



AH&MRC
Aboriginal Health & Medical
Research Council of NSW

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Supported by the NSW Ministry of Health

ABN 66 085 654 397

Aboriginal Health and Medical Research Council of NSW

The AH&MRC Acknowledges the Traditional Owners of the lands on which the AH&MRC stands, the lands of the Bidjigal and Gadigal people of the Eora Nation. The AH&MRC pays respect to Elders past, present and emerging.



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About the AH&MRC

The AH&MRC is a membership-based organisation and the Peak Body for Aboriginal Health in New South Wales. We represent 50 Aboriginal Community Controlled Health Organisations (ACCHOs) across the state.

The AH&MRC assists ACCHOs to ensure they have access to an adequately resourced and skilled workforce to provide high-quality health care services for Aboriginal communities. The AH&MRC is committed to the delivery of four key priorities:

- Aboriginal Community Control and Innovation
- Education and Workforce
- Research and Data
- Governance and Finance

The AH&MRC welcomes the opportunity to make a submission to this inquiry on behalf of its members.

AH&MRC Response

The Joint Standing Committee on the National Disability Insurance Scheme has initiated a new inquiry into the NDIS participant experience in rural, regional, and remote Australia. The AH&MRC's submission outlines the prevalence of inadequate service delivery and the heightened vulnerability of Indigenous communities to these practices, increasing the overall risk and disadvantage for rural, remote, and regional communities.

This submission makes recommendations to improve the NDIS' response to rural and remote communities by implementing measures to increase culturally safe and integrated support that recognizes the unique circumstances of regional, remote, and rural communities.

The AH&MRC has identified two overarching issues for the committee's consideration:



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- The lack of cultural capability of the NDIS to adequately support rural, regional, and remote communities.
- The lack of safeguards for Aboriginal and Torres Strait Islander communities when accessing disability supports, neglecting participant choice and control.

In 2018, 139,700 Aboriginal and Torres Strait Islander people reported to be living with a disability¹ and as of 2022, there are 42, 679 Indigenous NDIS clients², an increase of 259% over the past three years. Aboriginal and Torres Strait Islander people make up 22 percent of the total population living with a disability³. Furthermore, Indigenous Australians are 1.9 times as likely to have a disability as non-Indigenous Australians⁴. Despite a significant need to for adequate disability support services, it is evident that Aboriginal and Torres Strait Islander people experience ongoing access barriers under the NDIS arrangements.

Access to well-integrated disability services is recognised as a crucial step in disability management. Aboriginal Community Controlled Health Organisations (ACCHOs) receive very limited funding for the provision of disability services yet are still required to provide coordinated care for local communities. Aboriginal and Torres Strait Islander people residing in regional, rural, and remote NSW have poorer access and outcomes in health than their non-Indigenous counterparts and those living in metropolitan areas. This inquiry into NDIS' services recognises that regional, rural, and remote Indigenous communities experience disability at a far greater disadvantage than those located in metropolitan areas.

¹ Table D1.14.4. AIHW and ABS analysis of the National Aboriginal and Torres Strait Islander Health Survey 2018–19.

² First Nations Strategy, NDIS.

³ Table D1.14.4. AIHW and ABS analysis of the National Aboriginal and Torres Strait Islander Health Survey 2018–19

⁴ ABS 2021. Aboriginal and Torres Strait Islander people with disability. ABS



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Of the 139,700 Aboriginal and Torres Strait Islander people living with a disability, it was recorded that 29.6% resided in inner regional areas and 18.1% were living in remote areas⁵. Aboriginal and Torres Strait Islander communities face significant challenges due to limited disability supports offered, and as such, are disrupted from access to food, physical labour, economic and educational opportunities and a baseline level of health and wellbeing. Disability supports including assistance with education, employment, social participation, independence, living arrangements and health and wellbeing are offered based on what is considered 'reasonable' and not already available to the individual through family life and natural connections.

It is often presumed that many rural, remote, and regional clients can rely on kinship to provide such supports, which is often not the case for rural and remote Aboriginal and Torres Strait Islander communities. Such assumptions put the onus of support access on clients who are already at a disadvantage. This disadvantage is compounded by existing socio-economic risk factors such as poverty, and limited access to alternative treatment and support services. Reducing the burden of disease for Indigenous communities requires substantial commitment to recognising the debilitating health and socio-economic inequalities facing Indigenous people, as well as the need to implement targeted support for rural, regional, and remote communities.

Participant Choice and Control

Participant Choice and Control is central to the NDIS' coordination of supports and allows clients to exercise choice and control in what services they receive. The National Disability Insurance Scheme has ensured its efforts to support rural, remote, and regional Aboriginal communities through its First Nation's Strategy, which seeks to integrate ACCHOs throughout the client experience. A key objective of the NDISA is to maximize the outcomes of the disability scheme for rural and remote clients through coordination of all

⁵ Australian Bureau of Statistics. (2021, June 11). Aboriginal and Torres Strait Islander people with disability. ABS.



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levels of government. As ACCHOs are the lead agency for health services for Aboriginal people in NSW and nationally, it is crucial to recognize their significance in providing health services and regular patient care for Indigenous clients.

Many rural and remote Aboriginal and Torres Strait Islander communities are living in inequitable housing conditions, and as such, are exposed to an array of environmental factors that directly contribute to and exacerbate chronic conditions. Member services noted that this has resulted in a surge in AOD (alcohol and other drug), and homelessness cases, which largely effects health literacy, and thus, participant choice and control. Low health literacy can cause further distress when the NDIS application process requires participants to provide documentation. For many rural, remote, and regional clients, providing identity documentation and Medicare certification can be a distressing and exhausting process.

Notwithstanding the effort of the NDIS to include ACCHOs in its First Nations Strategy is not being adequately implemented. Rural, regional, and remote Indigenous communities often miss out on accessing support due to culturally inappropriate mainstream services or ACCHOs simply not receiving funding to provide critical support. The application process to access the NDIS is a significant barrier for many prospective clients due to its complexity and onerous requirements. Many clients who are required to provide identity documentation experience greater disadvantages during the application process that requires financial records, extensive medical records, and information specific to the impacts of your disability completed by a regular treating health professional. Due to limited access to these individual services, access to support programs are often delayed or declined all together. The administrative requirement of the NDIS creates an additional burden for patients with dual diagnoses and multiple care teams when navigating an already complex system. The patient journey is hindered once again due to a continuum of



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accessibility issues, preventing rural and remote communities from exercising how their plans are managed and what services they can access.

These barriers largely contribute to lower interactions with NDIS services. Statistically, over one in three participants do not have access to daily activity supports, and over one in four participants are not getting therapy services (NDIS review). These barriers often result in poorer health outcomes and contributes to the gap seen between Indigenous and non-Indigenous communities.

Culture and Capability

Many ACCHOs found the NDIS' response to rural and remote Aboriginal communities in NSW lacked cultural and linguistic capabilities. Members noted NDIS'A's resourcing of staff must follow their current Cultural and Linguistic Diversity (CALD) strategy in place, where a three-phased approach is used. This includes extensive community engagement with focus groups tailored for Aboriginal and Torres Strait Islander community members, ACCHOs and NDIS participants to determine progress against their priorities for cultural diversity. Several roles advertised by the NDISA require minimal cultural or social experience pertaining to disability supports offered for rural and remote clients. Whilst cultural training is mandatory for all staff employed, the AH&MRC believe potential employees should have a general background in health to properly determine client requirements and capacity. This extends to disability management plans which are often coordinated over extensive periods of time. Whilst current service models provide some relief to Aboriginal communities, ACCHOs must be central to rehabilitation efforts and should be regularly consulted with in the service delivery process to ensure social and wellbeing support workers, program advisors, and social workers are equipped.

NDIS's 'First Nations Strategy' introduced the role of Aboriginal Disability Liaison Officer, which ensured regular engagement with Aboriginal and Torres Strait Islander communities.



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The program was funded with the intention to assist Aboriginal and Torres Strait Islander people with disabilities to become active participants of the NDIS with the help of a cultural link. The model promised high-level communication by nominating members of local communities as Liaison Officers who would act as a cultural link. The model and position requirements must be strengthened to ensure robust integration to better support clients that access NDIS services through an ACCHO. The current model is limited by its scope and is unable to adequately liaise with providers to improve patient outcomes. Members noted that this must be funded regularly with multiple positions available to ensure that ADLO's are well-equipped for the specific needs of differing Aboriginal communities and the capacity of locations. The trial of the ADLO program saw uptake in cultural capability, as it provided local community members with an opportunity to ensure services were being delivered in a culturally safe manner. However, members noted this did not substantiate any improvement in service delivery as the role of the ADLO was limited, and many member services were forced to fund NDIA supports themselves to provide adequate support to the local community.

Service location and Experience

Navigating the NDIS is an exhausting process for many Aboriginal and Torres Strait Islander clients who are in rural, remote, and regional areas. Aboriginal Disability Liaison Officers are employed to bridge the cultural gap between NDIS supports and local communities, however many ACCHOs have felt the cultural burden of the ADLO and have been forced to manage client portfolios at their own expense. ADLOs are required to bridge the cultural gap and act as a conduit between clients and the NDIS, however, members have stressed that it should not be the responsibility of local community to ensure NDIS services are culturally safe and appropriate. Additionally, member services who were funded with an Aboriginal Disability Liaison Officer stressed that they are unable to service multiple locations with an ADLO contracted for three days a week. The use of an ADLO at times inhibited local ACCHOs from adequately servicing communities, and as such, NDIS



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services have been scaled back from the service arm or funded internally by the ACCHO. For many, this has resulted in a large portion of community who are left undiagnosed, or ostracized under the preconception that they have access to social support outside NDIS.

The NDIS' First Nation's Strategy, which includes the Remote Community Connector Program and the Aboriginal and Torres Strait Islander Buddy Program, promised to boost the recruitment of Aboriginal people into the Australian Public Service (APS) under their commitment to *Priority 1: Communication and Sharing of Information*. A total of 125 positions have been filled by targeted recruitment campaigns carried out by the NDIS since 2015⁶. 3% of NDIS APS staff identified as Aboriginal or Torres Strait Islander and 4% of their Partner in Community Staff identified as Aboriginal or Torres Strait Islander in 2023⁷. Furthermore, the NDIS Participant Reference Group established in 2018 only included two members who identified as Aboriginal or Torres Strait Islander⁸. This does not adequately represent the population of Aboriginal people living with disabilities, which means that the NDIS Reference Groups are unable to fully grasp the experience and challenges of this demographic. Many member services have raised further concerns regarding the cultural capability of staff employed in rural and remote divisions, noting that cultural training has only been completed by 85% of staff and partners⁹. Notably, this statistic does not state whether this has been completed by general staff, or staff in rural and remote areas.

The NDIS Remote Community Connector Program is structured on a 'Hub and Spoke' model which establishes regional hubs in a variety of spoke locations for persons with disabilities. Members have highlighted that this fails to address gaps in service delivery for

⁶ APS Census (2023) NDIS.

⁷ APS Census (2023) NDIS.

⁸ *First Nations Strategy NDIS*.

⁹ APS Census (2023) NDIS



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remote communities that are unable to source any means of transport to a regional hub. Evidently, local community members often don't have a means of transport to regional hubs, causing further disadvantage and distress. Members have also noted inconsistencies with service locations available in rural communities. Transport networks are often limited and as such transport barriers place additional strain on community when it comes to accessing disability supports. Members have stressed that local clients who don't have any means of transport to regional areas are largely disadvantaged from a lack of accessible supports offered. For reference, Western Australia's Remote Community Connector Program, which is currently not offered in New South Wales, works to increase access by engaging, informing, and assisting people living in remote communities through their local AMS, creating a pathway process for clients. The overwhelming view from the ACCHO sector is that NDIS service delivery must be alerted to the impacts of the lack of transport and accessibility for Aboriginal communities and must revisit their approach for servicing rural and remote communities.

These issues raised are not exclusive to NDIS response to Aboriginal communities in rural and remote areas. Many of these issues infer themes that are recurring in many mainstream organizations, including mainstream maternal services. These services have exposed the persistent lack of cultural capability and adequate planning for Aboriginal communities and the inability for mainstream services to appropriately engage with communities, resulting in poor outcomes for Aboriginal and Torres Strait Islander people.

The AH&MRC holds the view that the NDIS failure to adequately support Aboriginal and Torres Strait Islander communities reflects a wider failure of the NDIS to develop a coordinated program for rural, regional, and remote Indigenous Australians who need a multi-pronged approach. Further to this, there must be a standalone disability management framework for Aboriginal and Torres Strait Islander communities that



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accounts for their unique needs, addressing financial barriers, accessibility, and cultural needs through community-based rehabilitation.

Recommendations:

Noting NDIS is co-designing a new First Nation's Strategy and action plan, it is imperative to consider the inclusion of:

- A full review of access requirements for clients receive support under the NDIS.
- A commitment and investment to increasing Aboriginal Staff within the NDIS workforce.
- Reframing NDIS support services to form community-based rehabilitation that is comprehensive to Aboriginal community and kinship.
- A genuine commitment to work with the ACCHO sector, by way of long-term funding of the ADLO model, and a standalone disability management framework developed with local ACCHOs.

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