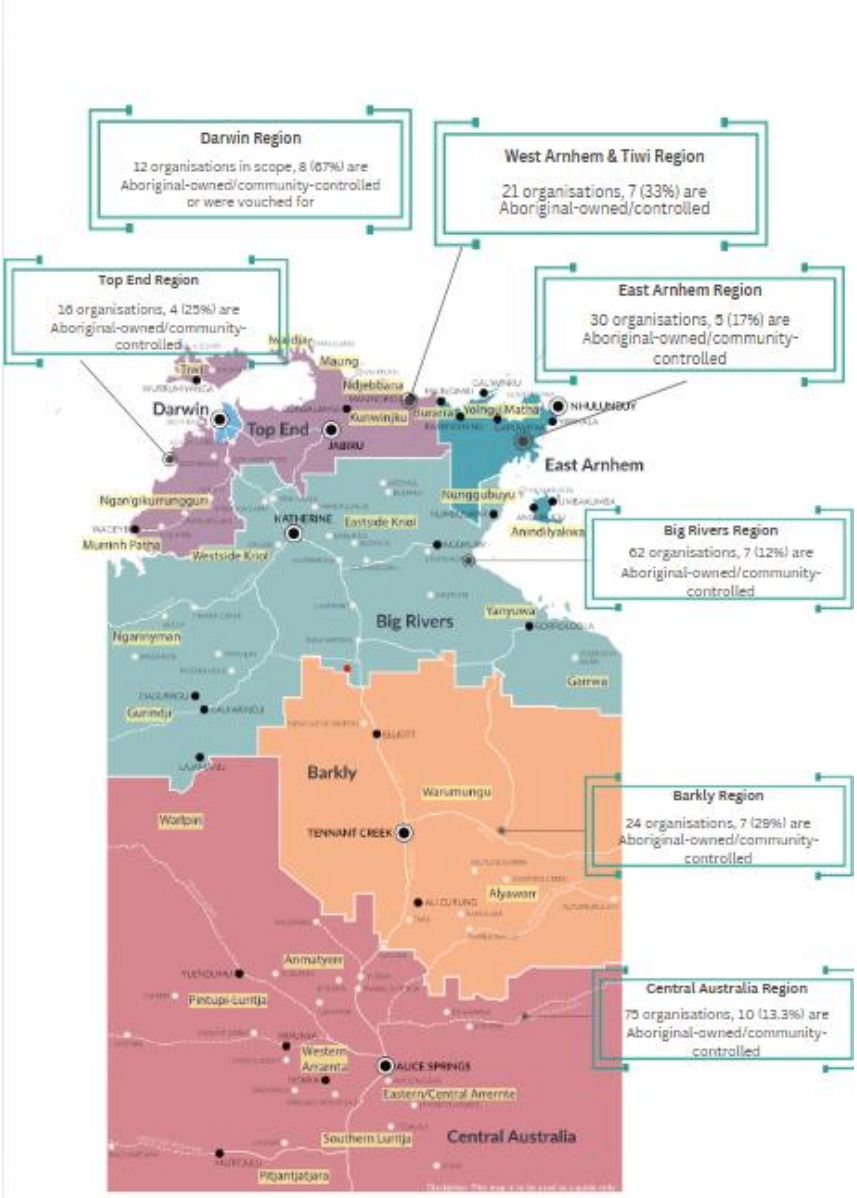
Regional Analysis

Given the geographical and population diversity of the NT, the following section provides a regional analysis of organisations supporting Aboriginal people in the NT.

Overview

The map below summarises the number of organisations identified through the Map of Disability Services, by region. Note that the total number of organisations will be higher than those reported above for the whole NT, as some providers operate across multiple regions. Additional findings are detailed in **Appendix B.**

Figure 5: Map of providers, by region, by Aboriginal-owned or community-controlled organisations [62] [63] [64]



[62] Source: See mapping methodology
[63] NDIA. *Explore Data*. Ibid.
[64] Note: NDIA whole of territory participant and Aboriginal participant numbers do not equal the breakdown by region.

The table below also presents mapping information, by region. It identifies that the NDIS market approach is not working in all seven regions, as defined by significant gaps in the availability of culturally secure services, gaps in support types and the disproportionate number of Aboriginal participants to Aboriginal-owned/community-controlled organisations available (see **Appendix B** for more information).

Table 7: NDIS and Disability Services Mapping data, by region[65] [66]

Region	No. of Aboriginal participants	Plan utilisation	No. of organisations via mapping	No. of Aboriginal-owned/community-controlled	NDIS Market approach working?[67]
Darwin	1,138 (33%)	80%	12[68]	8 (67%)	No
Top End[69]	477 (92%)	60%	16	4 (25%)	No
West Arnhem and Tiwi			21	7 (33%)	No
East Arnhem	230 (95%)	59%	30	5 (17%)	Positive trends, needs support
Big Rivers[70]	206 (66%)	82%	62	7 (12%)	No
Barkly	127 (86%)	66%	24	7 (29%)	No
Central Australia	708 (72%)	80%	75	10 (13.3%)	No
Total Northern Territory	**3,032 (51%)[71]**	**78%**	**N/A**	**35 (18%)[72]**	**N/A**

Metropolitan Findings

In the Darwin Region, Keogh Bay could only identify 12 organisations that were either Aboriginal-owned/community-controlled or could be vouched for as being culturally secure. If the 12 providers were compared to the NDIA's data, where there are 1,569 active providers,[73] this would mean less than 1 per cent of providers are potentially culturally secure.

The number of identified culturally secure providers is disproportionate to the number of NDIS Aboriginal participants in the region (n=1,138). Participants living in Darwin also may have higher

[65] NDIA. *Explore Data*. Ibid.
[66] Note: Total of organisations cannot be provided as some organisations support multiple regions.
[67] 'not working' as defined by the low number of providers, significant gaps in support types, lack of culturally secure services, and the disproportionate number of Aboriginal participants to Aboriginal- owned/community-controlled service providers.
[68] Note: A different method for identifying organisations was used for the Darwin Region, please refer to the methodology.
[69] Called Top End Remote for NDIS Service Districts.
[70] Called Katherine within the NDIS Service Districts.
[71] The number of participants by Region does not add to the total number of NT participants as 'Unspecified NT Region' data is missing from the table as it wasn't available for Aboriginal participants.
[72] The number of Aboriginal owned/community controlled organisations for the whole of the NT is smaller than the sum of providers in each region, as some operate across multiple regions.
[73] NDIA. *Explore Data*. Ibid.

support needs, and therefore needs high levels of supports and skill levels, as they may have travelled out of community for healthcare needs, Supported Independent Living (SIL), and Short-term Accommodation (STA).

While having choice between Aboriginal and mainstream services is sometimes important for privacy reasons (i.e. local people may know the workers in an ACCHS/ACCO), the above findings, along with corresponding stakeholder feedback, is concerning as it indicates that the NDIS 'market approach' is not working for even the capital city of the NT.

Regional and Remote Findings

Stakeholders reported that the NDIS market approach is failing in all but one of the regions (the East Arnhem Region) outside of Darwin; there are not enough providers, let alone quality and culturally secure providers, to support Aboriginal people with a disability. This issue is compounded, the further participants live from major towns.

While East Arnhem Region stakeholders reported that they have seen some improvements in the quantity, cultural security and quality of providers in the market, current organisations still need to see changes to the NDIS to ensure what is in place now is sustainable (further discussed in **Chapter 4 and 5**). In addition, plan utilisations for this region were the lowest of all (59 per cent).

Other findings include that:

- When examining data outside of the metropolitan area, the difference in the proportion of Aboriginal NDIS participants, compared to all NDIS participants, is large, ranging from 66 per cent in the Katherine Region to 95 per cent in the East Arnhem Region. However, the number of Aboriginal-owned/community-controlled organisations providing disability supports is disproportionately low i.e. 12 per cent in the Big Rivers Region to 29 per cent in the Barkly Region.
- As would be expected, the regions with the larger towns of Alice Springs and Katherine have the largest number of organisations identified. However, the East Arnhem Region has a higher number of Aboriginal NDIS participants than the Big Rivers.
- Plan utilisation is worse in the Top End/West Arnhem and Tiwi Regions, as well as the East Arnhem. Although there are many reasons for low Plan utilisation, interestingly, these regions have the lowest number of organisations identified via the Map of Disability Services outside the Darwin Region.
- While plan expenditure appears high in three regions (80 per cent or higher), this report has identified (**Chapter 4**) instances of sharp practices where plans are being 'drained' and significant costs of service related to travel, i.e., plan expenditure may not therefore always be a strong indicator of participants' needs being met or the health of the market.
- Regions closer to Darwin without a major town/city centre (Top End Remote Region and West Arnhem and Tiwi) had fewer organisations with a physical presence than other areas.
- Significant gaps in support types were seen in every region, noting support coordination and community access/group-centre activities are often the most prominently available.
- Private business dominated the provider market in every region examined.

Summary

Positively, this Chapter has identified that there are a number of Aboriginal-owned/community-controlled organisations in the disability/NDIS sector and this provides an opportunity and springboard for further growth, investment and empowerment for communities.

However, this Chapter has identified that overall, the NDIS market approach has not been successful in most NT regions, and in particular, remote communities. The reasons as to why are explored in the following Chapter.

4. Issues within the Disability Sector Impacting Aboriginal People with a Disability

This Chapter summarises the key issues facing the disability sector, particularly the NDIS, that are impacting Aboriginal people with a disability and organisations in the NT. Findings are mainly from stakeholder consultations but also include relevant desktop information.

Overall Findings

This Project identified six overarching issues impacting both Aboriginal participants and organisations (Aboriginal-owned/community-controlled and mainstream), relating to:

1. Accessibility of the NDIS.
2. Appropriateness of NDIS Plans.
3. Cultural security of supports.
4. Support quality.
5. Westernised, metrocentric design of the NDIS.
6. Workforce challenges.

Accessibility of the National Disability Insurance Scheme

Stakeholders communicated that the NDIS is inaccessible to many Aboriginal people in the NT, both in metropolitan and regional/remote areas. This is due to a lack of understanding of the Scheme by Aboriginal people and an inability to obtain sufficient support to navigate the Scheme, and access assessments required to submit an Access Request.

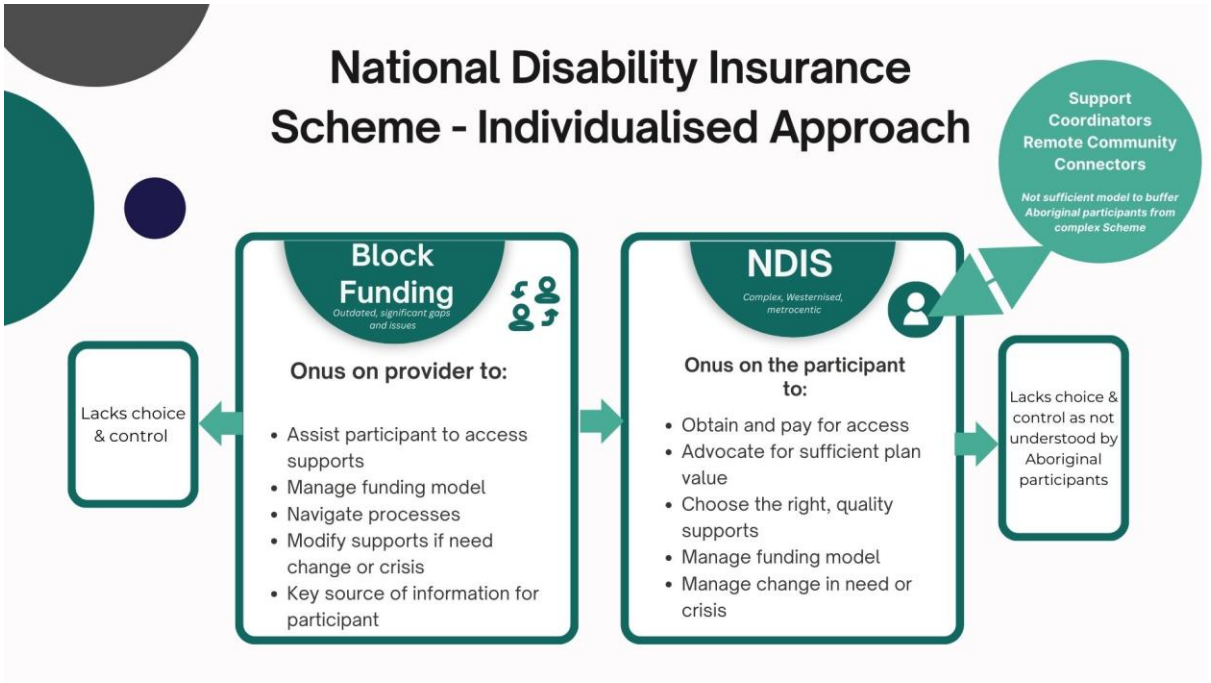
Understanding and Navigating the National Disability Insurance Scheme

ACCHSs, ACCOs and other stakeholders across all regions, report that there is widespread lack of knowledge about the complex NDIS system by Aboriginal people, including how the Scheme works, what it does for people with disability, how to gain access, what supports it provides, and what choice and control means for participants. For Aboriginal people who do not have regular contact with westernised, government processes, the complex NDIS system is even more difficult to understand and interpret into relatable concepts.

Keogh Bay understands that this issue partially stems from the NDIS driving an 'individualised approach' away from a former block funding contract model (noting this approach also had its issues). Under the block funding model, providers would 'buffer' participants, in that they would hold the contract responsibilities for navigating and organising what participants need (and therefore the participant didn't need to understand the broader system). Under the NDIS, however, this requirement is imposed on the individual with the hope that supports will be more person-centred and enable choice and control. While support coordinators and RCCs (and former Access and Evidence Coordinators) are funded to support system access and navigation, these roles are not functioning adequately, due to reasons discussed in the following sections.

This issue is illustrated in the figure below.

Figure 6 – Impact an individualised, complex and westernised, NDIS system has on Aboriginal people with a disability, their family and communities



The impacts of the above issue on Aboriginal people include that:

- people with a disability and their families may not understand that they are entitled to support under the NDIS;
- people with a disability are 'falling through the cracks' and are not accessing the NDIS;
- people are unable to advocate for their needs during planning meetings and in implementing plans;
- some participants don't know if they have NDIS plans or have a provider allocated;
- Where there are low levels of literacy (in English or their own language), people are less likely to engage with (and adequately understand) the written forms of information that are required by the NDIS;
- ACCHSs/ACCOs often need to support participants navigating the NDIS (often unfunded) but can't find out if they have a plan or who their allocated providers are via the NDIA due to privacy reasons (as not legally able to and are not a plan nominee); and
- new providers come to communities to 'round up and sign on' participants, and participants do so, not realising they already have a service provider for the same type of supports.

> "There is a significant barrier to participant choice and control if they cannot access information through appropriate linguistic support".
>
> *Stakeholder*

These concerns are so prevalent that one ACCHS is proactively planning a special project identifying how to better improve referral pathways into the NDIS, as well as assess plan underutilisation so they can address key support gaps.

Ideas for Improvement

It should be noted that these issues have been previously raised during the Royal Commission [74] and the NDIS Review. The NDIS Review also made recommendations relating to new 'Navigators' roles as part of a refined participant pathway model. However, it is unclear whether these roles will result in the disbanding of Aboriginal-owned/community-controlled support coordinators and how these roles will be tailored to Aboriginal people and for those living in remote communities[75].

Ideas for Improvement

- It is unclear whether the NDIA'S proposed Navigator roles will a) take over the Aboriginal-owned/community-controlled support coordinators who have built strong connections in community and b) be suitable for Aboriginal people and remote settings. Any changes in this area need to be done in partnership and co-design with Aboriginal people with disability and Aboriginal-owned/community-controlled organisations.

Access and Evidence Requirements

Many organisations consulted, across multiple NT regions, indicate that there are challenges with Aboriginal people gaining access to the NDIS due to barriers in:

- obtaining clinical assessments and other evidence requirements for Access Requests; and
- accessing support to coordinate, collate and submit Access Requests.

These findings were true for participants in major towns and more remote communities, even in areas where RCC programs were available.

Access to assessments

A strong theme raised by interviewed stakeholders was that there are significant difficulties gaining access to specialist assessment services to provide diagnoses and/or functional assessments, including for FASD.

ACCHSs report that due to a lack of medical and allied health staff, including within the NT Health Children's Development Team, people are waiting up to two to three years for assessments, delaying NDIS Access Requests. Keogh Bay understands that this is an issue experienced in many states and territories across Australia.

Some Aboriginal people with a disability, and parents of children with developmental delays, are also suspicious, fearful and reluctant to engage in assessments; due to distrust in mainstream services or concerns sharing personal information with unknown people for an unknown purpose. For example, child assessments might create anxiety about the possible removal of children.

The impact of the above issue is that Aboriginal people are missing out on critical NDIS supports, of which, are a human right. Further, it skews the picture of true demand and need. For example, one ACCHS estimates that 600 people across 12 communities would likely meet NDIS eligibility requirements but currently there are only 40 to 60 people with NDIS Plans.

[74] Royal Commission. *Listening to First Nations People with Disability*. Accessed 24 July 2024 at https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fdisability.royalcommission.gov.au%2Fsystem%2Ffiles%2F2023-09%2FListening%2520to%2520First%2520Nations%2520people%2520with%2520disability.docx&wdOrigin=BROWSELINK.

[75] Commonwealth of Australia, Department of the Prime Minister and Cabinet. Ibid.

Ideas for improvement

Again, this issue has been raised as part of the NDIS Review and the NDIA has acknowledged the impact of families being unable to access specialist assessments to support applications for access to the NDIS.

Positively, some ACCHSs have made progress in this area and are examples of best practice and innovation. For example, one ACCHS developed a solution (in collaboration with the NDIA), to operate a week-long clinic, where potential participants could receive NDIS education, access and planning, all supported by the ACCHS's RCCs. The NDIA also funded allied health professionals to complete functional assessments on the spot, NDIA planners were present to complete planning meetings as access was granted, and the ACCHS arranged for one of their clinicians to be present to provide additional supporting evidence if required. The clinic resulted in 15 of 16 people meeting access requirements.

In another example, one ACCHS in a very remote community obtained funding for cognitive assessments via the NT Primary Health Network (NTPHN) and then facilitated a telehealth assessment processes for children in collaboration with the local school.

Lastly, the Child and Youth Assessment and Therapeutic Service at Central Australia Aboriginal Congress (CYATS), funded through NDIA alternative arrangements, is having strong outcomes in identifying and assessing children in the Central Australia region. This service employs multidisciplinary allied health professions who assesses, diagnoses and treats Aboriginal children with neurodevelopmental, speech and language development disorders, including FASD. It is also delivered in a culturally secure way using CYATS' 'Bi-Cultural Pairing Model', with participants accessing supports through specialists working alongside a Case Coordinator and Aboriginal Family Support Worker.

Ideas for improvement

- Funding should be made available to replicate Central Australian Aboriginal Congress Aboriginal Corporation's (CYATS') Child and Youth Assessment and Therapeutic Service model in all regions of the NT, including in Darwin where a strong need was identified.

Collation, coordination and submission of evidence to gain access

Keogh Bay understands that RCC roles often support the building of community understanding of the NDIS as well as coordinate the paperwork required for a NDIS Access Request (along with other activities).

When operating well, and able to be recruited to, these roles are critical in building community knowledge of the NDIS and in increasing Aboriginal people's access to the NDIS.

However, many opportunities for improvement have been identified in relation to these roles:

- There are no RCCs (or similar roles) funded for major towns like Katherine, leaving ACCHSs/ACCOs and other organisations to undertake and fund (sometimes unsuccessfully) Access Requests, including the assessments.

- In some regions, where there was a funded RCC, ACCHSs had not heard of the model and didn't know who was providing it in their region.
- Organisations with RCC funding have found the model inflexible as it stipulates how the program should work, rather than it being self-determined by community (some providers ceased their funding due to this issue).
- RCC funding can be insufficient to meet community demand.
- In a very remote community, a former RCC contract was funded to a non-Aboriginal organisation and no services were seen by the community.
- Some ACCHSs stated that where the RCC model is operating (but not through their organisation), they are still having to deliver a similar unfunded role due to RCCs lacking the knowledge and understanding of the NDIS. Many ACCHSs felt that RCCs do not receive adequate training and development to fulfil their role.

> "NDIS should not tell us how to connect with Aboriginal people. You should never have imposed one model which may have worked somewhere – on every Aboriginal community. The model is 'wrong way'."
>
> *ACCHS Stakeholder*

Ideas for Improvement

There has been some prior discussion of the RCC roles requiring improvement, with the expansion of the RCC program mentioned in the Royal Commission (Recommendation 9.4). In addition, the NDIA have announced projects relevant to the RCC role, as follows:

New NDIS Strategy: Remote Servicing Model

The NDIA have recently commenced a 'Remote Servicing Model' which will include a number of strategies. One key component of this strategy is that each region will have assigned Community Connectors (either Local Community Connectors, or Remote Community Connectors) to provide local pathways for participants to understand and access the Scheme.

There is also a team of NDIA Justice Liaison Officers to support staff in custodial and community justice settings to understand and guide NDIS processes and support access to the NDIS.

In addition to the above, one stakeholder communicated that the NDIA will be internally operating an RCC in the Central Desert. Feedback from stakeholders is that the model will not work unless it is provided by a local, trusted organisation.

Ideas for improvement

- The NDIA's new Remote Servicing Model, where regions will have improved access to RCCs or to a Community Connector, is supported by this Report's findings. However, the NDIA should consider, for any new positions allocated:
  - the need for RCCs to be employed within a local, trusted ACCO or ACCHS;
  - RCC roles to be based on contracts that allow for the funded provider to deliver a self-determined, flexible, and culturally secure approach that suits each community;
  - RCC contracts must prioritise NDIS access and entry supports and should be funded adequately to deliver a model similar to the previous Evidence, Access, Coordination and Planning (EACP) funding which allowed for Allied Health professionals and clinicians to support RCC outcomes (including innovative approaches such as 'Access Clinics' that address the excessive waitlists across NT for access and evidence); and
  - If Community Connectors are allocated to cities or towns (e.g. Darwin, Katherine, and Alice Springs etc.), then NDIA needs to consider whether these roles also need to meet the above RCC specifications.
- The NDIA could consider reviewing any existing RCC contracts, to ensure they:
  - Are provided by the most appropriate provider, with preference to local community-controlled organisations and in accordance with community preferences; and
  - They are sufficiently funded and allow the provider to deliver a self-determined, flexible, and culturally secure approach that suits each community, and meets local access and entry challenges.
- If not already available, given the complexity of the NDIS, the NDIA should provide RCCs and Community Connectors with standardised supports developed and delivered in a culturally secure way (Keogh Bay notes the NDIA did deliver training to RCCs and the former Evidence, Access, Coordination and Planning (EACP) Program roles some time ago). This could include training, ongoing support and a central point for queries and resolving blockages (delivered by someone who understands regional and remote service provision).

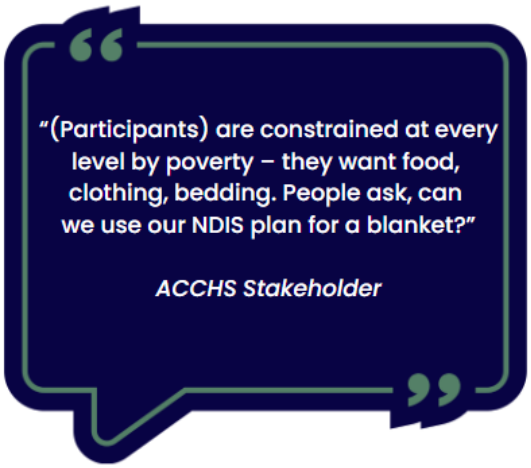
Appropriateness of National Disability Insurance Scheme Plans

When Aboriginal people with disability are deemed as meeting the Access Criteria for the NDIS, the next stage is plan development. Plan development can include the use of assessment tools and often conversations with NDIA planners (often via telehealth). ACCHSs have described the following problems facing Aboriginal people with disability in relation to these processes:

- Planners do not have enough understanding of Aboriginal people and remote communities to develop an adequate plan and funding.
- Planners are not knowledgeable about the Scheme itself and more complex matters such as the intersection of aged care and the NDIS.

> "The assessment tools are not specifically appropriate for (this) culture, society and environment. Assessors need an in-depth knowledge of the local situation and relationships if they are to take these environmental factors into account in their assessment. People do not value or trust paperwork, as the culture is oral".
>
> *NPY Women's Council Submission to the Joint Standing Committee on the NDIS Inquiry into NDIS Participant Experience in Rural, Remote and Very Remote Australia*

- Many participants are disempowered by the planning process as it is based on complex terminology, unfamiliar concepts and Western cultural values.
- People do not seem 'empowered' to take ownership of their plan story and their plan, it seems 'owned' by providers.
- The NDIS does not support the use of culturally competent, place-based, bi-cultural models for interpreting during planning, and the cultural safety and effectiveness of the process is compromised.
- A significant number of ACCHSs interviewed, indicated that NDIS planning meetings do not use culturally competent practices and tools and written documentation is often meaningless to the participant.
- The supports in people's plans are often not the right ones, with critical services such as cleaning being denied due the 'reasonable expectation of informal supports' i.e., other adults residing in the home should be doing the cleaning. However, this is often not realistic in many remote communities resulting in issues for the person with a disability.
- People living in extreme poverty without access to food, warmth and shelter may not value NDIS supports; nor understand why they have significant funding in their Plans but cannot access critical and basic life needs.



Plan Funding Levels

Stakeholders consulted across all regions reported issues with the funding levels in Aboriginal participant's plans, namely

- Funding levels in plans are inadequate and inequitable across participants particularly for travel costs of visiting therapists and support coordinators, participant travel, community access across communities, support coordination services and equipment repairs.
    - Examples were given where support coordinators have insufficient funding for any visits to community or only three visits a year.
    - Support coordination levels are often not suitable as many people need case management versus coordination, given complex issues experienced. This includes basic needs not being met, whole of family approaches, communicating with the Public Guardian and Trustee, organising visiting services and participant travel to major centres for assessments/equipment trials, and changing situations in community. Many ACCHSs are funding the gap in plans associated with support coordination.
- Funding levels do not represent the intensive support required to provide culturally secure practices to build trust and empower Aboriginal people to take ownership of their plans.
- Plans don't include sufficient funding for culturally secure ways of working such as bi-cultural pairing of two workers (Keogh Bay notes allied health assistant Support Items may cover circumstances where one of the workers is an allied health assistant, but it is not an exact match for a bi-cultural model).
- NDIS planners were described as having a lack of understanding of the extent to which coordination activities must take place for some Aboriginal participants e.g., intense planning for external services to travel to a community, cancellations and then additional planning

activities, due to Sorry Business, flooding etc. Some allied health providers are not paid for this planning work and operate as a loss.

- Plans don't cover significant costs relating to charter flights.
- Planners do not use allied health assessment recommendations for funding levels, or aids and equipment, and as a result end up with underfunded plans.

The impacts of the above issues are as follows:

- families and community lose trust in the NDIS and disengage;
- participant plans and goals are not meaningful, person-centred or relevant;
- participants don't receive adequate supports that are critical to quality of life;
- reduced sustainability of NDIS organisations;
- reduction in the number of providers who want to service remote communities;
- continual reassessment work to obtain new evidence to submit to the NDIA to obtain a better level of plan funding; and
- delays in receiving aids and equipment which results in children outgrowing what was prescribed.

A case study sourced from Project consultations is described below:

Ideas for Improvement

Keogh Bay understands that the NDIS is aware of these issues with plan quality and funding and has initiated plans to address some of the concerns as per below.

New NDIS Strategy: Remote Servicing Model- Alternative Approaches to Market Gaps

The NDIA has recently commenced a 'Remote Servicing Model' which includes a number of strategies. This initiative will see NDIA teams assigned to geographic regions; with six teams servicing Greater Darwin, Top End (including West Arnhem), East Arnhem, Big Rivers, Barkly and Central Australia (including NG Lands). This structure aims to improve relationships between participants and planners over time, encourage a less transactional approach to planning, and improved NDIS Plans.

Each region will have an Assistant Director to better engage the local stakeholder market and facilitate flexible funding approaches.

Ideas for improvement

- The NDIA's new Remote Servicing Model, which aims to encourage a less transactional approach, is supported by findings of this Report. However, when developing the new model, the NDIA should ensure it is based on the principles of building trust, knowledge, and connection with individual Aboriginal towns, communities, and groups. NDIA planners need to build plans and plan values using the concepts of trust, knowledge, and connection, along with professional reports and assessments done by those who know the participant and family well. Where possible, the NDIA should fund local cultural brokerage models during planning. Without these factors, plans will continue to be inappropriate. The NDIA should also consider the following.
  - Operating access clinics across the NT, supported by NDIA planners, allied health professionals and clinicians, RCCs and using local cultural brokerage models, to support streamlined access and evidence processes for identified potential NDIS participants, and reduce the current, excessive wait times (as per earlier RCC ideas for improvement).
  - Need assessment tools being developed/in place internally within the NDIA may not be culturally secure (as are often developed based on mainstream populations) and therefore are not a good indication of need. New, culturally secure need assessment tools should be developed in partnership with Aboriginal people with disability and ACCHSs/ACCOs, and NDIA Planners should receive training in the use of the tools.

Cultural Safety

All stakeholders consulted conveyed that that there are very few culturally safe services across the NT, outside of Aboriginal-owned/community-controlled organisations. There is a significant lack of knowledge about cultural safety, and low cultural competency levels, with providers under no obligation to meet the cultural needs of participants. They described typical attempts at cultural safety as some artwork on walls or providing documents in plain English/local language that providers could show auditors.

A case study illustrating this issue is below:

Case Study

A young Aboriginal person from a remote area is now living in a larger town.

He has grown up in out-of-home care and is under guardianship . He doesn't have good links back home or to family. This young man just sits at his accommodation and the only cultural support he is provided with is a dot painting on the wall and a fishing rod. The provider might 'make some smoke' and call it connecting with culture

In addition, stakeholders discussed that:

- Often NDIS providers (particularly those visiting regions through fly-in-fly-out (FIFO) or drive-in-drive-out (DIDO) arrangements) lack understanding of the need for collective decision-making, centring on the family and kinship relationships, and negotiate directly with individuals.
- NDIS providers do not properly arrange visits to community and are not able to deliver supports (triggering costly cancellation fees).
- The high use of a migrant workforce means many workers do not have experience with, or understanding of, Aboriginal culture. Navigating language barriers between culturally and linguistically diverse (CALD) workers and Aboriginal people, both with English as a second language, was discussed as being challenging. One ACCHS explained that they have people coming into their service because they cannot understand the worker at their allocated NDIS provider.

The concerns explored above were also highlighted in the NDIS Review, the Joint Standing Committee into NDIS Participant Experiences in Regional and Remote Communities as well as in the Royal Commission. The latter reform included Recommendation 9.12 which relates to developing disability inclusive cultural safety standards for anyone delivering disability supports as well as organisations in other sectors (health etc.).

Positive Examples of Cultural Security

Keogh Bay did hear from stakeholders about positive examples of growing cultural security in mainstream providers, particularly within the East Arnhem region and unregistered sole trader organisations who have greater flexibility, versus larger organisations who are risk adverse and have more policies and procedures.

Aboriginal-owned/community-controlled organisations are also demonstrating excellent examples of good practice including bi-cultural pairing described earlier, community development activities, the former employment of family members, strong collaboration with local schools and providers, and special projects. One ACCHS was described as having a NDIS coordinator who takes a daily community development role to deeply connect with, and makes themselves available to, participants, families and the community, and works to connect together and coordinate other services in the area. Further information about the cultural safety of ACCHSs (and ACCOs) is explored in **Chapter 5.**

Ideas for Improvement

Ideas for improvement

- ACCHSs should be supported to increase their presence in the NDIS sector to allow for an improvement in the availability of culturally secure services available under the NDIS (specific ideas discussed further in the Report).
- The NDIS Quality and Safeguards Commission should expand on the Royal Commission's Recommendation 9.12 and add cultural safety standards to the NDIS Practice Standards. These Standards should be developed via co-design with Aboriginal people with a disability and community.
- The NDIS Quality and Safeguards Commission should ensure that NDIS auditors that undertake audits with providers in regional and remote areas (and who provide supports to Aboriginal people with a disability) receive training in:
  - culturally secure ways of working, understanding regional and remote service delivery contexts, the unique needs of Aboriginal people with disability; and
  - what evidence of culturally secure service looks like, to meet cultural safety standards (once developed).
- The NDIS Quality and Safeguards Commission should support a capacity-building approach to quality improvement with NDIS unregistered and registered providers in regional and remote areas, and with mainstream services in relation to culturally secure and safe services.

Quality of Supports

The quality of NDIS providers in the NT, particularly in remote communities, was deemed to be low and was highly dependent on individual workers.

Poor quality often related to disability support workers as they can 'just walk off the street' and commence services without experience and qualifications. This was a particular concern of stakeholders interviewed when these roles support participants with complex health issues, medication management requirements and where there is an inter-relationship between social issues and disability. Support Coordinators were also described as having varied level of service quality.

As a result of these issues, participants did not engage with services and ACCHSs are having to provide support through their own funds or through their mainstream programs e.g., health, allied health, and SEWB programs. Other impacts of poor service quality were participant health deterioration, lack of needs and goals being met and disengagement with the NDIS.

Another skill that was significantly lacking in the sector was an understanding of how remote communities operate, including understanding why participants may not be available for appointments (cultural responsibilities, lack of sleep due to overcrowding etc.) and an inability to adequately plan and conduct visits.

Many ACCHSs and ACCOs commented on having to support mainstream providers with their visits to community through their workforce and infrastructure resources, including:

- locating where participants are;
- picking up visiting workers from the airstrip and driving them around community (with high fuel prices and ongoing vehicle repair costs due to unrepaired/unsealed roads); and

- providing internet, facilities, accommodation and access to health records.

Some ACCHSs believed there should be minimum training for support workers, minimum provider obligations and a need to screen providers to ensure they have experience of working with people in remote communities. With regard to the latter two points, many ACCHS Support Coordinators reported that they already do these tasks to protect participants.

Barriers to adequate training in regional and remote areas compound the above issues as there is a lack of timely, affordable development opportunities, and significant time and investment is required to upskill (particularly CALD) workers in Aboriginal history, culture, local expectations and protocols.

Another issue impacting service quality was described as a service culture of competition rather than collaboration, which has led to unethical practices among workers and providers and adverse participant outcomes. One ACCHS described an instance where a staff member had applied for (and been recruited to) a Support Coordinator position, with the direct intent of funneling participants to a business they had a personal interest in (that was undisclosed). Another instance they raised was when a staff member removed documents and templates for their own use in starting a NDIS business, which also included confidential participant information. This ACCHS had undertaken quality recruitment, screening, onboarding and staff development processes and had clear (and compliant) conflict of interest and participant information/privacy policies in place; however, these safeguards could not mitigate the risk posed by the culture of competition among some providers.

Sharp Practices, Abuse and Exploitation

ACCHS and ACCOs provided other examples of unethical practices, with providers arriving in towns and communities with an intention to 'round up and sign on' new participants with enticements (i.e. sharp practices). This seemed to be particularly prevalent in the Big Rivers and Central Australia Regions. Participants' lack of understanding of the NDIS, their rights, poverty, hardship and cognitive disability were reported to increase participant's vulnerability to sharp practices.

Examples of sharp practices included the pushing of Service Agreements while offering enticements of free food, cigarettes, free fuel, holidays and STA supports that were not feasible. Some ACCHSs described finding that thousands of dollars had been drawn down on the participant's plan funding in just over one-week, exhausting plan budgets, with the provider never heard from again (and commensurate supports not provided). Three ACCHSs stated that they had recently reported service providers to the NDIS Quality and Safety Commission for sharp and unsafe practices.

> "Aboriginal people are being seen as a commodity to be exploited rather than a person to be supported."
>
> *Stakeholder*

Two examples of abuse and neglect were collected as part of this Project. One relating to alleged predatory grooming, followed by sexual and financial abuse/exploitation of an Aboriginal participant. Another was relating to a participant living in an unsafe SIL that was dirty and unkempt and participants were not supported to engage with external supports.

A case study provided by a stakeholder relating to sharp practices is depicted below.

Case Study

A NDIS participant had not been contacted by her Support Coordinator for over one year due to change of staff and COVID protocols with home-visiting. She had lost contact with her supports and her wheelchair was in disrepair. She was approached by another Support Coordination provider on the street, who purchased her an "off-the-shelf" wheelchair (not clinically suitable) in exchange for signing up to their service. When this was identified by the ACCHS, the new Support Coordinator refused to release new funding and she was unable to access any services for a period. Disability Advocacy Services assisted her to apply for a 'light touch' review to change their Support Coordination provider. This triggered a new plan and the participant's NDIS funding was significantly reduced. The ACCHS has spent the last two years applying, appealing and advocating for supports for this participant at great cost to the system, for relatively low-cost assistive technology needs.

Westernised and Metro-centric Design of the System

There were key issues identified with the structures and policies underpinning the NDIS that restricted outcomes for Aboriginal people with a disability. These are detailed below.

Market Approach

The success of the NDIS currently relies on a competitive market approach where demand will drive an adequate provider market to supply the supports people with a disability need. The market approach is supported the NDIA's market stewardship role and a complex funding framework.

This approach, as described in **Chapter 3** and during stakeholder interviews**,** is failing across the NT and making service delivery difficult for Aboriginal-owned/community-controlled organisations. This theme was true for markets in major towns, but further exacerbated in more remote communities where there is a "dire' lack of supports. This finding conflicts with the underpinning principles of the NT Disability Strategy that specifies that people with a disability should not be disadvantaged due to personal circumstances such as their home[76].

> "Stop with the rhetoric about services increasing due to competitive market. Ten years of the NDIS and people's lives. The market approach can't work (in remote areas). The workforce will not grow to meet service delivery needs."
>
> *ACCHS Stakeholder*

Stakeholders described that the market approach doesn't work for Aboriginal people and remote communities because:

- The populations in remote communities are too small to drive a market, compounded by many eligible participants are not yet able to access the scheme.
- The challenges of remote service delivery are too high and can only be delivered by local services who are well embedded into the community or who are highly experienced in the

[76] NT Government. Ibid.

area (such as ACCHSs/ACCOs). However, these organisations often can't enter the market or expand to meet community need due to the market approach (and funding model).

- Providers that might consider entering the NDIS to meet market gaps cannot obtain information from the NDIA about the participant cohort, and therefore cannot undertake adequate planning for sustainable service delivery.
- A market approach encourages competition, not collaboration, (as raised earlier) with ACCHSs reporting issues with information sharing and external organisations not working with ACCHSs adequately.
- For those who can access supports, the approach can result in different, disjointed organisations supporting people, with little coordination (making it different for organisations outside the NDIS like ACCHS to work collaboratively with NDIS providers).

As a result of market failure, people with a disability were receiving none or extremely minimal disability supports with impacts as follows:

- participants must leave community for bigger towns or cities to access services (often culturally unsafe), reducing social and emotional health and connection to kin and Country;
- people are unable to leave the house or move around community;
- participants are living in poor, unclean and neglectful conditions without support for daily meals, daily living, linen, safe housing and medication;
- participants must access support coordinators in Darwin (living in a regional area) or different states, and as a result they have minimal knowledge about the participant, their community and enough information to safeguard the participant;
- there are safety risks caused by inconsistent services, where changes may go undetected; including changes to a person's functional capacity, support needs or urgent equipment repair;
- Regional Councils have stepped in to deliver supports in communities given they have infrastructure and workforce; and
- ACCHSs are supporting participants through cross subsidisation from other areas or their own funding, including:
    - case coordination and case management, including intense support for people experiencing complex issues;
    - mental health nurses for people experiencing psychosocial issues;
    - health and allied health;
    - SEWB programs;
    - aids and equipment; and
    - aged care programs (which often have a more flexible, culturally secure block funding model under the Commonwealth Home Support Program [CHSP] or National Aboriginal and Torres Strait Islander Aged Care Program [NATSIFACP]; but may not support the dignity of younger participants).

Ideas for Improvement

Again, this issue has been identified in the Joint Standing Committee and the NDIS Review. The NDIS Review has announced major changes to the NDIS Market approach through Recommendation 13: Strengthen market monitoring and response to challenges in coordinating the NDIS market and has commenced the following related initiatives:

NDIS Strategy: Market Facilitation Approach

This describes the approach by the NDIA to match participants to providers, particularly where there are few or no providers. Providers are still funded under the NDIS pricing framework and usual provider registration requirements apply.

NDIS Strategy: Coordinated Funding Proposals

This model allows a group of participants to pool their Plan funding to achieve economies of scale, and a more sustainable proposition for the provider. It can theoretically allow the participants in the group to choose a better quality, more culturally safe provider as they have more 'buying power'.

Both of the above approaches are intended to be supported by the NDIA's Remote Servicing Model, which includes geographically linked NDIA teams; each assigned an Assistant Director charged with engaging the local provider market.

While it is positive that the NDIA has recommended a new Market Facilitation Approach and Coordinated Funding Proposals, particularly for non-Indigenous people living in regional and remote areas, these initiatives still rely on providers being available and appropriate for Aboriginal people (i.e. culturally secure and high quality), and for the current funding framework (and plan values) to be sustainable to meet the needs of Aboriginal participants living in regional and remote areas. This conflicts with findings of this Report and therefore other recommendations should be considered as discussed further below. Also of note, the Remote Servicing Model requires the NDIA staff that service the regions to have strong local knowledge and cultural competency. While it is noted that NDIA intends to increase its Aboriginal workforce (particularly in these roles), all non-Indigenous staff will need to be supported to engage with Aboriginal people with disability, communities and organisations in culturally competent ways, and all staff will need to develop significant local knowledge and build community trust.

Funding Framework

For those ACCHS and ACCOs operating within the NDIS system, the majority discussed how the funding framework set by the NDIA to steward the market does not work for Aboriginal people and remote environments.

This particularly refers to the funding framework (which is to be adhered to for registered providers) which uses, in the main, the concept of 'unit costing.' Unit costing is where providers deliver an hour of service and charge a billable hour that includes the costs of a worker base salary, direct on-costs, operational overheads, corporate overheads and a margin set under the *Disability Support Worker Cost Model.*

As a registered NDIS provider, when and how you charge this billable hour is also guided by a complex *Pricing Arrangements and Price Limits* Document and Catalogue, including maximum price limits (noting some items are quoted or have no price limits), worker travel guidelines, cancellation rules, and a prescribed list of Support Items[77].

Issues associated with the application of this model for Aboriginal participants and organisations is as follows:

[77] NDIA. *Pricing Arrangement and Price Limits*. Accessed 26/07/24 at https://www.ndis.gov.au/providers/pricing-arrangements.

- Funding is not available to support ACCHSs/ACCOs to enter the NDIS market and there are significant costs and risks which must be considered e.g., Project Officer/management role to begin the transition, navigate registration, develop policies, procedures and culturally secure service models, build new facilities, equipment, and local staff training etc.
- Support Items are not flexible enough for ACCHSs/ACCOs to charge time for:
    - building trust and connection;
    - locating participants who live across multiple homes or communities;
    - community development work to connect with families, participants and joining up service providers cannot be charged;
    - return to Country activities (as far as Keogh Bay understands) with some ACCOs fundraising for people with a disability to return to Country (this right is also a priority Action under the NT Disability Strategy[78]); and
    - driving visiting therapists or Support Coordinators around towns/communities, doing introductions and locating the participant (may fit under some support coordination activities but would not be adequate funding in plans).
- Cancellation fees are being charged significantly when workers, particularly mainstream or FIFO/DIDO workers, can't locate a participant causing inefficiencies for the NDIS.
- Participants may leave the community or be unavailable for supports due to cultural obligations or issues relating to housing and food insecurity, and therefore there is no NDIS support accessed. However, providers must continue to pay staff resulting in financial sustainability issues.
- The description (and funding) of support coordination doesn't reflect the significant work required to support Aboriginal participants or in remote areas where more a case management or high intensity coordination approach is required to support family, coordinate external service visits, access to housing, food and other basic life requirements, safeguard participants from low quality/sharp practice providers, as well as community connection and relationship building work.
- Team leaders/coordinators/managers often have more work associated with community development and problem solving compared to those in metropolitan areas, and this work cannot be charged.
- The NDIA Payment Assurance Program, and the process of issuing invoices or claims, requires significant work in communities where workers are not used to using computers and skills in writing are not always strong. Issuing of invoicing and claims was described by ACCHSs as "unrealistic" for smaller organisations that do not have a strong administrative workforce.

[78] NT Government. Ibid.

Keogh Bay notes from past projects that in order to remain sustainable, organisations need senior financial skills in tracking staff utilisation and billable hours and ACCHSs/ACCOs don't always have relevant staff as part of their team to be able to ensure supports remain viable.

The impacts of the above are that participants may not be able to receive coordinated, continued and culturally secure supports. Further, Aboriginal-owned/community-controlled organisations struggle to remain viable or use other funding avenues to deliver supports in a culturally secure manner.

> "For the NDIS (block-funding) looks like conflicts of interest, removing choice and control. In reality, this looks like wrap around service, continuity of care, coordination, participants getting to choose their services, cultural safety, good multi-discipline service, actual access to services that is not currently happening".
>
> *ACCHS Stakeholder*

Ideas for Improvement

The above issues are well documented in the Royal Commission, Joint Standing Committee and the NDIS Review. As a result, the NDIS Review's Recommendation 14 suggests new commissioning approaches as follows: *Improve access to supports for Aboriginal participants across Australia and for all participants in remote communities through alternative commissioning arrangements.*

Positively the NDIA and Department of Social Services (DSS) have commenced the actioning of this recommendation as follows:

Direct Commissioning

Direct Commissioning will be a model used by the NDIA to enter into a contract with a provider to fill service gaps where markets have failed. It could include contracting a provider or panel of providers to deliver supports and services, or aggregating participant funding to commission supports (similarly to Coordinated Funding Proposals.

The key difference with this approach is that the funding is not constrained by the pricing framework (and the funds available in pooled Plan budgets) and can therefore be more flexible in meeting the needs of the participants and providers, where the service gap exists.

The Remote Servicing Model is intended to support this approach, with local Assistant Directors in the geographically linked NDIA teams, to engage the local provider market.

This model could potentially support capacity-building for one or more local providers to start, grow and improve their NDIS services. It could be applied where providers take a case management and coordination role, delivering key services (such as personal supports, community access) and facilitating other visiting services. [79]

Alternative Commissioning

The NDIA is also trialling alternative commissioning arrangements in locations it identifies as having 'persistent market gaps'. The DSS are responsible for strategic oversight of the alternative commissioning pilots. It is understood that the sites for the pilot are being selected based on NDIA market data. Maningrida has been publicly identified as a trial site in the NT along with another site (yet to be announced) in Western Australia.

[79] NDIA, *Market Monitoring and Intervention*. Source: https://www.ndis.gov.au/providers/market-monitoring-and-intervention accessed 15 July 2024

These initiatives are a positive step in addressing issues with the NDIS funding model and the findings of this Report. However, it should be noted that there is a lack of understanding about the approaches the NDIA is taking to address service gaps. The information that is publicly available is minimal and confusing; and it was reported by stakeholders that there are concerns that trials will commence on the ground with little engagement or communication with local ACCHSs, ACCOs or local authority structures.

Ideas for consideration when implementing these new approaches is below.

Ideas for improvement

- In implementing new funding approaches, the NDIA/DSS to consider the following:
  - Communication strategies about the new initiatives are to be transparent to Aboriginal peaks and organisations, including about the scope, progression, and site selection process.
  - Direct Commissioning needs to ensure that culturally secure, local, trusted organisations are engaged, preferencing Aboriginal community-controlled organisations.
  - Selection of the sites should not just be based on data (given some of the issues identified in this report with it not being accurate reflections of markets and demand) and involve discussions with AMSANT and ACCHSs/ACCOs at the community level about appropriate locations and organisations.
  - ACCHSs/ACCOs in selected communities should be strongly engaged in the planning process of this new approach including what supports they need to move into the NDIS sector (start-up costs, infrastructure, workforce and specialist consultancy support was raised through this Project).
  - The new model should take a community-led approach and recognise existing local authority structures.
  - Funding should be adequate to cover culturally secure models of working, as explored within this Report and self-determined by local Aboriginal-owned/community-controlled organisations.
  - NDIA/DSS need to walk between two worlds during these projects, explaining the NDIS' westernised approaches (policies, participant pathways, funding framework, registration etc.) in a way Aboriginal communities can understand, which will require investment in the skills and knowledge of all NDIA workers that work with Aboriginal people with disability, community and Aboriginal organisations; and/or engage experienced consultants who can support this process.
- For sites not operating under new funding approaches, the NDIA should consider allowing greater flexibility for Aboriginal-owned/community-controlled organisations in charging for the following (and Plans need to reflect greater values subsequently):
  - cultural and language supports (including cultural brokerage/bi-cultural pairing models etc);
  - Return to Country services;
  - community development work;
  - participant connection and location activities; and supporting visiting professionals.

  There should be flexibility in how ACCHS/ACCOs deliver place-based cultural service models (i.e. clarifying the interpreting support options for Participants with language barriers and removing the requirement for AIS accredited interpreters as this limits choice and control).

The National Indigenous Australians Agency (NIAA) has also committed funding *for Integrated Care and Commissioning Trials*, in up to ten regional and remote areas experiencing care and support supply gaps for Aboriginal people. It aims to coordinate agencies and resources to improve access to

services in health, aged care, disability and more; while addressing cultural safety issues through *'collaborative, place-based and innovative approaches'*.[80] Again, this report supports this model, as long as NIAA has strong understanding of the NDIS given the complexity of issues identified in this Report.

Provider Registration

Another area where the NDIS has been established to suit mainstream and metropolitan providers, is provider registration.

Feedback from organisations consulted indicate that the NDIS quality and safeguarding requirements are burdensome and do not suit the remote Aboriginal service delivery context. For example, Board members and other Aboriginal staff may not have identification documentation making it difficult to obtain NDIS Worker Screening.

In addition, the paperwork requirements were described as meaningless to local workers and participants, and evidencing compliance requires considerable work arounds. As one stakeholder described "*They make sense in white fella world, but not in a remote community where 15 to 20 people are living in the (one) home*."

Lastly, the registration process was seen as bringing no benefit as it reduces flexibility even though organisations have been through checks and balances (and therefore should be trusted more).

These concerns are compounded for Aboriginal-owned/community-controlled organisations as they have no choice but to register, given many Aboriginal people have funding that is Agency-managed.

Ideas for improvement

- The NDIS Quality and Safeguards Commission to examine the feasibility of these ideas relating to provider registration:
  - Aboriginal-owned/community-controlled organisations who pass the Aged Care Quality Standards (or other relevant standards) to have a reduced or more streamlined NDIS audit.
  - The NDIS Practice Standards, and/or the audit evidence required, are revised to:
    - be better suited to organisations who work with Aboriginal participants and in regional and remote settings (supports are flexible, place-based and include 'work arounds');
    - include how Aboriginal worldviews impact disability services;
    - allow for a capacity-building approach to NDIS audits for Aboriginal-owned/community-controlled organisations.
  - NDIS auditors are supported to work in a more culturally secure manner including mandatory training (as noted previously), adaptation of the audit paperwork issued to providers (currently complex and not in plain English) and include more Aboriginal people within their teams.
- Any changes to the NDIS Registration process resulting from the NDIS Review *(Recommendation 17—Develop and deliver a risk-proportionate model for the visibility and regulation of all providers and workers)* must consider the impacts and needs of Aboriginal-owned/community-controlled organisations given they are a cohort significantly impacted by these changes as many of their community have Agency-managed funding in their Plan.

[80] NIAA. *Integrated Care and Commissioning Project*. Source: https://www.niaa.gov.au/our-work/closing-gap/integrated-care-and-commissioning-project accessed 15 July 2024

Other Westernised Elements Restricting Culturally Secure Practices

The table below lists a number of additional elements of the NDIS system, not already discussed, that should be changed to ensure that disability supports meet the needs of Aboriginal people.

These elements impact all levels of Aboriginal-owned/community-controlled organisations (including private Aboriginal businesses); from management and service delivery staff, through to the Board (who are often Elders and leaders steeped in cultural knowledge but where English is a second or third language) who must understand the NDIS funding framework and rules and speak to auditors.

Table 8 – Overview of some of the westernised practices and policies of the NDIS

Delivery of supports	Under the NDIS, organisations must use accredited interpreters, however, best practice is sometimes to use local community members who are not accredited.
	Messaging in the sector relating to organisations delivering support coordination as well as other supports and it being a conflict of interest, is not always relevant to regional and remote areas. In some areas there are few quality/culturally secure support options and some participants prefer to have the one trusted organisation.
	Engagement of family members is not available unless there are extreme circumstances, yet it is often the most culturally secure and sometimes the only option in community.
	Plans are for the individual but supports in practice have to cater for the family. ACCHSs would like to provide domestic cleaning, yard maintenance, meal planning etc., but it is difficult to provide these supports to only one person who does not have their own room and when overcrowding is an issue in most houses.
Information	After reports of Reportable Incidents, ACCHS/ACCO reporters are informed they are not allowed any information on case progress, yet they are the sole safeguarding mechanism for that person in community and need collaboration to ensure the person with a disability is kept safe.
	Information on the NDIA and NDIS Quality and Safeguards Commission website is very technical and difficult to understand for many people.
	Gaining clear information via phone, email or website from the NDIA and NDIS Quality and Safeguards Commission is difficult.
Overarching system	The NDIS separates its responsibilities with other systems including health, justice, and education. However, when working with Aboriginal people, these intersections cannot be separated, and disability needs are intertwined with these areas.

Ideas for improvement

Positively, Keogh Bay notes that the NDIA have a number of new initiatives underway that will empower the voice of Aboriginal people within the NDIS system:

- The NDIA is partnering with the First Peoples Disability Network (FPDN) to co-design a new *First Nations Strategy and Action Plan* and established a First Nations Advisory Council to ensure the Strategy is governed by First Nations people with disability; in recognition of the

work needed to ensure Aboriginal people living with disability have access to the disability support they need. [81]

- In February 2024, the NDIA established a First Nations Branch operating from Brisbane, and a new Deputy Chief Executive Officer for First Nations people (Adjunct Professor Janine Mohamed) was announced. [82]
- The NT Government's Disability Strategy Action Plan 2022-2025 (through the Department of Territory Families Housing and Communities) has committed to establishing an Aboriginal Disability Peak for the NT by 2025[83].

Keogh Bay also propose the following ideas for improvement.

Ideas for improvement

- Increase to support coordination funding (preferably under alternative funding arrangements) for Aboriginal people to ensure support coordinators have sufficient funds to support cross-sector work in areas such as housing, mental health, justice, child protection and education.
- The proposed Navigator roles should be tailored to the needs of Aboriginal people with disability (as noted previously).
- NDIA and NDIS Quality and Safeguards Commission to have a communication strategy and webpage solely targeted at Aboriginal-owned/community-controlled organisations with culturally secure resources and clear advice that allows for flexibility on hiring family members, use of non-accredited interpreters, use of same agency support coordinators and other supports, issues with accessing NDIS Worker Screening etc.
- The NDIS Quality and Safeguards Commission should review its policies and practices to ensure Aboriginal people can lodge complaints and be supported through the complaints and Reportable Incidents processes in culturally secure ways. This includes ensuring there are culturally safe avenues for incident and complaints management, through having an Aboriginal support team or similar to manage Reportable Incident investigations and complaints; and allowing for Aboriginal people to give consent for ACCHSs/ACCOs to lodge, seek and receive updates on their behalf.

Workforce Challenges

Challenges associated with workforce recruitment and retention was a strong theme identified throughout our consultations. These challenges exist for both specialised and non-specialised NDIS roles, and across all areas and regions including in Darwin. People living outside of Darwin, Alice Springs and Katherine were most impacted (noting all areas reported workforce issues as significant) and described the resulting lack of supports, or sporadic, inconsistent supports for participants.

Many organisations are working hard to overcome workforce challenges including offering a range of incentives and bonuses to recruit and retain workers and some paying above award wages.

The workforce issues described above have the following impacts:

[81] NDIA. *The NDIS Amendment Bill – Questions and Answers*. Ibid.

[83] NT Government. Ibid.

- Communities must recruit non-Aboriginal and/or non-local staff, and there is considerable training and support that must be provided to ensure the worker understands some of the local culture, practices and protocols, and can work in culturally safe ways. Due to a high migrant workforce in disability supports, there are often additional language and cultural barriers to navigate.
- Even when it may be appropriate to recruit non-local staff, access to housing is a considerable barrier.
- Due to frequent turnover of staff, training and development is a constant need.
- Regions have a reliance on FIFO/DIDO workers (particularly for assessments, allied health, positive behaviour support, and support coordination services).
- Participants receive a lack of continuous supports, leading to unproductive visits and poorer outcomes achieved.
- Participants and support coordinators must re-complete forms as participants change providers due to workforce issues.
- Aboriginal people are having to re-share their story over and over.
- Participants are not having their needs met and risks are higher as described earlier in this Chapter around market gaps.

Ideas relating to addressing workforce challenges is discussed in **Section 5** of the report.

Summary

This Chapter presents a number of challenges relating to NDIS accessibility, appropriateness, westernised systems and supports that are sporadic, of poor quality and lacking cultural security. These issues are not new and have been highlighted across various inquiries and reports.

However, the impact of these concerns are significant, not only on the safety and human rights of participants, but on Aboriginal-owned/community controlled organisations attempting to buffer the impacts (often at their own cost).

This Report also highlights that the NDIS to date, has been very prescriptive about what supports are in and out of the scope and how supports are funded. A more flexible method is needed to meet the needs of Aboriginal communities; including funding models that take a community development approach.

Positively, the NDIA have commenced a range of actions tailored to Aboriginal communities and that will take a placed based approach. Ideas for implementing these initiatives, as well as new approaches, have been proposed for consideration in this Report.

5. The Aboriginal Community-Controlled Health Services Sector and Disability Services

This Chapter provides an overview of the NT ACCHS sector, and their involvement in, and readiness for, NDIS disability support provision. Findings and recommendations have been drawn from the Map of Disability Services, stakeholder consultations, and desktop information. This Chapter also identifies how empowering ACCHS in the NDIS sector (if a priority for their community and organisation) can address many of the issues identified in **Chapter 4.**

Note that while many of the findings discuss ACCHS explicitly, the themes also apply to many ACCOs as well.

Northern Territory Aboriginal Community-Controlled Health Service Sector

ACCHSs are the largest provider of comprehensive primary health care for Aboriginal people in the NT. The sector has greatly improved Aboriginal health outcomes in the Territory over the last 30 years.[84]

ACCHSs are community-controlled health that deliver comprehensive primary health care (CPHC) underpinned by a holistic understanding of health and wellbeing employed by Aboriginal people. In mainstream terms, ACCHS provide both health *and* community services utilising integrated models of service delivery. In the context of disability, it is a common misunderstanding that ACCHS will only employ a medical model approach to the provision of disability supports, which is not the case.

Many ACCHSs have entered the NDIS market as unregistered or registered providers as well as some receiving RCC program funding. Others have wanted to provide NDIS supports but have been unable to due to a range of barriers.

The following table lists 16 NT ACCHSs and ACCOs that Keogh Bay consulted with, or could obtain some information on, that are full or associate members with AMSANT. The table also lists their current experiences with the disability system. Please note there are other ACCOs in the NT with similar experiences and offering NDIS supports that were consulted as part of the project (refer to **Appendix A**).

Table 9: List of current ACCHS and their current NDIS and disability sector involvement[85]

ACCHS	NDIS provider[86]	Summary of NDIS readiness/experience
Darwin		
Danila Dilba Health Service	No	Has funding for Aboriginal Disability Liaison Officer (similar role to Remote Community Connectors). Does significant unfunded disability-related work supporting people to access the NDIS. Board keen to explore NDIS but have other priorities presently and would need to see a sustainable financial model to pursue NDIS delivery.

[84] Boyd R, Wright A, Li L and Bhat S. Trends in the Northern Territory Aboriginal Health Key Performance Indicators, 2010 to 2021. Health Statistics and Informatics, NT Health and NT PHN, 2023.
[85] Source: Consultations or NDIS Provider Finder and/or online information.
[86] NDIS provider means charging services from a NDIS plan as either a registered or unregistered provider.

ACCHS	NDIS provider[86]	Summary of NDIS readiness/experience
Top End Remote		
		No ACCHS in this region.
West Arnhem and Tiwi		
Red Lily Health Board Aboriginal Corporation	No	Keogh Bay understands this organisation is not ready to consider NDIS supports due to other priorities but may explore in future. May deliver health or disability-related supports to people with a disability, but not consulted therefore not confirmed.
Mala'la Health Service Aboriginal Corporation	Yes	Been a NDIS provider for four to five years. Are reported to operate a high quality, culturally safe NDIS service model. Board is invested in growing NDIS supports.
East Arnhem		
Miwatj Health Aboriginal Corporation	Yes	Was a disability provider that transitioned to the NDIS at Scheme implementation. Has RCC funding. Are reported to operate a quality, culturally safe NDIS service model. Have consistently raised challenges with delivering a sustainable and culturally secure NDIS model.
Laynhapuy Homelands Aboriginal Corporation	Yes	Became a disability service provider at the time of NDIS implementation in the NT after identifying gaps for disability services in the Homelands. Has RCC funding. Are reported to operate a quality, culturally safe NDIS service model. Have consistently raised challenges with delivering a sustainable and culturally secure NDIS service model.
Marthakal Homelands Health Service	No	Not a provider of NDIS supports. Delivers health supports to people with a disability. Keogh Bay understands their priority is to focus on core business needs (health services which are under-resourced) at present.
Big Rivers		
Sunrise Health Service Aboriginal Corporation	Yes	Has delivered NDIS supports as a registered provider since NT implementation in one of its communities. Has RCC funding. Are reported to operate a quality, culturally safe NDIS service model. The organisation would like to expand to all other communities but needs a more sustainable funding approach than currently offered under the NDIS.

ACCHS	NDIS provider[86]	Summary of NDIS readiness/experience
Wurli Wurlinjang Health Service Aboriginal Corporation	No	Not a provider of NDIS supports. Keogh Bay understands this organisation is not ready to consider NDIS supports due to other priorities. Does not believe the NDIS funding model is sustainable or suitable for supporting Aboriginal people.
Katherine West Health Board Aboriginal Corporation	No	Currently providing services to people with disability, but not funded through NDIS. Has RCC funding. Does not believe the NDIS funding model is sustainable or suitable for supporting Aboriginal people. Might consider growing disability supports with block funding.
Barkly		
Anyinginyi Health Aboriginal Corporation	No	Keogh Bay understands that this organisation is not a current NDIS provider but likely deliver health supports to people with a disability. (Not consulted so cannot confirm.)
Ampilatwatja Health Centre Aboriginal Corporation	No	Not providing NDIS supports. Delivers health supports to people with a disability. Keogh Bay understands their priority is to focus on core business needs (health services which are under-resourced) at present. Would only consider providing NDIS services under a block-funded investment and increase in overall health funding.
Urapuntja Health Service Aboriginal Corporation	No	Keogh Bay understands that this organisation is not a current NDIS provider but likely provide health supports to people with a disability.
Central Australia		
Central Australia Aboriginal Congress	Yes	Has been providing NDIS supports for two years. Was block-funded to deliver an innovative Child and Youth Assessment and Therapeutic Service. Has RCC funding. Are reported to operate a quality, culturally safe NDIS service model.
Pintupi Homelands Health Service	Yes	Unregistered NDIS provider for two local participants. Would consider growing NDIS supports and registering with consultancy support and block-funding.
Western Desert Nganampa Walytja Palyantjaku Tjutaku Corporation (Purple House)	Yes	Provide disability supports related to their scope of practice – there has been a bigger focus on aged and disability services for the past three years. Do other SEWB and holistic supports for people with disability, unfunded. Would grow allied health services if could find the staff. Have consistently raised issues with delivering the NDIS model in remote areas.

ACCHS	NDIS provider[86]	Summary of NDIS readiness/experience
		Are reported to operate a quality, culturally safe NDIS service model.
NPY Women's Council	Yes	Was a disability support provider that transitioned to NDIS during NT implementation. Are reported to operate a quality, culturally safe NDIS service model. Have consistently raised issues delivering NDIS in remote areas. Would grow disability supports if their cultural safety model was supported, and services were adequately, flexibly funded. Were offered RCC but refused the contract – as it was an inflexible model that didn't work for their people. (*Malparara Way* model would have been 'right way for Anangu'.)

As can be seen in the table above, this Project identified at least three ACCHSs that would enter the NDIS market there was a better funding approach to the NDIS, and another three that would expand their services or geographical spread. Smaller ACCHS may need increased primary health base funding to consider any expansion as they are currently unable to adequately meet local health demand.

In addition, one ACCO (Waltja Tjutangku Palyapayi Aboriginal Corporation) which also focuses significantly on health (but isn't an associate member of AMSANT) delivers important NDIS supports in the Central Australia region. This organisation also indicated that they would seek to expand NDIS services if they also received block funding.

These findings are significant in that there is a ready solution to significant issues experienced by people with disability, carers and families in the NT, i.e., through a change in the NDIS funding model. This is explored further below.

Benefits of Aboriginal Community-Controlled Health Model in Disability Sector

The NT Government and Australian Government have recognised the value and effectiveness of funding and empowering ACCHSs (and ACCOs) in recent years in order better support Aboriginal people and communities, and to meet Closing the Gap priorities[87]. For example, many supports are being transitioned to ACCHSs in the sectors of primary health and aged care.

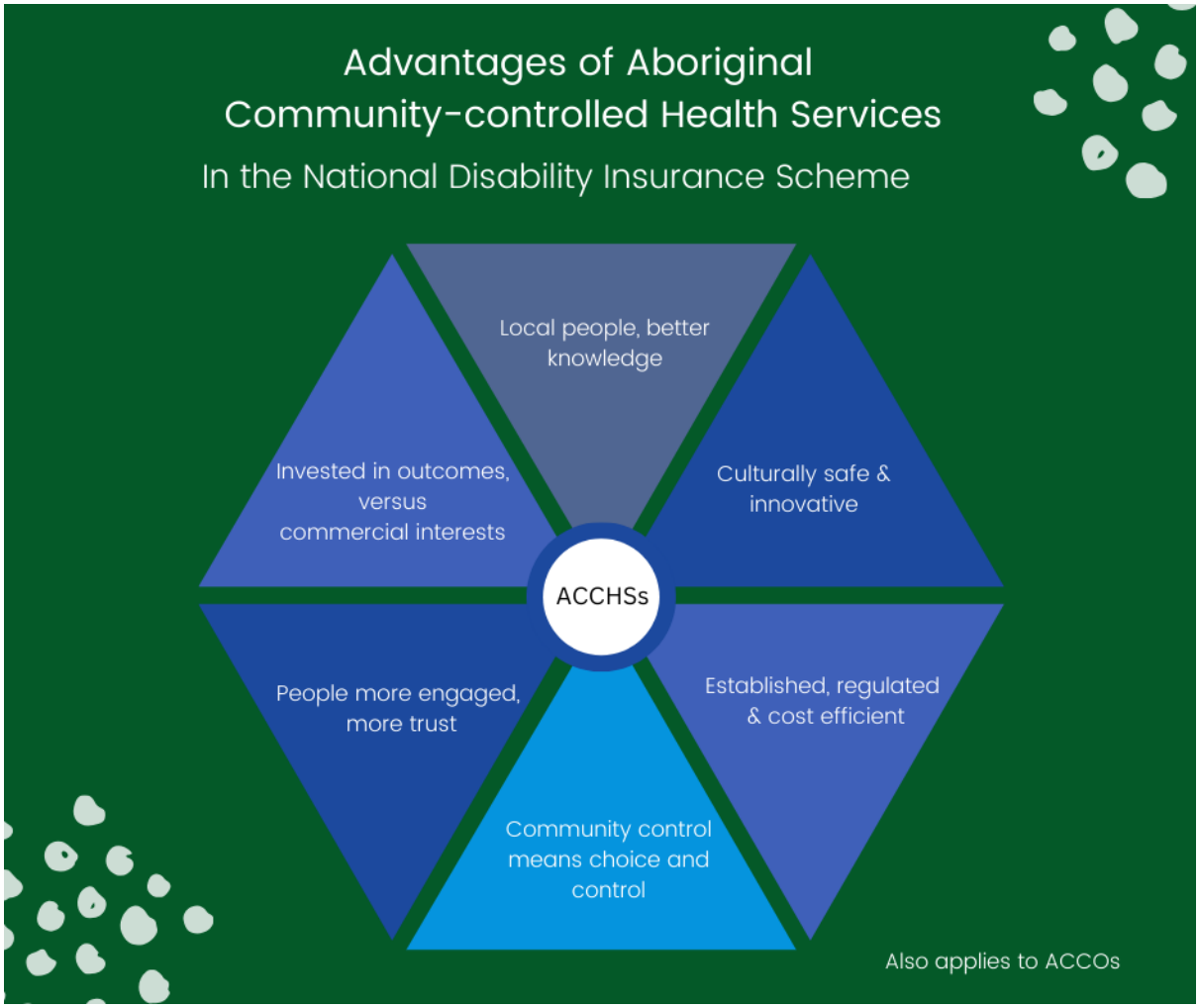
The NDIS sector has not followed this trend as it has been mostly reliant on the market approach where there is less government control (apart from RCC and other direct contracts relating to early intervention childhood supports).

However, the targeted engagement of ACCHSs who want to be involved in the NDIS could address the many challenges and barriers of delivering disability supports in regional and remote areas, and more generally meeting the service needs of Aboriginal people in a culturally secure way. This is due

[87] Source: *Remote Primary Health Care Services to Aboriginal Community Control Policy.* Accessed 17 July 2024, https://health.nt.gov.au/professionals/aboriginal-and-torres-strait-islander-health/pathways-to-community-control

to the advantages and strengths of these organisations as illustrated below (many of which also apply to ACCOs).

Figure 7 - Strengths of ACCHS (and ACCOs) that would benefit people with a disability under the NDIS



These concepts are detailed further below.

Community Control Means Choice and Control

As mentioned earlier, a key underpinning principle of the NDIS is choice and control for participants and their families. However, stakeholders consulted identified that the Aboriginal world-view is heavily focused on community, kinship systems and other close ties to the community. This means 'community control' via community-controlled organisations is often the most culturally secure model to ensure Aboriginal people have choice and control over their services and their lives.

ACCHS (and ACCOs) offer a transparent model of collective decision-making that ensures people with a disability are actively engaged in the organisation's governance through culturally secure authority structures. For example, in some areas local clans will each be represented on the Board, or key Elders will be selected by community to ensure everyone can be represented. The Board often walk between 'whitefella' and Aboriginal way.

> "Aboriginal people are over-represented in disability. They are being cared for almost exclusively by non-Aboriginal people. A couple of Aboriginal support workers are out there, but they are private providers and the quality of services may not be high. We have accountability to the community and disability is a need of the community. We need to make it sustainable".
>
> *ACCHS Stakeholder*

An Aboriginal community-controlled organisation is directly responsible for meeting the needs of community *as defined by that community*. It is also accountable to the community who ensure it is delivering high quality services, doing things the right way, and making sure people get what they need.

The community therefore regulates the quality of organisational practices and service delivery, and decision-makers are the community, service recipients and kin/family.

People are More Engaged, and Have More Trust

Aboriginal people are more likely to engage with supports and achieve good outcomes if a service is culturally safe, and trust has been developed over time between the person, community and the organisation. Aboriginal people with a disability and their carers/family are already engaged with their local ACCHS, where the Board and staff know them and their families and understand their needs holistically.

Stakeholders reported that individuals and entire regions can be service hesitant or resistant to 'outsider' organisations. Keogh Bay has heard this in various other projects that included consultations with Aboriginal people; where participants are disadvantaged by the continuous turnover of workers coming into community, past practices of government and church organisations and as ACCHSs reported, families believing that a person with disability or child might be 'taken away'.

This concept is evidenced by the fact that when ACCHSs vouch for trusted 'outsider' provider (such as visiting allied health and behaviour support practitioners), it results in better engagement. One ACCHS described this as '*associated trust and associated blame*' i.e., there is pressure on ACCHS to only 'vouch for' quality, safe services or their reputation can be tarnished.

Are Invested in Outcomes versus Commercial Interests

Community-controlled services have strong values related to improving the wellbeing of their communities' interests, versus the commercial objectives of many private NDIS providers. This can be seen by the examples in this Report where ACCHSs and ACCOs are delivering a suite of unpaid services to support people with a disability and their community. This investment in outcomes also means that participants' NDIS plans are likely to be spent more efficiently, as incidents of plans being 'drained' due to unethical provider practices, excessive travel costs or high cancellation fees are more unlikely.

Further, many ACCHSs have entered the NDIS market to improve whole-of-community economic outcomes through local employment, not just for people with a disability.

Local People, Better Knowledge, Holistic Care

ACCHSs often have deep knowledge of what people want and need within their communities. This means that disability supports can be more appropriate, suitable, and meet participant needs and safeguarding requirements. ACCHSs also conveyed that participants don't need to repeat their story, as they are known through accessing other programs in the organisation/or within the community.

One of the other reasons ACCHSs have strong knowledge of local peoples' needs is because they employ local people at the grass roots, in management and on the Board, noting non-Indigenous people often work within these organisations as well. Further, they regularly consult with community and deliver continuous improvement in response to these needs.

Local people who work within ACCHSs also speak local languages, have deep understanding of local culture, protocols, Lore, practices, family groups and local politics. While this can sometimes add a layer of complexity, local people know how to best navigate it.

This way of working is different to mainstream organisations who struggle to recruit and retain Aboriginal people as they are often unable to offer a culturally secure workplace. ACCHSs are committed to (and have systems and practices in place to ensure) local workforces can be recruited, supported and developed; even though it can be more intensive, time-consuming and costly.

Co-locating primary health and disability services using the ACCHSs approach, is likely to support the Aboriginal experience of holistic health and wellbeing.

Culturally Safe Practices and Innovation

The ACCHS (and ACCO) governance model centres Aboriginal culture in all decision-making, practices and services. By giving control to ACCHS (and ACCOs) it supports Closing the Gap principles, supports community-led approaches and enables empowerment of the organisation to work outside of the westernised NDIS system.

> "There is a significant barrier to participant choice and control if they cannot access information through appropriate linguistic support".
>
> *Stakeholder*

ACCHSs commented that practices on the ground are also culturally secure, with culture being reported to be the centre of all services. Cultural is not an 'add on' or after thought, which is often a common practice of non-Indigenous organisations (noting stakeholders interviewed did report occasional examples of culturally secure workers or mainstream organisations).

Examples of culturally secure ways of working provided by ACCHSs (and ACCOs) include:

- Cultural brokerage and interpretation services, essential for empowering people to make decisions about services they receive such as:
    - the Malparara model (Ngaanyatjarra Pitjantjatjara Yankunytjatjara [NPY] Women's Council);
    - the Both-Ways model (Miwatj Health Aboriginal Corporation);
    - the Our Way model (Machado-Joseph Disease [MJD] Foundation); and[88]

[88] MJD Foundation - *Disability Service Delivery Model: A review of the MJD Foundation's disability service delivery model: contrast and comparison to traditional disability service models*. Accessed 10 July 2024, https://www.mjd.org.au/wp-content/uploads/2022/11/2018-05-MJDF-Disability-Service-Delivery-Model.pdf

- the Bi-Cultural Pairing model (Central Australian Aboriginal Congress), to name a few.
- Providing holistic supports that are important to Aboriginal wellbeing including primary health, allied health, SEWB, public health, child and family, aged care and/or youth services.
- Sourcing grants to fund innovative models that work differently to the NDIS including use of cultural advisory boards and community development projects.

Other ACCHSs gave examples of how they would like to deliver a whole of community NDIS model if funding was available.

Established, Regulated and Cost Efficient

ACCHSs are often well-established organisations with a local workforce and built infrastructure, including in regional and remote areas. This means they can deliver more efficient economies of scale and sustainable service delivery than visiting or new mainstream providers (noting expansion into NDIS supports may result in a need for expansion to infrastructure).

> "More ACCOs need to be providing services. For better access, particularly for participants who are deemed too complex or time-consuming for the service to be financially viable, for culturally safer service delivery; Aboriginal people are more likely to feel safer, access and engage with services delivered by Aboriginal organisations and for better health and wellbeing outcomes."
>
> *ACCHS Stakeholder*

Many ACCHSs are already providing some NDIS or other disability supports, often in extremely efficient and innovative ways given the complexities of applying the NDIS model in a remote Aboriginal community.

In addition, ACCHS operate under a highly regulated environment including primary health care standards (and sometimes also International Standards Organisation [ISO] standards, mental health, aged care and/or NDIS standards).

Growing Aboriginal Community-controlled Health Services in the Disability Sector

Given the advantages of the ACCHS sector, and the challenges facing the NDIS in terms of meeting the needs of Aboriginal people with disability; this section outlines suggested ways to empower and support ACCHS to enter or expand their disability services (where it is a priority for the organisation and community). These findings are taken from stakeholders consultations but also previous reports and reviews, and Keogh Bay's experience working with ACCHSs/ACCOs across Australia.

Support to Enter or Expand in the Market

ACCHSs have communicated that they have chosen not to enter, or expand within, the NDIS market for the following reasons:

- High cost of becoming a registered provider to ensure they can support participants with Agency-managed funding. Costs are associated with:
    - purchasing expertise or a staff member to build organisational capacity around quality and safeguarding requirements as the current staffing structure doesn't have the time or capacity to learn the new, often complex requirements such as NDIS Practice Standards; and
    - costs of NDIS audit which can be higher due to the cost of travel for the auditor.
- There is no resourcing to undertake the planning work required to commence or expand services, including the:

- need for a project officer or team leader/manager to plan implementation and overcome barriers;
- need for feasibility studies to understand demand, which supports are needed and the risks and challenges;
- need for funding for intensive staff training; and
- need to support community members to understand the NDIS and/or gain access, particularly if there is no RCC available (i.e., they cannot start delivering services if there is no one in the community with a NDIS plan).

There is also a lack of infrastructure in remote communities and it is expensive to build and maintain, for example, community centres for skill-building activities and centre-based supports, clinic spaces, accommodation for workers, buses or other transport, IT and other equipment.

Smaller ACCHSs are particularly disadvantaged in this area as they don't have management or 'back office' positions already in place and the NDIS is compliance and process heavy.

It should be noted that some ACCHSs believe that it is not beneficial to become a registered NDIS provider as the administrative and compliance costs outweigh the revenue of a small number of participants.

Ideas for improvement

The NT Disability Strategy identified that the Aboriginal community-controlled sector should be supported to register with the NDIS and this responsibility was allocated to the Department of the Chief Minister and Cabinet[89] . This Report supports this action, with some additional ideas for improvement below.

Ideas for improvement

- Transition funding should be made available to ACCHSs and ACCOs who want to enter the NDIS market or expand into new communities. This includes funding for workforce roles, purchase of expert advice (or AMSANT establish in-house advice roles), support to register with the NDIS and infrastructure costs. Note that smaller ACCHS may need additional health base funding to first meet the health needs of community, before considering expansion to the NDIS.
- AMSANT to establish a NDIS community of practice (if not already available) for NT ACCHS and ACCOs to share learnings and innovations in regard to establishing (and operating) NDIS services.

Enable Block Funding for Aboriginal Community-Controlled Organisations for Ongoing Operations and for Innovative Projects

As discussed in **Chapter 4**, the NDIS financial framework is not suitable to Aboriginal communities, particularly in remote areas. For ACCHSs who are already operating NDIS supports, they report experiencing a number of challenges due to the financial framework in terms of sustainability, expanding geographically, or diversifying supports.

As such, alternative commissioning models, incorporating block funding, need to be progressed and supported for the ongoing operations of NDIS supports. This approach would allow for an increase in

[89] NT Government. Ibid.

supports being available in community, better quality services, more culturally secure services. Further ACCHSs (and ACCOs) could be paid for work that is currently unfunded.

Further, ACCHS (and ACCOs) have innovative, place-based ideas based on their deep knowledge of community and these ideas should be recognised and funded through the NDIA.

Ideas for improvement

- Block funding for ongoing NDIS operations is to be made available to ACCHSs/ACCOs as per the Idea for Improvement 5 relating to the alternative funding approaches recommendation.

Build Local Workforces that are Appropriate for Aboriginal participants

Meeting the needs of Aboriginal people with disability require skilled, local, workforces to deliver quality, culturally safe supports (as identified in prior Chapters). Recruiting, training and supporting local Aboriginal workforces is key to service quality, but requires additional investment due to the cultural and socio-economic realities of Aboriginal workers (particularly in remote areas). As discussed previously in this Report, the bi-cultural pairing, or cultural brokerage models, designed and used by many ACCHS/ACCOs are imperative to achieving engagement with, and outcomes from disability services, but these approaches require different service models to mainstream providers, and are not taken into account with the NDIS funding framework.

ACCHSs and ACCOs expressed there are local workers who could be transitioned to deliver NDIS supports but this requires funding and support, given it can take many months or years.

Currently NDIS training options that are tailored for Aboriginal workers are minimal. The NDIS Quality and Safeguards Commission's online mandatory and non-mandatory training modules for registered providers are also unsuitable for Aboriginal people, noting the agency funded Keogh Bay to deliver 'entry level' training through printable storycards and tailored videos for Aboriginal people online[90].

The Community Development Program (CDP) is a place-based program operated through the NIAA with an aim to support Aboriginal people into employment (this program is in the process of redesign and reform to include the Remote Jobs and Economic Development (RJED) program). Given that these reforms and trials are underway and have not yet been completed, we will refer to these wider remote employment services as CDP.) As the NDIS provides entry level positions such as disability support workers, cleaners and handy men, there is an opportunity to connect the two programs. Keogh Bay understands, however, that not many CDP providers have been able to leverage the connections between CDP and NDIS to increase a trained, local workforce. This could be due to the success of this approach being based on whether the CDP senior staff have the NDIS knowledge and time to navigate complex NDIS requirements. As such, the approach won't be successful without targeted support to identify communities where there is interest, and work with the key stakeholders to develop a 'NDIS transition plan' or similar, including training and support for CDP managers and staff.

Other options have been raised as opportunities to address the workforce challenges, including 'Hub and Spoke' models that see workforces in remote communities that are overseen, trained and

[90] Keogh Bay. *NDIS Working and Walking Together Learning Place.* Accessed 27/07/24 at http://ndislearningplace.com.au.

supported by a central organisation. ACCHS and ACCOs are already delivering disability supports using locally designed cultural brokerage models, but often are unfunded, or under-funded to do so.

Additional funding is needed to explore these workforce challenges and opportunities in a place-based way and better align CDP with disability service provision, and participant plan funding (including block-funding for providers) must take into account the additional workforce needs and costs of meeting the needs of Aboriginal people and remote service delivery.

Ideas for improvement

Ideas for improvement

- NIAA should consider undertaking a project, that includes external or internal NDIS expertise, to explore place-based approaches with interested Community Development Program (CDP - Remote Employment Program) providers or ACCOs focussed on connecting CDP participants into NDIS employment positions that are needed within local ACCHSs (and ACCOs) in the local community. This project would result in transition plans for each interested CDP provider with brokerage to purchase training, equipment and other items required.
- Funding should be made available to undertake projects that explore workforce challenges and potential place-based approaches to grow local workforces, including 'hub and spoke' and other innovative workforce models.
- Block funding for ongoing NDIS operations is to take into account the significant workforce shortages; and the increased costs of developing remote workforces and delivering culturally safe models of care.

Summary

ACCHSs and ACCOs have significant strengths that could address many of the current issues experienced within the NDIS sector and that are impacting Aboriginal people with a disability, carers, families and communities.

However, these organisations need support through transition funding, ongoing block funding models and workforce strategies so they can enter the NDIS market or expand to better meet community need. If these approaches are successful, there could be economic benefits to Aboriginal communities, which supports not only people with a disability but Closing the Gap objectives.

6. Report Summary

Overall, this Report has identified that there are a number of challenges relating to the NDIS that are impacting Aboriginal people with a disability, carers, families and communities. This includes market failures, accessibility of the Scheme, plan appropriateness, westernised systems and supports that are sporadic, of poor quality and lacking cultural security. These issues are not new and have been highlighted across various inquiries and reports.

Positively, the NDIA have been listening to this feedback and have commenced a range of actions that will reportedly be tailored to Aboriginal communities and take a place-based approach.

This Report has identified, however, that these new approaches must take a community development approach rather than one that is individualised and learn from the experiences and often self-funded 'work arounds' currently being implemented by ACCHS and ACCOs across all regions. The NDIA also needs to consider how cultural safety and security (as defined by Aboriginal people and communities) is central to the provision of NDIS supports for Aboriginal people.

Further, supporting ACCHSs and ACCOs to enter, or expand into, the NDIS market could address many of the current challenges the sector faces, empower communities and contribute to Closing the Gap.

Appendix A: Stakeholders Consulted

This section provides a list of organisations consulted for this project.

Table 10: List of Stakeholders Consulted[91]

Stakeholders consulted	Stakeholder description
Ampilatwatja Health Centre Aboriginal Corporation	ACCHS/ACCO
Danila Dilba Health Service Aboriginal Corporation	ACCHS/ACCO
Central Australia Aboriginal Congress	ACCHS/ACCO
Disability Service Mapping Working Group	Varied members[92]
Department of Industry, Tourism and Trade, NT Government	NT Government
Kalano Community Association Inc.	ACCHS/ACCO
Katherine West Health Board Aboriginal Corporation	ACCHS/ACCO
Laynhapuy Homelands Aboriginal Corporation	ACCHS/ACCO
Marthakal Homelands Health Service	ACCHS/ACCO
Miwatj Health Aboriginal Corporation	ACCHS/ACCO
Mala'la Health Service Aboriginal Corporation	ACCHS/ACCO
MJD Foundation	ACCHS/ACCO
National Disability Insurance Agency	Australian Government
National Disability Services NT	Peak body
Northern Territory Primary Health Network	NFP
NPY Women's Council	ACCHS/ACCO
Paterson Street Hub (First Peoples Disability Network)	ACCHS/ACCO
Pintupi Homelands Health Service	ACCHS/ACCO
Sunrise Health Service Aboriginal Corporation	ACCHS/ACCO

[91] Note we also spoke to a previous employee (recently left) at Thamarrurr Development Corporation was part of the Keogh Bay team and their expertise was used to contribute to consultation findings (the organisation was also invited to take part).
[92] AMSANT; Miwatj Health Aboriginal Corporation; Central Australian Aboriginal Congress Aboriginal Corporation; Urapuntja Health Service Aboriginal Corporation; the NDIA and Department of Industry, Tourism and Trade, NT Government

Stakeholders consulted	Stakeholder description
Stronger Together Support Services	Aboriginal-owned business
Tiwi Island Training and Employment Board	ACCHS/ACCO
Waltja Tjutangku Palyapayi Aboriginal Corporation	ACCHS/ACCO
Western Desert Nganampa Walytja Palyantjaku Tjutaku Corporation (Purple House)	ACCHS/ACCO
Woollybutt Specialist Services	Privately-owned business
Wurli Wurlinjang Health Service Aboriginal Corporation	ACCHS/ACCO

Appendix B: Regional Analysis of Disability Supports

This Appendix presents a regional breakdown in relation to the Map of Disability Service findings.

Darwin Region

In the Darwin Region, this Project only mapped organisations that were Aboriginal-owned/community-controlled or had been vouched as culturally secure. The table below outlines a summary of the disability support market in this region.

Table 11: Overview of the Darwin Region service market[93] [94]

Darwin Region ***Darwin and the surrounds including Palmerston, Litchfield and the Darwin regional area*** ***518 (33%) Aboriginal participants*** **12 organisations vouched as culturally safe/secure or Aboriginal-owned/community-controlled**			
Provider type	**Top three supports available**	**Physical presence**	**NDIS Registration**
Aboriginal-owned/community-controlled: 8 (67%)[95] Private business: 3 (25%) NFP: 1 (8%) Regional Council: 0 (0%) Other: 0 (0%)	Support coordination: 8 orgs Community access/Group activities: 5 orgs Early inter./early childhood: 3 orgs	Physical presence: 9 (75%) No physical presence: 3 (25%)	Registered: 9 (75%) Unregistered: 3 (25%)
Aboriginal-owned/community-controlled organisations		**Market description**	
Balanced Coordination Support Services Danila Dilba Health Service (RCC, SEWB and general allied/early intervention/general health) GELA Support Services Miwatj Health Aboriginal Corporation MJD Foundation Limited Plan Management Mob Sacred Business Services Stronger Together Support Services		• Market approach is not working in this capital city as there is a shortage of culturally safe supports (as well as other supports). • Racism experienced by participants in the sector. • Availability of support for people with higher needs is low: particularly important as people travel to Darwin from outside communities due to high levels of need, medical reasons, for STA and/or because SIL is not available in community. • Workforce challenges such as high staff turnover. • Inability to access assessments to gain access to NDIS, particularly for children and youth. • ACCHS allocated to the region not delivering supports against NDIS Plans due to barriers, but are still having	

[93] Source: Consultations and Map of Disability Services.
[94] NDIA. *Explore Data*. Ibid.
[95] Note: Aboriginal-owned/community controlled organisations in the Darwin Region only compose less than 1 per cent of the number of Active Providers reported by the NDIA between January and March 2024.

Darwin Region *Darwin and the surrounds including Palmerston, Litchfield and the Darwin regional area* *518 (33%) Aboriginal participants* 12 organisations vouched as culturally safe/secure or Aboriginal-owned/community-controlled			
Provider type	**Top three supports available**	**Physical presence**	**NDIS Registration**
		an important role, refer to Section 5 for more information. • ACCHS from external communities are supporting members in Darwin.	

In the Darwin Region, stakeholders report that the NDIS market approach is not working with a shortage of culturally safe and secure services available, even though there are seven Aboriginal-owned/community-controlled organisations in place. However, of the eight organisations, some support a specific client group, community group, and/or only deliver one type of support (e.g. support coordination/plan management). The ACCHS in this region is not delivering supports charged against NDIS plans but is supporting people with a disability via other means which is explored in Section 5 of the Report. A key gap reported in Darwin is a Child and Youth Assessment and Therapeutic Service, like the one operating in Alice Springs.

Around three quarters of organisations have a physical presence and are registered which is not surprising in a metropolitan area. The most commonly reported support type offered in this region was support coordination.

Gaps in Support Types

The table below lists the **estimated** market gaps in particular support types as identified by stakeholder interviews and through the Map of Disability Services.

Table 12: Estimated gaps in support types identified through stakeholder consultations and the Disability Services Map[96] [97]

Support type	Stakeholder	Mapping	Support type	Stakeholder	Mapping
Core			**Capacity**		
Assistance with Daily Living	X	X	Allied health	X	X
Community access and Group/centre	X		Early int./early childhood	X	X
High intensity personal care	X		Skills development		X
Cleaning, gardening, home tasks & meals		X	Employment and learning (also Core)		X

[96] Note: These are estimates only as it is difficult to identify exactly which organisations are delivering what types of services.
[97] Supports were determined as a 'gap' if there were three or less organisations delivering that support type in the Region.

Support type	Stakeholder	Mapping	Support type	Stakeholder	Mapping
Community nursing		X	Support coordination		
STA/MTA/SIL	X	X	Positive Behaviour Support		X
Travel/transport		X	Tenancy support		X
Return to Country	X	N/A[98]	Plan management		X
Capital			**Other (not charged to NDIS Plans)**		
Consumables, equipment, and AT	X	X	Assessments	X	N/A
SDA		X	Remote Community Connectors	X	N/A
			SEWB/Healing		X

The table above identifies that most support types, apart from support coordination, were identified as a gap by either stakeholders or the Disability Services Map supporting the earlier finding that a market approach is not working for Aboriginal people with a disability in the Darwin Region.

[98] Return to Country services are reportedly funded and charged as a one off increase to Community Access and Transport plan budgets/chargeable items. They are not specified in the data, but we heard from stakeholders that it is unclear how to obtain the funding, provide evidence of need etc. and is not consistently funded for Aboriginal participants.

Top End Remote Region

The table below maps key information about the market in this region.

Table 13: Overview of the Top End Remote Region service delivery market[99] [100]

Top End Remote Region ***Includes Wadeye, Daly River and surrounding homelands*** ***477 (92%) Aboriginal NDIS participants across Top End and West Arnhem and Tiwi Region*** **16 organisations**			
Provider type	**Top three supports available**	**Physical presence**	**NDIS Registration**
Private business: 10 (63%) Aboriginal-owned/community-controlled: 4 (25%) NFP: 1 (6%) Regional Council: 1 (6%) Other – 0 (0%)	Support coordination: 6 orgs Travel/transport: 5 orgs Assistance with daily living & Community access/Group activities: 4 orgs	No physical presence: 14 (88%) Physical presence: 2 (13%)	Registered: 14 (88%) Unregistered: 2 (13%)
Aboriginal business/community-controlled organisations		**Market description**	
Plan Management Mob Sacred Business Services Stronger Together Support Services Thamarrurr Development Corporation		• Core support types are mainly delivered by local organisations; however, capacity supports such as allied health are FIFO reliant (which can cause issues discussed later in the Report). • One Regional Council has placed themselves into the NDIS market to support communities. • Workforce issues such as recruitment issues. • RCC program has enabled a steady increase in participant access to NDIS but there is still a lack of allied health organisations to conduct assessments for children. • Psychosocial supports a sporadic and mainly via NT Health. • There is no ACCHS operating in this region (an ACCO is).	

As can be seen in the table above, there are limited number of Aboriginal-owned/community-controlled services in the region which is concerning given nearly 100 per cent of participants in this region are Aboriginal. In addition, 88 per cent of the 16 organisations mapped did not having a physical presence in the region, likely due to its close proximity to Darwin. As with the Darwin Region, the most commonly reported support type was support coordination.

Gaps in Support Types

The table below lists the **estimated** market gaps in particular support types as identified by stakeholder interviews and through the Map of Disability Services.

[99] Source: Consultations and Map of Disability Services.
[100] NDIA. *Explore Data*. Accessed 9 July 2024 at https://dataresearch.ndis.gov.au/explore-data

Table 14: Estimated gaps in support types identified through stakeholder consultations and the Disability Services Map[101] [102]

Support type	Stakeholder	Mapping	Support type	Stakeholder	Mapping
Core			**Capacity**		
Assistance with Daily Living			Allied health		X
Community access and Group/centre			Early int./early childhood	X	X
High intensity personal care	X	X	Skills development	X	X
Cleaning, gardening, home tasks & meals		X	Employment and learning (also Core)	X	X
Community nursing	X	X	Support coordination		
STA/MTA/SIL	X	X	Positive Behaviour Support	X	X
Travel/transport			Tenancy support	X	X
Return to Country[103]	X	N/A	Plan management		X
Capital			**Other (not charged to NDIS Plans)**		
Consumables, equipment and AT		X	Assessments	X	N/A
SDA	X	X	Remote Community Connectors		N/A
			SEWB/Healing		X

As can be seen in the table above, there are gaps in all support types identified either via consultations or the Disability Services Map, apart from support coordination, assistance with daily living, community access/group/centre-based activities, and travel/transport.

Sub-regional and community findings

It was estimated by stakeholders interviewed that the above findings and gaps were fairly applicable to both the sub-regional areas of Wadeye and Daly River.

[101] Note: These are estimates only as it is difficult to identify exactly which organisations are delivering what types of services.
[102] Supports were determined as a 'gap' if there were three or less organisations delivering that support type in the Region.
[103] Return to Country services are reportedly funded and charged as a one-off increase to Community Access and Transport plan budgets/chargeable items. They are not specified in the data, but we heard from stakeholders that it is unclear how to obtain the funding, provide evidence of need etc. and is not consistently funded for Aboriginal participants.

West Arnhem and Tiwi Region

The table below maps key information about the market in this region.

Table 15: Overview of the West Arnhem and Tiwi Region service delivery market[104] [105]

West Arnhem and Tiwi Region ***Includes Jabiru, Gunbalanya, Maningrida, Wurrimiyanga, Wurankuwu, Pirlangimpi, Milikapiti*** ***477 (92%) Aboriginal NDIS participants across Top End and West Arnhem and Tiwi Region*** **21 organisations**			
Provider type	**Top three supports available**	**Physical presence**	**NDIS Registration**
Private business: 11 (48%) Aboriginal-owned/community-controlled: 7 (33%) NFP: 3 (14%) Regional Council: 1 (5%) Other: 0 (0%)	Support coordination: 9 orgs Community access/Group activities: 10 orgs Allied health & Other (Hearing services, Interpreting & translation, SEWB): 7 orgs	No physical presence: 15 (71%) Physical presence: 6 (29%)	Registered: 18 (86%) Unregistered: 3 (14%)
Aboriginal business/community-controlled organisations		**Market description**	
Adjumarlarl Aboriginal Corporation Balanced Coordination Support Services Mala'la Health Service Aboriginal Corporation MJD Foundation Ltd Plan Management Mob Sacred Business Services Red Lily Health Board Aboriginal Corporation (SEWB and general allied/health only)		• Market approach not working, fluctuating levels and types of supports available, as well as a lack of culturally safe and secure services. • One Regional Council has placed themselves into the NDIS market. • Reliance on FIFO/DIDO services or staffing. • ACCHSs are involved in delivering NDIS supports in this region.	

Like the Top End Remote Region, most providers are private business, do not have a physical presence and are registered. Support coordination continues to be the most prominent support type available, like with the other regions explored so far.

While there appears to be a reasonable number of Aboriginal-owned/community-controlled organisations, it is disproportionate to the over 90 per cent Aboriginal NDIS participant rate. In addition, many of these organisations only support a particular client group, community, a small number of support types and/or are only delivering mainstream health, allied health and SEWB to people with a disability.

[104] Source: Consultations and Mapping Document.
[105] NDIA. *Explore Data*. Ibid.

Gaps in Support Types

The table below lists the **estimated** market gaps in particular support types as identified by stakeholder interviews and through the Map of Disability Services.

Table 16: Estimated gaps in support types identified through stakeholder consultations and the Disability Services Map[106] [107]

Support type	Stakeholder	Mapping	Support type	Stakeholder	Mapping
Core			**Capacity**		
Assistance with Daily Living			Allied health	X	
Community access and Group/centre			Early int./early childhood	X	X
High intensity personal care		X	Skills development		
Cleaning, gardening, home tasks & meals		X	Employment and learning (also Core)		X
Community nursing		X	Support coordination		
STA/MTA/SIL		X	Positive Behaviour Support		X
Travel/transport		X	Tenancy support		X
Return to Country[108]		N/A	Plan management		X
Capital			**Other (not charged to NDIS Plans)**		
Consumables, equipment and AT		X	Assessments	X	N/A
SDA		X	Remote Community Connectors	X	N/A
			SEWB/Healing		X
			Other: Interpreting	X	N/A

The table above highlights that all support types had identified gaps as communicated via consultations or the Disability Services Map apart from support coordination, assistance with daily living, community access/group/centre supports and skills development.

[106] Note: These are estimates only as it is difficult to identify exactly which organisations are delivering what types of services.
[107] Supports were determined as a 'gap' if there were three or less organisations delivering that support type in the Region.
[108] Return to Country services are reportedly funded and charged as a one off increase to Community Access and Transport plan budgets/chargeable items. They are not specified in the data, but we heard from stakeholders that it is unclear how to obtain the funding, provide evidence of need etc. and is not consistently funded for Aboriginal participants.

Sub-region and community findings

In addition to what is listed above, findings specific to particular communities are below:

- Maningrida – Subject of a NDIS alternative commissioning trial (resulting from the independent NDIS Review). It is reported that supports for people with a disability are 'thinner' in the Homelands
- Nguiu, Pirlangimpi, Milikapiti and Tiwi Islands – Four providers working consistently in community, only one is based in the community.

Information on Jabiru, Minjilang and Warruwi communities was not available.

East Arnhem Region

The table below maps key information about the market in this region.

Table 17: Overview of East Arnhem Region service delivery market[109] [110]

East Arnhem Region ***Includes Nhulunbuy, Yirrkala, Galiwin'ku, Gapuwiyak, Gunyangara, Ramingining, Milimbimbi, Groote Eylandt, Umbakumba, Milyakburra and homelands*** ***230 (95%) Aboriginal NDIS participants*** **30 organisations**			
Provider type	**Top three supports available**	**Physical presence**	**NDIS Registration**
Private business: 18 (60%) Aboriginal-owned/community-controlled: 5 (17%) NFP: 3 (10%) Other:[111] 3 (10%) Regional Council: 1 (3%)	Community access/Group activities: 16 providers Allied health: 15 providers STA/MTA/Respite: 9 providers	Physical presence: 23 (77%) No physical presence: 7 (23%)	Registered: 15 (50%) Unregistered: 9 (30%) Unknown: 6 (20%)
Aboriginal business/community-controlled organisations		**Market description by stakeholders**	
Laynhapuy Homelands Aboriginal Corporation Marthakal Homelands Resource Centre MJD Foundation Limited Miwatj Health Aboriginal Corporation Sacred Business Services		Description of market by stakeholders: • NDIS market slightly better than other regions, particularly in Nhulunbuy and Yirrkala (less availability outside of these communities). • Reports some participants are receiving more, and more consistent services (noting NDIA data report low plan utilisation). • Some quality mainstream providers present, with improving cultural security. However, service demand is growing and there are examples of mainstream organisations that aren't culturally secure. • ACCHS and one ACCO operating NDIS services but are experiencing challenges associated with NDIS' suitability in a remote environment.	

[109] Source: Consultations and Map of Disability Services.
[110] NDIA. *Explore Data*. Ibid.
[111] Other was an organisations of an unknown business structure.

East Arnhem Region *Includes Nhulunbuy, Yirrkala, Galiwin'ku, Gapuwiyak, Gunyangara, Ramingining, Milimbimbi, Groote Eylandt, Umbakumba, Milyakburra and homelands* *230 (95%) Aboriginal NDIS participants* 30 organisations			
Provider type	**Top three supports available**	**Physical presence**	**NDIS Registration**
		• Examples of sharp & poor practices occurring. • Workforce challenges including lack of continuity. • Aged care services filling NDIS gaps at times. • Reliance on FIFO allied health workforce (and others) which can be challenging but there are some positive providers with long relationships.	

Like the other regions outside of Darwin, most providers are private businesses and are NDIS registered. However, unlike the West Arnhem and Tiwi Region, most organisations had a physical presence. Support coordination was not the highest type of support, however, with community access/group activities being the most prominent.

This region appears to have a better provider market than other regional areas and therefore some participants are receiving more, and more consistent services, as a result. However, stakeholders report increasing demand and outside of the main two towns there are larger service gaps. Stakeholder report that allied health providers do visit the region (FIFO), but there are high rates of cancellations so utilisation may be skewed.

Lastly, the proportion of Aboriginal-owned/community-controlled organisations is still low compared to the proportion of Aboriginal NDIS participants (noting current ACCHS/ACCOs are supporting a large number of participants, in a culturally safe way).

Gaps in Support Types

The table below lists the **estimated** market gaps in particular support types as identified by stakeholder interviews and through the Map of Disability Services.

Table 18: Estimates gaps in support types identified through stakeholder consultations and the Disability Services Map[112] [113]

Support type	Stakeholder	Mapping	Support type	Stakeholder	Mapping
Core			**Capacity**		
Assistance with Daily Living	X	X	Allied health[114]	X	
Community access and Group/centre	X		Early int./early childhood	X	
High intensity personal care	X	X	Skills development		
Cleaning, gardening, home tasks & meals	X[115]		Employment and learning (also Core)		X
Community nursing		X	Support coordination		
STA/MTA/SIL	X		Positive Behaviour Support	X	X
Travel/transport		X	Tenancy support		X
Return to Country[116]	X	N/A	Plan management		X
Capital			**Other (not charged to NDIS Plans)**		
Consumables, equipment and AT		X	Assessments	X	N/A
SDA	X	X	Remote Community Connectors	X[117]	N/A
			SEWB/Healing	X	
			Other: Interpreting	X	N/A

As with the other regions, the majority of support types had gaps in the market apart from support coordination and skills development.

[112] Note: These are estimates only as it is difficult to identify exactly which organisations are delivering what types of services.
[113] Supports were determined as a 'gap' if there were three or less organisations delivering that support type in the Region.
[114] Note there was conflicting information: one provider felt Physiotherapy and Speech Pathology were sufficient and another a gap.
[115] Is a need but difficult to get in people's plans as NDIA report it's the responsibility of others in the household.
[116] Return to Country services are reportedly funded and charged as a one-off increase to Community Access and Transport plan budgets/chargeable items. They are not specified in the data, but we heard from stakeholders that it is unclear how to obtain the funding, provide evidence of need etc. and is not consistently funded for Aboriginal participants.
[117] RCC is not contracted to support community members in Darwin, but this is a need.

Sub-region and community findings

In addition to the findings listed above, specific information about particular communities is detailed below:

- Service levels are better in Nhulunbuy (one provider described as saturated, but not all culturally secure and safe) and Yirrkala, compared to more remote surrounding communities.
- Galiwinku is also quite well serviced for a remote community as the island has a larger population than others, has regular flights and has formal accommodation. It is also a community that is often targeted for trial programs and pilot program initiatives.
- Milingimbi, Gapuwiyak and Ramingining are not as well serviced than other areas as they are harder to access, not serviced daily with flights and accommodation is scarce.

Big Rivers Region

The table below maps key information about the market in this region, however, it should be noted that it was difficult to validate which organisations in Big Rivers were operational and their active supports being offered.

Table 19:Overview of the Big Rivers Region service delivery market[118] [119] [120]

Big Rivers Region ***Includes Katherine, Katherine East (Bulman, Barunga, Mataranka, Minyerri, Ngukurr, Numbulwa) and Katherine West (Kalkaringi, Lajamanu, Timber Creek, Bulla, Yarralin and other smaller communities). 206 (66%) Aboriginal NDIS participants*** **62 organisations**			
Provider type	**Top three supports available**	**Physical presence**	**NDIS Registration**
Private business: 45 (75%) Aboriginal-owned/community-controlled: 7 (12%) NFP: 6 (10%) Regional Council: 2 (3%) Other: 0 (0%)	Community access/Group Activities: 24 providers Allied health: 20 providers Support coordination: 18 providers	Physical presence: 40 (67%) No physical presence: 20 (33%)	Registered: 47 (78%) Unregistered: 11 (18%) Unknown: 2 (3%)
Aboriginal business/community-controlled organisations		**Market description by stakeholders**	
Kalano Community Association Incorporated Katherine West Health Board Aboriginal Corporation (allied health/general health/SEWB & RCC only) Mabunji Aboriginal Resource Centre MJD Foundation Limited Plan Management Mob		• Market approach not working as there is a lack of culturally safe services in Katherine and there are significant gaps in smaller communities. • Aged care filling NDIS gaps. • Two Regional Councils providing supports. • FIFO and DIDO providers, sometimes unskilled in remote work, are servicing remote communities. • Sharp practices, unethical/abusive and predatory behaviour noted by multiple stakeholders.	

[118] Source: Consultations and Map of Disability Services.
[119] NDIA. *Explore Data*. Ibid.
[120] Note: Accurate information on current and active providers, particularly in some communities outside of was difficult to obtain.

Big Rivers Region *Includes Katherine, Katherine East (Bulman, Barunga, Mataranka, Minyerri, Ngukurr, Numbulwa) and Katherine West (Kalkaringi, Lajamanu, Timber Creek, Bulla, Yarralin and other smaller communities).* *206 (66%) Aboriginal NDIS participants* 62 organisations			
Provider type	**Top three supports available**	**Physical presence**	**NDIS Registration**
Sunrise Health Service Aboriginal Corporation Wurli Wurlinjang Health Service Aboriginal Corporation (allied health/general health/SEWB only)		• Workforce challenges impacting consistency and availability of services. • ACCHSs are delivering NDIS/disability services but are experiencing challenges associated with remote services.	

Being the second largest town outside of Darwin (and within three hours driving distance), it is not surprising that this region has the second largest provider market in this report (outside of Darwin), noting the number of organisations was similar to the Central Region (with Alice Springs' much larger population). Most organisations have a physical presence, again likely due to Katherine being a major town in the NT. Support coordination services appear in the top three supports available, with community access/group activities being the most prominent.

Although there are seven Aboriginal-owned/community-controlled organisations some are servicing specific communities, participant types or single support types only (e.g. plan management). In addition, two key ACCHS are not delivering supports from NDIS plans and another can't expand to all communities in need due to the NDIS not being easily workable in remote areas.

In Big Rivers, the Regional Councils were early to enter the NDIS provider market and can service surrounding communities (particularly utilising their infrastructure and aged care workforces). The cultural safety and security of these providers fluctuates with the staff.

Gaps in Support Types

The table below lists the **estimated** market gaps in particular support types as identified by stakeholder interviews and through the Map of Disability Services.

Table 20: Estimated gaps in support types identified through stakeholder consultations and the Disability Services Map[121] [122]

Support type	Stakeholder	Mapping	Support type	Stakeholder	Mapping
Core			**Capacity**		
Assistance with Daily Living	X		Allied health	X[123]	
Community access and Group/centre	X		Early int./early childhood	X	

[121] Note: These are estimates only as it is difficult to identify exactly which organisations are delivering what types of services.
[122] Supports were determined as a 'gap' if there were three or less organisations delivering that support type in the Region.
[123] Psychology has a large need.

Support type	Stakeholder	Mapping	Support type	Stakeholder	Mapping
High intensity personal care	X	X	Skills development	X	
Cleaning, gardening, home tasks & meals	X		Employment and learning (also Core)		X
Community nursing			Support coordination		
STA/MTA/SIL	X	X	Positive Behaviour Support	X	X
Travel/transport			Tenancy support		X
Return to Country[124]		N/A	Plan management		
Capital			**Other (not charged to NDIS Plans)**		
Consumables, equipment and AT		X	Assessments	X	N/A
SDA		X	Remote Community Connectors	X[125]	N/A
			SEWB/Healing	X	X
			Other: Carer support, interpreter & oral healthcare tailored for PWD	X	N/A

As with the other regions, most support types were reported to have gaps apart from support coordination, community nursing, travel/transport, and plan management.

Sub-region and community findings

Stakeholders and the Map of Disability Services identified the following findings for specific communities:

- Katherine has a significantly larger number of providers than those outside of the town, including both East and West of Katherine.
- Bulman, Barunga, Mataranka, Minyerri, and Numbulwar particularly need improved services levels to match demand.
- Ngukurr has some services due to an ACCHS having established NDIS supports there (but needs support to expand to other communities).
- Kalkaringi and Lajamanu have more services than the other west Katherine communities due to larger population size.

[124] Return to Country services are reportedly funded and charged as a one off increase to Community Access and Transport plan budgets/chargeable items. They are not specified in the data, but we heard from stakeholders that it is unclear how to obtain the funding, provide evidence of need etc. and is not consistently funded for Aboriginal participants.

[125] RCC is not available to support potential participants in Katherine as its not remote, however, a need has been identified. Smaller communities also need greater support to get participant's access to the NDIS.

- West of Katherine, support coordination was a gap not reported elsewhere in the Region.

Barkly Region

The table below maps key information about the market in this region.

Table 21: Overview of the Barkly Region service delivery market[126] [127] [128]

Barkly Region ***Tennant Creek, Elliott, Ali Curung, Alpurrurulam, Arlparra, Wutunugurra, Ampilatwatja and outstations*** ***127 (86%) Aboriginal NDIS participants*** **24 organisations**			
Provider type	**Top three supports available**	**Physical presence**	**NDIS Registration**
Private business: 16 (67%) Aboriginal-owned/community-controlled: 7 (29%) Regional Council: 1 (4%) NFP: 0 (0%) Other: 0 (0%)	Community access/Group activities: 8 providers Assistance with daily living: 7 Allied health: 5 providers	Physical presence – 15 (63%) No physical presence: 9 (37%)	Registered – 16 (67%) Unregistered – 7 (29%) Unknown – 1 (4%)
Aboriginal business/community-controlled organisations		**Market description by stakeholders**	
Ampilatwatja Health Centre Aboriginal Corporation (general health/SEWB services only) Anyinginyi Health Aboriginal Corporation (likely general health/SEWB services only) Julalikari Council Aboriginal Corporation Paterson Street Hub Plan Management Mob Tennant Creek Mob Aboriginal Corporation (RCC only) Urapuntja Health Service		• Market approach not working, *significant* gaps in services in smaller communities. • Lack of culturally safe and secure services. • ACCHSs not delivering NDIS supports but ACCOs are. • Reliance on FIFO/DIDO services, including inconsistent allied health and support coordination services. • Workforce recruitment and retention issues impacting availability and consistency of supports.	

As can be seen above, there is a small provider market in the Barkly Region, with an even smaller availability outside of Tennant Creek. Interestingly, the Barkly was the NDIS trial site in the NT and has had considerably longer than other regions to grow the provider market. Most organisations listed, however, do have a local presence and are registered. Community access/group activities is the most prominent support available.

[126] Source: Consultations and Map of Disability Services.
[127] NDIA. *Explore Data*. Ibid.
[128] Note: Accurate information on current and active providers, particularly in some communities outside of was difficult to obtain.

While there appears to be a large number of Aboriginal-owned/community-controlled organisations, six of the seven organisations are either not involved in the NDIS (provide general health/SEWB supports) or deliver very specific supports such as plan management, RCC and community access.

Gaps in support types

The table below lists particular support gaps identified by stakeholder interviews and through the Map of Disability Services. Again, in the Barkly it was difficult to validate supports available.

Table 22: Estimated gaps in support types identified through stakeholder consultations and the Disability Services Map[129] [130]

Support type	Stakeholder	Mapping	Support type	Stakeholder	Mapping
Core			**Capacity**		
Assistance with Daily Living	X		Allied health		
Community access and Group/centre	X		Early int./early childhood		
High intensity personal care	X	X	Skills development		X
Cleaning, gardening, home tasks & meals	X	X	Employment and learning (also Core)		XX
Community nursing		X	Support coordination	X	X
STA/MTA/SIL		X	Positive Behaviour Support		X
Travel/transport		X	Tenancy support		X
Return to Country[131]		N/A	Plan management		X
Capital			**Other (not charged to NDIS Plans)**		
Consumables, equipment and AT	X	X	Assessments	X	N/A
SDA		X	Remote Community Connectors	X	N/A
			SEWB/Healing	X	
			Other		N/A

[129] Note: These are estimates only as it is difficult to identify exactly which organisations are delivering what types of services.
[130] Supports were determined as a 'gap' if there were three or less providers delivering that support type in the Region.
[131] Return to Country services are reportedly funded and charged as a one off increase to Community Access and Transport plan budgets/chargeable items. They are not specified in the data, but we heard from stakeholders that it is unclear how to obtain the funding, provide evidence of need etc. and is not consistently funded for Aboriginal participants.

As with the other regions, most support types had gaps. However, it differed in that allied health and early intervention services were not deemed as gaps. However, this could be due to the fact we were unable to engage the Tennant Creek ACCHS for consultation (likely for valid reasons due to servicing critical supports in the community).

Sub-region and community findings

Stakeholders and the Map of Disability Services identified the following findings for specific communities:

- Tennant Creek has better access to services more generally than smaller outlying communities.
- There are very little available supports in Ampilatwatja.

Central Australia Region

The table below maps key information about the market in this region.

Table 23: Overview of the Central Australia Region service delivery market[132] [133] [134] [135]

Central Australian Region ***This region includes Central Desert (Yuendumu, Nyirripi, Willowra), MacDonnell (Ntaria, Ltentye, Apurte, Yulara, Kintore, Papunya, Titjikala) and NPY Lands (Kaltukatjara, Mutitjulu, Imanpa, Aputula and other smaller communities)*** ***708 (72%) Aboriginal NDIS participants*** **75 organisations**			
Provider type	**Top three supports available**	**Physical presence**	**NDIS Registration**
Private business: 55 (73.4%) Aboriginal-owned/community-controlled: 10 (13.3%) NFP: 10 (13.3%) Regional Council: 0 (0%) Other: 0 (0%)	Community access/Group activities – 21 providers Support coordination: 17 Allied health: 14 providers	Physical presence – 64 (85.3%) No physical presence: 10 (13.3%) Unknown: 1 (1.4%)	Registered – 58 (77%) Unregistered – 15 (20%) Unknown – 2 (3%)
Aboriginal business/community-controlled organisations		**Market description by stakeholders**	
Central Australia Aboriginal Congress (and Amoonguna Health Service) Central Australian Aboriginal Alcohol Program Unit (SEWB/AOD only) Kings Narrative MJD Foundation		Description of market by stakeholders: • Market approach not working, *significant* gaps in services in smaller communities. • Lack of culturally safe and secure services, including organisations entering remote communities who are not skilled enough to do so. • Aged care is picking up the NDIS needs.	

[132] Source: Consultations and Map of Disability Services.
[133] NDIA. *Explore Data*. Accessed 9 July 2024 at https://dataresearch.ndis.gov.au/explore-data
[134] Note: Accurate information on current and active providers, particularly in some communities outside of was difficult to obtain.
[135] Note: One stakeholder reported that NT Government is still delivering allied health but it was excluded from the analysis as it conflicts with other advice received.

Central Australian Region *This region includes Central Desert (Yuendumu, Nyirripi, Willowra), MacDonnell (Ntaria, Ltentye, Apurte, Yulara, Kintore, Papunya, Titjikala) and NPY Lands (Kaltukatjara, Mutitjulu, Imanpa, Aputula and other smaller communities)* *708 (72%) Aboriginal NDIS participants* **75 organisations**			
Provider type	**Top three supports available**	**Physical presence**	**NDIS Registration**
NPY Women's Council Pintupi Homelands Health Service Plan Management Mob Tangentyere Council Waltja Tjutangku Palyapayi (general health/SEWB/RCC only) Western Desert Nganampa Walytja Palyantjaku Tjutaku (Purple House)		• ACCHSs operating in the NDIS space, but still experience issues due to NDIS not suitable in remote areas. ACCOs also operating NDIS supports. • Workforce issues, including recruitment and retention challenges. • Reliance on agency and recruitment of out of state and overseas staff to work locally. • Reliance on FIFO/ DIDO supports, particularly support coordination and allied health • Widespread examples of sharp practices/financial abuse or fraud/culturally unsafe practices.	

As can be seen above, there are a large number of organisations but stakeholders report the NDIS market is still failing due to significant gaps in smaller communities and a lack of culturally secure and safe services. Most providers do have a physical presence and are registered. Community access/group/centre-based activities and support coordination again appear as the most prominent support types, though providers do report support coordination being done through FIFO providers (sometimes through sharp/unsafe practices).

This Region also has the largest number of Aboriginal-owned/community-controlled organisations, even larger than the Darwin Region. However, many are community specific, support specific, are for a specific cohort or are ACCHS only delivering general allied health/health and SEWB supports.

Gaps in support types

The table below lists particular support gaps identified by stakeholder interviews and through the Map of Disability Services.

Table 24: Estimates gaps in support types identified through stakeholder consultations and the Disability Services Map[136] [137]

Support type	Stakeholder	Mapping	Support type	Stakeholder	Mapping
Core			**Capacity**		
Assistance with Daily Living	X		Allied health	X	
Community access and Group/centre	X		Early int./early childhood	X	X

[136] Note: These are estimates only as it is difficult to identify exactly which organisations are delivering what types of services.
[137] Supports were determined as a 'gap' if there were three or less providers delivering that support type in the Region.

Support type	Stakeholder	Mapping	Support type	Stakeholder	Mapping
High intensity personal care	X		Skills development		X
Cleaning, gardening, home tasks & meals[138]	X		Employment and learning (also Core)		
Community nursing	X	X	Support coordination		
STA/MTA/SIL	X		Positive Behaviour Support		X
Travel/transport			Tenancy support		X
Return to Country[139]	X	N/A	Plan management		X
Capital			**Other (not charged to NDIS Plans)**		
Consumables, equipment and AT	X		Assessments	X	N/A
SDA		X	Remote Community Connectors	X	N/A
			SEWB/Healing	X	
			Other: Interpreter	X	N/A

As with other regions, most services were reported to have gaps apart from travel/transport, support coordination and employment and learning supports.

Sub-region and community level findings

Stakeholders (and the Map of Disability Services) identified the following findings for specific communities:

- Communities outside of Alice Springs have less services available and many people are missing out on services, particularly early intervention therapy services for children. This includes:
    - Titjikala, Kintore, Nyirripi, Willowra
    - Mutitjulu
    - Kintore
    - Most communities in the APY Lands but particularly Imampa.

Some of the above services have a lack of other services as well including aged care and health.

[138] A gap but difficult to obtain on participant's plans.

[139] Return to Country services are reportedly funded and charged as a one off increase to Community Access and Transport plan budgets/chargeable items. They are not specified in the data, but we heard from stakeholders that it is unclear how to obtain the funding, provide evidence of need etc. and is not consistently funded for Aboriginal participants.

Appendix C: About Keogh Bay People

Keogh Bay is a majority Aboriginal-owned specialist consulting and training business which has been operating for over 13 years. We provide services to ACCOs, NFPs, private companies and government agencies in the disability, aged care, Aboriginal and social care sectors across Australia.

Our consultants have a deep understanding of the specific challenges faced by regional and remote providers in ensuring Aboriginal people living in remote areas receive culturally safe and high-quality disability services and supports. Through all of our projects, Keogh Bay aims to foster sustainable, person-centred and effective solutions that meet the needs of people with a disability and their local communities.

Keogh Bay People is registered with Supply Nation and the Aboriginal Business Directory WA. Keogh Bay has local offices in Darwin, Perth, Adelaide, Sydney and Cairns and operates across Australia.

Our team routinely work on disability and NDIS capacity-building projects in NT and across the country, with a particular focus on regional and remote providers. Keogh Bay has delivered over 150 NDIS projects across Australia to date, in some of the most remote parts of the country.

Our team facilitates co-design projects; evaluates programs and services; develops people-centred and culturally secure service models, supports quality and safeguarding activities; develops online and face-to-face training for NDIS Board members, managers and workers, including storyboard training for remote Aboriginal care workers.

Keogh Bay has a network of over 20 specialist associates. Our team have backgrounds as project managers, accountants, policy and program managers, disability support workers, nurses, linguists, trainers, lawyers, as well as a mix of Aboriginal, Torres Strait Islander and non-Indigenous staff and people with a lived experience of disability.

For this project, the Project Team included:

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