Aboriginal Health Council of Western Australia

Submission to Professor Bruce Bonyhady AM and Ms. Lisa Paul AO PSM

Independent Review into the National Disability Insurance Scheme (NDIS)

1 September 2023

The Aboriginal Health Council Western Australia (AHCWA) welcomes the opportunity to provide a submission to the NDIS Review based on the collective wisdom and experiences of AHCWA's Member Services.

AHCWA is the peak body for 23 Aboriginal Community Controlled Health Services (ACCHS) in Western Australia (WA). In this submission, ACCHS members will be referred to as Member Services. WA ACCHSs are located across geographically diverse metropolitan, regional and remote locations. They deliver the most effective model of comprehensive primary health care and whole-of-person holistic supports for Aboriginal people [1] and are in a unique position to identify and respond to the local, cultural and health needs of Aboriginal people and their communities. AHCWA exists to support and advocate on behalf of its 23 Member ACCHSs.

The need for an effective and efficient NDIS service delivery for Aboriginal communities is crucial to ensure the NDIS remains fit-for-service and sustainable. AHCWA will provide comment on the most appropriate terms of references as dictated by the sectors ongoing advocacy and expertise, with key recommendations highlighted at the end of this document. This submission coalesces a series of previous advocacy work from the Aboriginal Community Controlled sector in WA. The main previous public submissions that this document will draw on and credit are AHCWA's Submission to the Joint Standing Committee on the National Disability Insurance Scheme [2] and AHCWA's Submission to the Select Committee into Child Development Services.[3]

Currently, the main NDIS related program delivered at AHCWA is the NDIS Business Solutions program, beginning in June 2021 with an anticipated end date of December 2023.The NDIS Business Solutions program is a state based initiative funded by the WA Department of Communities. The project is focused on working closely with WA ACCHSs that are NDIS registered providers to identify systemic efficiencies and inefficiencies in delivering NDIS

[1] Throughout this submission, AHCWA uses the term 'Aboriginal' to respectfully refer to all Aboriginal and Torres Strait Islander people across WA.

[2] Aboriginal Health Council of WA, *Submission to the Joint Standing Committee on the National Disability Insurance Scheme* (2022), 1-8, https://www.ahcwa.org.au/wp-content/uploads/2023/03/AHCWA-Submission-Inquiry-into-the-Capability-and-Culture-of-the-National-Disability-Insurance-Agency-Dec-2022.pdf

[3] Aboriginal Health Council of Western Australia, *Submission to the Select Committee into Child Development Services* (2022), 1-9, https://www.ahcwa.org.au/wp-content/uploads/2023/03/AHCWA-Submission-Inquiry-into-Child-Development-Services-Nov-2022.pdf

The Aboriginal Health Council of Western Australia advocates on behalf of 23 Aboriginal Community Controlled Health Services in Western Australia to ensure that the health and wellbeing needs of Aboriginal communities are represented at all levels.

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services. The program has to date addressed the needs raised by WA ACCHSs through the delivery of feasibility studies, client management system explorations, the creation of marketing resources and informational resources. Under the Business Solutions program, AHCWA also houses the NDIS Support Coordination program that addresses the training and workforce upskilling needs for Support Coordinators (SC) in the sector.

Compared to non-Aboriginal people, Aboriginal people are 1.9 times as likely to have a disability.[4] In the 2018-19 National Aboriginal and Torres Strait Islander Health Survey, 42 per cent of Aboriginal people aged 15-64 in Western Australia self-reported having a disability or restrictive long-term health condition.[5] Nationally, among Aboriginal people of all ages living in private households in 2018:

- 24 per cent (139,700 people) were living with a disability;
- 8.8 per cent (51,100) of the total living with a disability had a severe or profound disability.[6]

The total number of Aboriginal participants on the NDIS in WA is approximately 3, 850, as of December 2022. WA is currently equal last in having the lowest rate of NDIS use amongst First Nation people, namely 34.3 participants per 1,000 population. This is significantly below the national average of 47.6 participants per 1,000 population.[7] These statistics do not capture all Aboriginal people with a disability, such as those who are homeless or under the age of 15 years.

Aboriginal people living with a disability and their unique experiences in accessing services

Aboriginal people with a disability face various challenges when trying to access essential care equivalent to their needs, including disability support services. This submission will highlight the existing barriers Aboriginal people with disability face when accessing the NDIS, which is then seen as an underutilisation of NDIS plans and supports broadly. [8]

Firstly, Member Services have commented on the incomprehensibility of NDIS eligibility requirements and application processes, leading to immediate difficulties navigating the Scheme. This is then coupled with the reluctance and distrust Aboriginal people face towards accessing government services due to historical and personal experiences of institutionalised racism, compounded with discrimination and stigma against people with disabilities in

[4] Australian Government, "1.14 Disability," Aboriginal and Torres Strait Islander Health Performance Framework (2023), https://www.indigenoushpf.gov.au/measures/1-14-disability
[5] Ibid., Figure 1.14.3
[6] Australian Institute of Health and Welfare, "Disability support for Indigenous Australians," Australia's Welfare 2021 (2021), 1, Disability support for Indigenous Australians - Australian Institute of Health and Welfare (aihw.gov.au)
[7] Australian Government, "1.14 Disability," Aboriginal and Torres Strait Islander Health Performance Framework (2023), Figure 1.14.5, https://www.indigenoushpf.gov.au/measures/1-14-disability
[8] Royal Commission, *Overview of responses to the Experience of First Nations people with disability in Australia Issues paper*, (2021), 8, https://disability.royalcommission.gov.au/system/files/2022-03/Overview%20of%20responses%20to%20the%20Experience%20of%20First%20Nations%20people%20with%20disability%20in%20Australia%20Issues%20paper.pdf ; National Aboriginal Community Controlled Health Organisation (NACCHO), *Regulatory Alignment Across Care and Support Consultation Submission to the Australian Government* (2021), 3.

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general. This is why the role of ACCHSs is pivotal in providing a safe and trusted point of entry into the on-the-ground realisation of the NDIS.

Some of the known and recursive barriers that prevent or discourage Aboriginal people from accessing disability services also include the enormous geographic distances across WA, lack of culturally-safe and trauma-informed providers. Moreover, the presence of thin or no markets reduces the availability of service providers in areas that have low numbers of participants, which leads to many participants not having the necessary support they require. For these reasons, ACCHSs have identified an immediate need to expand into disability service provision, as well as supporting mainstream disability services to deliver culturally informed services for Aboriginal people with disabilities. [9]

Member Services' current NDIS service provision

WA ACCHSs deliver a variety of services including primary health, aged care and disability support and are highly visible and trusted in communities. The majority of the NDIS services that are being delivered are through grant based programs such as the Information, Linkages and Capacity Building (ILC), Aboriginal Disability Liaison Officer (ADLO), Remote Community Connector (RCC) and Evidence, Access and Coordination of Planning (EACP) programs. ACHWA notes that sixteen Member Services who are providing NDIS services have a reliance on grant funded programs.

The delivery of fee-for-service funded support occurs in nine of these sixteen Member Services. The most common support provision is of Support Coordination (SC). However, grant funding is utilised most often as the fee-for-service model is not viable for ACCHSs due to a myriad of barriers such as administrative costs and geographical travel related costs. Member Services have reported that their participants' budgets allocated for SC do not match the amount of time and resources it takes support coordinators to support their participants. It is recommended, that the NDIS allocates appropriate time and resources for support coordinators to be able to build rapport with participants, engage in cultural validation and training, as well as collaborate in the necessary multidisciplinary partnerships that are required to adequately support Aboriginal people and families with disability.

ACCHSs are central to supporting Aboriginal people living with disability

The Disability Sector Strengthening Plan, developed through the National Agreement on Closing the Gap governance frameworks, recognises that disability is a cross-cutting outcome that should be implemented throughout all priority reform areas, with the lead of Aboriginal community controlled organisations empowerment and resilience to best support Aboriginal

[9] National Aboriginal Community Controlled Health Organisation, *NACCHO statement to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability,* (2021), 1-9, https://disability.royalcommission.gov.au/system/files/submission/ISS.001.00683.PDF

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communities.[10] Moreover, the National Agreement on Closing the Gap irrefutably identified the importance of placing the design and delivery of programs into Aboriginal hands to attain improved outcomes.[11]

Aboriginal people have a holistic conceptualisation of health. Community, family, culture, spirituality, language, Country, emotions and the physical are all seen as integral in both an individual, and a community, to thrive optimally. This conceptualisation of health is upheld by the Western Australian ACCHS Model of Care, [12] and guides the delivery of comprehensive healthcare across communities. AHCWA understands that providing holistic health care is critical in the pursuit of health equity for Aboriginal people. WA ACCHSs are well positioned to refine and expand the delivery of holistic health care by including disability services that are culturally responsive, affordable and ensure equity in access.

AHCWA Member Services recognise the value of the NDIS, but require greater commitment and flexibility to recognise the entrenched gaps in accessing the NDIS, and to translate the Scheme in a way that works for Aboriginal people with disability. The very conceptualisation of disability across society has not always been framed in terms of someone's strengths, unique and varying abilities, and differs across cultures. Many Aboriginal people find the very nature of the NDIS process challenging and confronting, where they have to participate in descriptively identifying 'impairments' and negotiating support needs based on available funding criteria. There needs to be ongoing recognition, as supported by the very fabric of NDIS planning, on the strengths, including cultural differences, of Aboriginal people with disability. ACCHSs are able to create safe structures around the NDIS to improve patient access, confidence, and trust in the Scheme.[13]

Part 1: Design, operations and sustainability of the NDIS

Early Childhood Intervention

Aboriginal children continue to fall through the gap. Recent data released by the Productivity Commission has documented the shortfall in the 10-year Closing the Gap target of having 55 per cent of Aboriginal and Torres Strait Islander children meeting national early development goals, with just 34.3 per cent of Aboriginal children meeting the threshold in 2021, down from 35.2 per cent in 2018.[14] In WA, only 31.3 per cent of Aboriginal children were assessed as

[10] Australian Government National Indigenous Australians Agency, *Commonwealth Closing the Gap Implementation Plan,* (2023) https://www.niaa.gov.au/2023-commonwealth-closing-gap-implementation-plan/cross-cutting-areas/disability
[11] Closing The Gap In Partnership, *National Agreement on Closing the Gap* (2020), https://www.closingthegap.gov.au/sites/default/files/files/national-agreement-ctg.pdf
[12] Aboriginal Health Council of Western Australia, "ACCHS Model of Care", Social and Emotional Wellbeing (2023), https://www.ahcwa.org.au/sector-support/social-and-emotional-wellbeing/
[13] Caitlyn White, Erica Spry, Emma Griffiths, and Emma Carlin, "Equity in Access: A Mixed Methods Exploration of the National Disability Insurance Scheme Access Program for the Kimberley Region, Western Australia", *International Journal of Environmental Research and Public Health* 18, no. 17 (2021): 8907, https://doi.org/10.3390/ijerph18178907
[14] Rachwani, M. Backwards step on Closing the Gap action as early childhood development for Indigenous Australians falls short. The Guardian. 2022. Backwards step on Closing the Gap action as early childhood development for Indigenous Australians falls short | Indigenous Australians | The Guardian

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developmentally on track across all five domains in 2021, a decrease of 0.1 per cent from 2018.[15]

Early childhood programs are persistently raised as important areas for investment within AHCWA Member Services and communities. It is during this time that children build the foundation for lifelong learning, health and wellbeing. Given the critical development that occurs during early childhood, this is the most effective time to support the wellbeing of children to prevent or decrease problems in later childhood, adolescence and adulthood. For instance, it is widely reported that children with neurodevelopmental disorders are disproportionately represented in youth justice systems,[16] perpetuating the goal of all young people experiencing disability or undiagnosed disability, being afforded an enriched and safe environment to thrive. If a child is identified as having a potential developmental issue, it is critical they are referred for assessment and, if necessary, receive appropriate treatment and services.

The NDIA has developed an early childhood approach which includes the provision of a best practice service delivery program which is called the early childhood early intervention (ECEI) program. This mainstream program's aim is to help support and build capacity with children and their families.[17] Currently, this service is only being delivered in specific areas of Australia and WA. This is illustrated in Figure 1 WA NDIS Partners in the Community, [18] whereby the narrow service delivery for WA children and their families, can be seen clearly.

[15] Australian Government Productivity Commission. Closing the Gap Information Repository. 2021. https://www.pc.gov.au/closing-the-gap-data/dashboard/socioeconomic/outcome-area4

[16] Lorelle Holland, Natasha Reid, and Andrew Smirnov, "Neurodevelopmental disorders in youth justice: a systematic review of screening, assessment and interventions", *J Exp Criminol* 19, (2021): 31-70, https://doi.org/10.1007/s11292-021-09475-w

[17] National Disability Insurance Agency, "The early childhood approach for children younger than 9", NDIS (2023), https://www.ndis.gov.au/understanding/families-and-carers/early-childhood-approach-children-younger-9

[18] National Disability Insurance Agency, "Western Australia Partners in the Community", Western Australia (2023), 6, https://www.ndis.gov.au/understanding/ndis-each-state/western-australia

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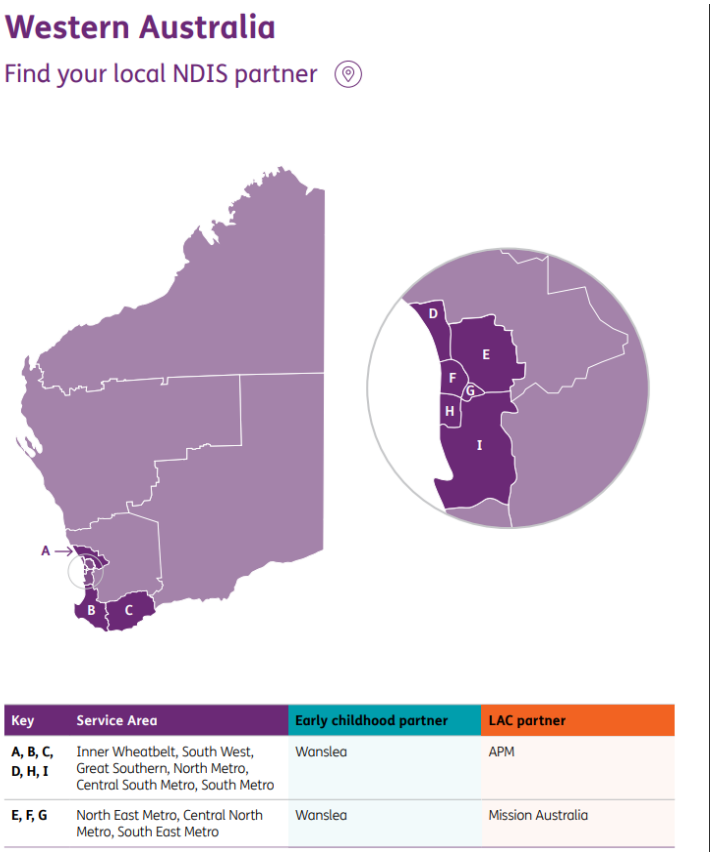

Key	Service Area	Early childhood partner	LAC partner
A, B, C, D, H, I	Inner Wheatbelt, South West, Great Southern, North Metro, Central South Metro, South Metro	Wanslea	APM
E, F, G	North East Metro, Central North Metro, South East Metro	Wanslea	Mission Australia

Figure 1: WA NDIS Partners in the Community [19]

AHCWA would like to draw attention to the WA Parliamentary Inquiry into Child Development Services in 2023. AHCWA[20] and three of our Member Services including the Pilbara Aboriginal Health Alliance (PAHA)[21], Puntukurnu Aboriginal Medical Service (PAMS)[22] and Derbarl Yerrigan Health Service (DYHS)[23] provided submissions and presented at the Inquiry hearing. Throughout this process, AHCWA's Member Services noted the lack of allied health services for children, long wait times for services that are available, and a need for greater access to multi-disciplinary teams of child allied health professionals. This is particularly problematic as allied health services are often a key feature of NDIS planning and wrap-around management

[19] National Disability Insurance Agency, "Western Australia Partners in the Community", Western Australia (2023), 6, https://www.ndis.gov.au/understanding/ndis-each-state/western-australia

[20] Aboriginal Health Council of Western Australia, *Submission to the Select Committee into Child Development Services* (2022), 1-9, https://www.ahcwa.org.au/wp-content/uploads/2023/03/AHCWA-Submission-Inquiry-into-Child-Development-Services-Nov-2022.pdf

[21] Pilbara Aboriginal Health Alliance, *Submission to Select Committee into Child Development Services* (2022), 1-7, https://www.parliament.wa.gov.au/Parliament/commit.nsf/luInquiryPublicSubmissions/38881C09406F8D0B4825890900117599/$file/00076NoCover.pdf

[22] Dr Cara Sheppard, *Submission to the Parliamentary Enquiry on Child Development Services – Puntukurnu Aboriginal Medical Service* (2022), 1-4, https://www.parliament.wa.gov.au/Parliament/commit.nsf/luInquiryPublicSubmissions/D98472C795167C0248258909001116F9A/$file/00070NoCover.pdf

[23] Tracey Brand, *Inquiry into child development services Western Australia* (2022), 1-9, https://www.parliament.wa.gov.au/Parliament/commit.nsf/luInquiryPublicSubmissions/815139FBD56E376E4825890900117091/$file/00072NoCover.pdf

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that enhances a person's quality of life. For instance, there are currently 17,000 children in WA waiting to access services such as speech pathology, physiotherapy and occupational therapy, with wait lists for children to see audiologists, clinical psychologists, OTs and speech pathologists just as high.[24]

Moreover, children in very remote areas rarely have the opportunity to travel to regional centres or Perth where crucial services are located, with no feasible options for outreach or transportation. A potential strategy could be to pool NDIS funding between children to pay for the travel costs of allied health services, similar to the premise of what will be discuss below in regards to Coordinated Funding Proposals (CFP). AHCWA strongly recommends the evidence from the Parliamentary Inquiry to be implemented.

There is also difficulty when commitments are not being progressed in a timely manner. The NDIA's Aboriginal and Torres Strait Islander Engagement Strategy[25] was released in 2017 to better understand and respond to the needs of Aboriginal people living with disability as well as their access to the NDIS. Then, in 2021, the Aboriginal and Torres Strait Islander Engagement Strategy Progress Update was drafted to update the original strategy. A component of this update included an Early Childhood Early Intervention (ECEI) reset which was supposed to be completed by June 2022, which specifically states 'Implement tailored early childhood services and methods to support Aboriginal and Torres Strait Islander families and children'. [26] Yet ACCHSs across WA have not seen this promised increase in support for young Aboriginal children and their families, which is a big concern for the ACCHS sector.

However, it was a welcome recent change of the mainstream NDIS' Early Childhood Early Intervention (ECEI) program to include children younger than nine years of age to access NDIS services compared to the previous limit of seven years of age. Yet, children older than six can only access the program if they have a diagnosis.[27] With already long waiting lists to access specialist diagnostic assessments, this creates an environment for Aboriginal children to be excluded from accessing the ECEI program if they have not received a formal diagnosis before the age of seven.

The lead clinician at one of AHCWA's Member Services in the Pilbara, identified a cohort of children in Newman and Jigalong in need of disability support services with undiagnosed behavioural support needs and developmental issues, as well as young adults who have likely experienced developmental delays since childhood. According to a Member Service, there are

[24] Heather McNeill, "Inquiry launched into WA's exploding wait times for child development services," *WA Today*, September 1, 2022, Inquiry launched into WA's exploding wait times for child development services (watoday.com.au)
[25] National Disability Insurance Agency, *Aboriginal and Torres Strait Islander Engagement Strategy* (2017), 5, https://www.ndis.gov.au/about-us/strategies/first-nations-strategy
[26] National Disability Insurance Agency, *Aboriginal and Torres Strait Islander Strategy progress update* (2021), 13, https://www.ndis.gov.au/about-us/strategies/first-nations-strategy
[27] National Disability Insurance Agency, "The age of children supported under the NDIS early childhood approach is changing", Latest News (2023), https://www.ndis.gov.au/news/9175-age-children-supported-under-ndis-early-childhood-approach-changing

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waitlists of up to 12 months to access a paediatrician through the Western Australia Country Health Service.

Success Stories in the Kimberley

There is an Aboriginal-transformed and translated model of an early childhood intervention program that is working very well for one of AHCWA's Member Services. Kimberley Aboriginal Medical Service (KAMS) have been highly influential in, and implementing the Remote Early Childhood Service (RECS) with great success. The RECS program has culminated in the participation of approximately 250 Aboriginal children, with approximately 50 having been referred onto NDIS plans.

There are key positive features of the RECS program in the Kimberley. The program employs allied health staff supporting children across the Kimberley with up to five sessions per school term. The RECS program also assisted participants to access specialist referrals, so the participants can gain a more appropriate and timely diagnosis required to access NDIS plans in the future if required. The RECS staff can also cross-refer to the Evidence, Access and Coordination of Planning (EACP) program, which assisted families to gather information and evidence required for entering into an NDIS plan. Family Support Workers are also an integral component of the program's success as they support the allied health professionals coming into communities, and provide relevant information about the community for allied health workers to feel more competent in providing culturally secure services. Lastly, the RECS program acts as a conduit for enhancing community awareness about the NDIS in a safe and accessible way, pioneered by a consortium of ACCHSs whereby approximately 280 Aboriginal people are on NDIS plans in the Kimberley in comparison to 60 Aboriginal people three years ago.

The program also allows for short-term early access of allied health services for children aged zero to seven. However, if a child hasn't had the opportunity to be assessed by the age of seven then there is no NDIS support available for that child. This is important to note, due to the critical window of time to reach children who have a developmental delay and the current issue of the reduced access to diagnostic services in WA highlighted in the WA Parliamentary Inquiry into Child Development Services. This is why AHCWA recommends the RECS program includes children up to the age of nine years old, which would capture children who have not received an assessment yet.

Many ACCHSs across WA, including metropolitan ACCHSs, would like the opportunity to provide a service model such as the RECS program. Identifying how valuable it would be to have a multi-disciplinary allied health service embedded in clinics, which would facilitate an integrated model of care that acts as a 'one stop shop' for families. The limitations of the RECS program however is that while grant based programs allow for more flexibility, the short-term nature of the contracts are not sustainable. This is especially a problem as the RECS program has previously been implemented in other ACCHSs in WA, however funding has recently

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ceased with no renewal of contract. Therefore KAMS is the only ACCHS currently delivering this program in WA.

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Information, Linkages and Capacity Building; and Community Connectors

In addition to the RECS program, another key NDIS program being implemented by ACCHSs are the Information, Linkages and Capacity Building (ILC), Remote Community Connectors, Evidence, Access and Coordination of Planning (EACP) and the Aboriginal Disability Liaison Officer (ADLO) grant funded programs. Grant funding programs such as the aforementioned have received positive recognition by AHCWA's Member Services, as the typical fee-for-service model of the NDIS can be a complex process and the challenges are exacerbated for Aboriginal people.

ACCHSs staff, specifically RCC's, often service and cover large land areas. Western Australia is the largest land mass state/territory, comprising a third (32.9%) of the total land mass of Australia.[28] This means staff are travelling sometime up to 9-10 hours to reach some communities to provide individual capacity building. This dedication is important to note as it shows the strength of ACCHSs and how well placed they are to make practical, local impacts with Aboriginal communities at the centre. NDIS programs delivered and shaped directly by the ACCHSs are also received positively to negate convoluted communication and information system of the NDIS, as well as providing safe support when participants may be hesitant on the trustworthiness of government services. ILC programs administered by the ACCHS sector, such as the National Aboriginal Community Controlled Health Organisation (NACCHO) NDIS Ready program funded by the Commonwealth Department of Social Services, has shown great results and is a testament to the benefits that can be gained by investing in preparing the sector for active participation in the NDIS.[29]

AHCWA would also like to emphasise the importance of easy and clear communication between the NDIA and service providers like ACCHSs. Currently seeking information through the national contact line is neither timely, nor a positive or productive experience. Staff are often not well-informed, lack general understanding on internal NDIA processes, disability and WA's geography, and often relay inconsistent information, leaving ACCHS staff questioning its reliability.

There is also a lack of local support and engagement from the NDIA. This includes lack of or ineffective communication, lack of staffing and inability to access information directly from the NDIA. For instance, Member Services report that accessing NDIS information through their local NDIA office is very difficult. Local NDIA offices are often vacant, with NDIA staff operating out of local Centrelink offices. This makes it impossible to see NDIA staff without having a Centrelink appointment. In short, the time ACCHS staff spend attempting to navigate and communicate with the NDIA could be better spent building capacity with participants.

[28] Australian Government Geoscience Australia, "Land areas of States and Territories", Area of Australia - States and Territories (2023), https://www.ga.gov.au/scientific-topics/national-location-information/dimensions/area-of-australia-states-and-territories

[29] National Aboriginal Community Controlled Health Organisation, *NDIS Ready: Aboriginal and Torres Strait Islander Market Capability, Final Report* (2022), 1-60.

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In order to mitigate the above-mentioned issues, there could be the establishment of dedicated team within the NDIA which is dedicated to supporting the ACCHSs sector in delivering NDIS services. This would streamline communication and provide practical support to Aboriginal service providers in addition to participants. It would be grounded in a clear understanding of the needs of Aboriginal communities. Another strategy could explore a direct contact centre for Aboriginal participants under the NDIA state and regional branches. A similar model was previously implemented for the RCC and EACP program, whereby staff in these roles had direct contact with the WA NDIS access team for correspondence associated with the applications they submitted. Lastly, another possible strategy could include consistently linking one NDIA contact person to a participant's plan. This would assist with communication issues, continuity of support and knowledge of the context of service delivery.

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Part 2: Building a more responsive and supportive market and workforce

Improve access to supports in thin markets – including cultural and regional, remote and very remote communities and service categories – and ensure participants with complex needs have continuity of support where a provider withdraws from the market;

Utilising ACCHSs position in communities is essential for being able to deliver in thin markets, from metropolitan through to very remote WA. ACCHSs are perfectly placed to provide support services and are committed and invested in servicing their communities. However, they require an appropriate and effective funding stream to support the provision of NDIS services, as they face unique barriers that other NDIS service providers may not. ACCHSs have been trying to support Aboriginal people through the lens of a mainstream scheme, which does not account for the reality of service provision and the flexibility required to deliver services. Key barriers of sustainable NDIS service delivery for the ACCHSs sector include geography, cost, administrative burden, compliance requirements, funding models, financial and reputation risk.

Geography

Depending on the location of the ACCHSs, geography plays a role in the difficulty of providing NDIS services. Only two Member Services are located in the Perth metropolitan area. The other 21 Member Services are spread across WA with varying degrees of remoteness, which places them at the cold face of geographical obstacles for service delivery. Many ACCHS staff travel long and widespread distances to support Aboriginal communities, as long as ten hours' drive time.

Cost

Cost of delivering services was noted by both metropolitan and remote based ACCHSs as a barrier to NDIS service delivery. Ultimately, the NDIS is engineered to require upfront investment to ensure financial viability of organisational providers. This cost is then compounded by the fact that the price guide does not reflect the complexity and barriers faced by ACCHSs to implement sustainable NDIS services. Specifically, the majority of Member Services are working in areas that are considered category 4 or above in the Modified Monash Model (MMM). The utilisation of this categorical geographic model to define the pricing guide does not serve remote or very remote services as it does not fully appreciate the significant cost of servicing these areas. Therefore, commencing service provision, but also continuing service provision, is a costly exercise for ACCHSs wanting to provide support for their participants in a way that sustains their operations.

A very remote based ACCHS explained the issue of delivering services at a higher cost in remote locations, specifically transportation costs for participants to get to providers, or providers to reach NDIS participants. For instance, extraordinary costs to service non-metropolitan Aboriginal communities often include the purchasing of 'off road' vehicles, fuel

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and accommodation for staff to stay overnight. As a result, there is minimal to no service provision in some remote to very remote areas, such as the Central Desert region of WA.

Navigating Health and the NDIS

AHCWA Member Services provide comprehensive primary healthcare services as well as NDIS services. This has created an environment where clinicians are spending a large portion of time navigating the allocation of responsibilities between health services and NDIS services. A clinician at one of the Member Services was supporting a patient to access urgent psychiatry services, yet was met with issues regarding eligibility issues for both the public hospital psychiatric services and NDIS plan psychiatric services, resulting in poor outcomes for this Aboriginal patient, and distress in attempting to navigate where to receive crucial psychiatric support. This is unfortunately not an uncommon event, and there needs to be clarity and synergy between the health and NDIS systems.

Administrative Burden and Compliance Requirements

There is ample market research that shows the administrative burden of the NDIS is cumbersome and often beyond what is manageable, especially for small organisations. This is especially the case for regional, remote and very remote providers who deliver NDIS services while managing multiple administrative complexities.[30] As discussed in the introduction of this submission, ACCHSs are not only NDIS providers but also provide comprehensive primary health services and aged care support. This means there is an even larger administrative burden on the often smaller sized ACCHSs to meet all of the regulatory requirements, such as audits. These largely non-billable activities hinder many ACCHSs to provide NDIS services.

Building the community-controlled sector is Priority Reform Area 2 in the National Agreement on Closing the Gap.[31] This is particularly important in regards to NDIS service delivery within the ACCHSs sector as the NDIS model of doing business is relatively new for Member Services. The sector requires further support and assistance to undertake business development to effectively engage in the Scheme, as is their preference. Member Services also continue to adapt to the multitude of compliance requirements coming from different business functions. The NDIS compliance requirements are particularly burdensome and differ enormously from business as usual for ACCHSs. The cost of compliance, training and human resources required makes organisational buy-in difficult.

Funding models

[30] Gemma Carey, Eleanor Malbon, and James Blackwell, "Administering inequality? The National Disability Insurance Scheme and administrative burdens on individuals", *Aust J Publ Admin* 80 (2021): 854–872, https://doi.org/10.1111/1467-8500.12508

[31] Closing The Gap In Partnership, *National Agreement on Closing the Gap* (2020), 8, https://www.closingthegap.gov.au/sites/default/files/files/national-agreement-ctg.pdf

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The current NDIS fee-for-service funding model is currently a barrier for service delivery as it does not cover the costs of setting up and delivering the service required fully. A metropolitan based ACCHS was providing SC within the fee-for-service model, and eventually faced no choice but to cease offering this service as it was not a feasible business option. In addition, a remote Member Service also believed that the fee-for-service model does not provide the certainty of cash flow they required, with communities often not always consistently accessing the same ACCHS. Block funding is ultimately the most useful funding approach to ensure services can be maintained. The fee-for-service funding also does not cater for the holistic needs of an Aboriginal person. As outlined previously, the ACCHS Model of Care supports all aspects of Aboriginal people's health and wellbeing including, but not limited to family, country and culture.[32] The scope of NDIS services does not adhere to this model of care as it does not enable a person to be supported outside the scope of their disability as a whole person, family, and community.

The way in which the NDIS fee-for-service model operates is complex and vastly different to the way in which ACCHSs provide culturally-secure primary health care. This presents a barrier as staff need to learn the new and different business processes. Conversely, block funding also has limitations with time-limited grants, such as the RRC, ADLO or ILC programs. These short term grants disrupt workflow, continuity of support and long-term relationship building. One of AHCWA's Member Services' staff offered commentary that piecemeal programs instil distrust as relationships are broken when there is temporary programs. Fundamentally, ACCHSs have recommended implementing successful program grants for longer periods of time to ensure sector support and strengthening.

As discussed previously, the NDIS by design is an individualised, person-centred funding model. This restricts collective and community level supports and decision-making. In most cases, the NDIS is a segmented and complicated funding model differing significantly from the holistic model of care service provision that is the Community Controlled sector. The only funding model within the NDIS that has taken a collective approach to remote servicing is the Coordinated Funding Proposals (CFP), which provides coordinated budgeting for a group of participants. [33] One remote Member Service mentioned their involvement in a CFP pilot program, which successfully flew a specialist to support participants with prosthetic requirements to a remote ACCHS location. This model could also be utilised with combined allied health services for children.

The CFP model did benefit participants, however it was onerous to setup and coordinate. It is crucial that the NDIA support the individual ACCHSs throughout the life course of the CFP model and beyond to embed sustainability. This is crucial, as the CFP model relies on identifying participants and their support requirements in specific regions, and ACCHSs alone do not have access to this data.

[32] Aboriginal Health Council of Western Australia, "ACCHS Model of Care," Social and Emotional Wellbeing (2023), https://www.ahcwa.org.au/sector-support/social-and-emotional-wellbeing/

[33] National Disability Insurance Agency, "Coordinated Funding Proposals", NDIS (2023), https://www.ndis.gov.au/providers/market-monitoring-and-intervention/coordinated-funding-proposals

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Financial and reputation risk

There is widespread hesitancy in the ACCHSs sector to commence NDIS services due to financial and reputational risk of implementing an unfit-for-purpose model such as the NDIS. For example, if ACCHSs offer NDIS services that are inherently financially incompatible with a sustainable service provision, this puts their reputation in jeopardy as they are seen as a trusted, consistent service provider in the community. Furthermore, there is some hesitancy regarding the complex auditing and governance processes, which is a barrier for board and management responsible for meeting the needs of community through strategic health service planning. Ultimately, a revised and co-designed pricing guide to accommodate and reflect the higher costs of delivering services in regional, remote and very remote regions is needed. Multiple ACCHSs also suggested block funding could be a solution that appropriately gives confidence for ACCHSs to partake in the NDIS.

Investment in ACCHS sector as NDIS service providers

Priority Reform Two identifies building the Community Controlled sector as a priority in the National Agreement on Closing the Gap.[34] Investment in ACCHSs to provide NDIS services is a three-pronged approached; financial investment, capacity development and capital supports, all of which were explored throughout this submission. Investment in ACCHSs ensures local presence and local community knowledge is in place, whilst building culturally safe NDIS services.

As discussed before, the NDIS business model is relatively new for the ACCHS sector. The sector requires further support and assistance to undertake business development. AHCWA recommends that the NDIA undertake further market consultation and continues supports past the early phase of NDIS service delivery, to support organisations to manage the complexity of the Scheme. This support could include delivery of mock audits, assistance with implementation of Client Management Systems (CMS) and Quality Management Systems (QMS) relevant to NDIS.

Regulatory Alignment and Integrated Care Model

ACCHSs identified an enabler of providing NDIS services would be the unification of compliance, regulations, and auditing with other modalities sharing similar fundamentals. For instance, integrating the NDIS, primary health and aged care programs. Currently, there are no linkages, despite similar compliance and asset maintenance. The Commonwealth Department of Health and Aged Care has already committed to aligning regulations, in which NACCHO responded by having submitted a response to this consultation broadly in support.

[34] Closing The Gap In Partnership, *National Agreement on Closing the Gap* (2020), 8, https://www.closingthegap.gov.au/sites/default/files/files/national-agreement-ctg.pdf

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A stronger commitment however would include a single set of regulations in partnership with Aboriginal community controlled organisations. [35]

The Commonwealth Department of Health and Aged Care are also planning on a model of care which integrates aged care, primary health, veterans and disability services. It is important to note that although this may be a promising strategic model, it requires ongoing and genuine collaboration between government agencies and ACCHSs. [36] It is crucial, that AHCWA and Member Services are involved in this co-design from the beginning.

Attract, build and retain a capable workforce, including employment and training models that enhance participant experience and worker attraction, retention and career pathways

Recruitment and retention of staff were identified as barriers to providing NDIS services within ACCHSs. Issues include overall shortage of skilled workers (e.g. allied health), high cost of living for staff, low wages, and competition from mining companies and competition from other unregistered NDIS providers in the area. A very remote based Member Service also identified difficulties in recruiting NDIS staff for remote locations as there are fluctuating needs for solely NDIS services.

The NDIS worker screening check is also a barrier to recruitment for some staff and board members, particularly for regional and remote organisations with a small local recruitment pool. The higher rates of incarceration in Aboriginal people unfairly takes away the opportunity for many Aboriginal people to work in the disability sector. This is specifically relevant for WA Aboriginal communities where Aboriginal people are the most over-represented in incarceration rates at 38 per cent, compared to 3.1 per cent of the general population.[37] This disadvantages Member Services in recruiting local community members.
All of AHCWA's Member Services currently providing NDIS services rely on NDIA block grant funding to serve their communities through the RCC, EACP, RECS, ADLO and ILC programs. Since NDIA grant funding programs, such as the ILC program, only have short contracts, this further feeds into difficulties to attract and retain staff.[38] The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031 describes how funding through short-term programs negatively impact sustainability of the

[35] Australian Government Department of Health and Aged Care, *Aligning regulation across the care and support sectors* (2023), https://www.health.gov.au/our-work/aligning-regulation-across-the-care-and-support-sectors ; National Aboriginal Community Controlled Health Organisation, *Regulatory Alignment Across Care and Support Consultation Submission to the Australian Government* (2021), 4.
[36] National Aboriginal Community Controlled Health Organisation, *NDIS Ready: Aboriginal and Torres Strait Islander Market Capability, Final Report* (2022), 58.
[37] Hilde Tubex, Harry Blagg, and Tamara Tulich, "Western Australian Penal Culture and Indigenous Over Representation: Evaluating 25 years of law, policy and practice", *The University of Western Australia Law Review* (2018): 264-285, https://www.indigenousjustice.gov.au/resources/western-australian-penal-culture-and-indigenous-over-representation-evaluating-25-years-of-law-policy-and-practice/#:~:text=The%20over%2Drepresentation%20rate%20for,double%20the%20non%2DIndigenous%20rates.
[38] Erin Wilson, Joanne Qian-Khoo, Robert Campain, et al. "Overview of results: Informing investment design, ILC Research Activity", *Centre for Social Impact*, (2021): 1-67, https://www.dss.gov.au/sites/default/files/documents/04_2022/01._ilc_overview_of_results_report_-_final_-_accessible_pdf.pdf

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workforce, continuity of care, and patient outcomes.[39] Furthermore, appropriate remuneration packages are required for ACCHSs to attract appropriate staff that take into account the cost of living in rural and remote WA. Sustainability of the workforce is crucial for the ACCHSs sector to build a trusting and safe environment for families and communities.

Lack of training available through NDIA

Member Services also identified the need for NDIS workforce capacity building. One Member Service noted the importance of capacity-building to attract and employ staff that feel confident that training and development is a priority throughout their role. There is also an opportunity and current lack of training available to upskill current NDIS staff. This enables staff to become more proficient with the NDIS system and effectively support their participants' care needs and assist other staff members in navigating the NDIS service delivery landscape.

The role of ACCHSs in delivering the ILC and Community Connector programs has been invaluable in bridging the gaps of NDIS service delivery and has had proven positive outcomes.[40] However, ACCHSs have received little assistance from the NDIA to support staff with training. As evidenced in the Kimberley Aboriginal Medical Services' (KAMS) statement to the Royal Commission into the Violence, Abuse, Neglect and Exploitation of People with Disability, there was a lack of training and support for staff engaged in NDIS programs such as the RCC and EACP.[41] Due to the lack of training options for staff and the long waiting times for standardised training packages by the NDIA, a Kimberley ACCHS had no choice but to develop their own training packages for the RCC and EACP program. The strength of the ACCHSs sector has been shown by how responsive Member Services are to the need of the community and their staff with the development of their own unfunded training packages.

The responsibility of developing regular, timely, culturally appropriate and place-based training modules should not only rest solely with individual ACCHSs who have limited capacity and budget. The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031 advocate for 'fit-for-purpose, place-based education and training options are available and accessible for Aboriginal and Torres Strait Islander people'.[42] AHCWA agrees with this perspective, and the WA Aboriginal Community

[39] Australian Government Department of Health, *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031* (2022), 1-158, https://www.health.gov.au/sites/default/files/documents/2022/03/national-aboriginal-and-torres-strait-islander-health-workforce-strategic-framework-and-implementation-plan-2021-2031.pdf

[40] National Aboriginal Community Controlled Health Organisation, *NDIS Ready: Aboriginal and Torres Strait Islander Market Capability, Final Report* (2022), 1-60.

[41] Jenny Bedford and Cassie Atchison, *KAMS: Statement of the Kimberley Aboriginal Medical Services (Inc) for the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability* (2022), 1-25, https://disability.royalcommission.gov.au/system/files/exhibit/STAT.0556.0001.0001.pdf

[42] Australian Government Department of Health, *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031* (2022), 34, https://www.health.gov.au/sites/default/files/documents/2022/03/national-aboriginal-and-torres-strait-islander-health-workforce-strategic-framework-and-implementation-plan-2021-2031.pdf

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Controlled Health Services Sector Workforce Strategy 2023-2028 [43] also urges for flexibility in the way in which training is being delivery with due considerations of the challenges to attend training, such as being away from Country.

As stated in the National Agreement on Close the Gap Priority Reform Area 1, formal partnerships and shared decision-making are required to accelerate progress in outcomes for Aboriginal people. [44] Hence it is very important to have a meaningful co-design process with the sector that includes co-designing training programs, with the inclusion of the sectors' unique strengths. This will not only have better outcomes for participants, but also assist with staff retention in the sector.

NDIA training for NDIA Planners and Local Area Coordinators

AHCWA Member Services who provide NDIS services share a general sentiment when engaging with NDIA Planners and Local Area Coordinators (LACs) of inconsistency in NDIS knowledge. Furthermore, there is a variability in NDIA staff understanding of how to best work with Aboriginal people and communities. AHCWA is aware that there is an Aboriginal and Torres Strait Islander cultural awareness training for NDIA staff. [45] Yet there is a remiss of information regarding barriers Aboriginal participants and staff may encounter due to the lack of services in remote communities, and consistency and accountability in cultural awareness training is necessary to provide quality, trusting, and respectful NDIS services.

[43] Aboriginal Health Council of WA. *WA Aboriginal Community Controlled Health Services Sector Workforce Strategy 2023-2028* (2023), 1-28, https://www.ahcwa.org.au/wp-content/uploads/2023/04/AHCWA_ACCHS_WorkforceStrategy_FEB23_WEB.pdf.

[44] Closing The Gap In Partnership, *National Agreement on Closing the Gap* (2020), 5, https://www.closingthegap.gov.au/sites/default/files/files/national-agreement-ctg.pdf

[45] National Disability Insurance Agency, *Aboriginal and Torres Strait Islander Strategy progress update* (2021), 6, https://www.ndis.gov.au/about-us/strategies/first-nations-strategy

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Conclusion and Recommendations

AHCWA Member Services have been invested in the success of the NDIS since its inception as a national Scheme. However, the feasibility of continuing to deliver and support Aboriginal communities hinge on the ability of the NDIA to take into account the unique needs of delivering services to Aboriginal people in WA. This means investing in the ACCHS sector, listening to how better utilise funding models, delivering on promised early childhood outcomes and action the training and employment requirements for the sector. While it is important to examine the cost blowout of the scheme, the NDIA and policymakers need to ensure it does not come at the cost of further widening the disparities for Aboriginal people. Optimal health and wellbeing outcomes for Aboriginal communities will only be achieved through Aboriginal community-led partnerships and locally based solutions.

AHCWA's recommendations:

Recommendation: Make the Remote Early Childhood Service (RECS) program funding stream easily available and longer-term for all ACCHSs across WA to provide services.

Recommendation: Raise the eligibility age to nine for the current Remote Early Childhood Service (RECS) program and any future Aboriginal specific Early Childhood Early Intervention (ECEI) programs, without the requirement of a diagnosis

Recommendation: Longer term grant funding for programs such as the ILC, RCC and EACP, with reoccurring funding for those programs proven to deliver outcomes.

Recommendation: The NDIA to develop an implementation road map outlining more efficient communication pathways for the ACCHSs sector in partnership with the ACCHS sector.

Recommendation: Adjust NDIS grant program funding to correctly acknowledge the cost of appropriately remunerating the ACCHSs NDIS workforce.

Recommendation: Invest in capacity development and capital support for the WA ACCHSs sector to ensure a local presence and local community knowledge are met whilst building culturally safe services.

Recommendation: A true, meaningful co-designed and adequately funded process with AHCWA Member Services to develop NDIS training programs targeting the NDIS workforce within the ACCHSs sector,

Recommendation: A revised NDIS price guide to accommodate for higher costs of delivering services in regional, remote and very remote regions; understanding the disparities.

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