Institute for Urban Indigenous Health (IUIH)

Submission to the Department of Social Services on the NDIS Supports Rules

July 2025

Acknowledgement of Country

We respectfully acknowledge the Traditional Custodians of the lands of the many Goori Nations, whose ancestral lands and waters we have the privilege to live and work across, here in South East Queensland.

We pay our deepest respects to their Elders, past and present, and recognise their continuing connection to culture, community, and Country.

We also extend our respect to all Aboriginal and Torres Strait Islander peoples and acknowledge their unique and valuable contributions to our society, particularly in disability advocacy and support.

We especially honour and value the experiences, strengths, and contributions of Aboriginal and Torres Strait Islander people with disability. Their voices, stories, and perspectives are crucial in shaping a more inclusive and understanding community.

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About the Institute for Urban Indigenous Health

The Institute for Urban Indigenous Health (IUIH) was established in 2009 as a regional strategic response to the significant growth and geographic dispersal of Aboriginal and Torres Strait Islander people within South East Queensland (SEQ). As one of Australia's largest Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATSICCHOs), IUIH is the regional 'backbone' organisation for a network of ATSICCHOs in SEQ, one of Australia's largest and fastest-growing Indigenous regions.

SEQ is home to 42% of Queensland's and nearly 12% of Australia's Indigenous population. Since 2011, the IUIH Network footprint population has dramatically increased from 59,483 people and is projected to grow to 150,619 by 2031 (153% growth).[1]

The IUIH Network provides care to around 50,000 regular Aboriginal and Torres Strait Islander clients through 17 comprehensive primary care clinics operated by IUIH Network Member Organisations in SEQ. The IUIH Network aims to achieve family wellness through a one-stop-shop model of integrated health, disability, aged care and social support services for Aboriginal and Torres Strait Islander families. Care coordination is embedded within the IUIH System of Care (ISoC) - a nationally acclaimed and independently validated model shown to close the gap faster. In a ground-breaking approach to systems design, ISoC supports new care pathways, pioneering an interwoven and seamlessly navigable co-location of primary and preventive health, chronic disease care, mental health, aged care, disability, child care, legal, child protection, family wellbeing, domestic violence, social services, specialist service and surgical pathways, spanning the entire life course.

The IUIH Network employs over 1,500 staff, with around half identifying as Aboriginal and/or Torres Strait Islander. IUIH is committed to creating employment opportunities for Aboriginal and/or Torres Strait Islander people with disability and has leveraged programs like the Queensland Government-funded All Abilities Grant to promote employment and career advancement for people with disabilities, including supporting employment within IUIH and the IUIH Network.

Our submission draws on our extensive experience delivering foundational and tailored supports for Aboriginal and Torres Strait Islander people with disabilities, including our participation in the NDIS Pilot Project of National Significance and the delivery of integrated health, disability and aged care services.

IUIH's Integrated Disability Pathways

IUIH's Integrated First Nations Disability Pathway comprises several components including assessment and diagnostic services, NDIS access support, support coordination, allied health and other disability supports. This pathway is embedded within the ISoC, meaning that First Nations people who connect with the pathway, can have their full disability, aged care and health needs met.

IUIH's Multidisciplinary Assessment and Diagnostic Treatment Service, with funding provided from Children's Health Queensland Hospital and Health Service, provides access to high-quality, culturally-centred, timely assessment, diagnosis and treatment planning, with reduced uncertainty, stress, time and frustration for families along with accelerated pathways to appropriate therapy and care for children. Operating across SEQ, the team integrates Paediatricians, Paediatric Nurses, Psychologists, Paediatric Speech Pathology and Paediatric Occupational Therapy services to provide multidisciplinary care to clients. IUIH is a registered National Disability Insurance Scheme (NDIS) provider. In 2019, the National Disability Insurance Agency (NDIA) funded IUIH to conduct an NDIS Pilot Project of National Significance (NDIS Pilot). The duration of the Pilot Project was from April 2019 until the end of August 2020. During that period, IUIH was to achieve 500 "access met" outcomes for First Nations people living with disability; and to achieve 500 "plan approved" outcomes (not necessarily for the same 500 access individuals). Analysis by the NDIA showed that the NDIS Pilot achieved an astonishing three (3) times better 'access met' rates and 10 times better 'plan approval' rates compared to standard NDIS arrangements. Furthermore, the overwhelming experience of the 900 First Nations people engaged by IUIH in the NDIS Pilot was that they would not have accessed needed disability supports if left to the usual mainstream NDIS pathways.

[1] Australian Bureau of Statistics. (2024). *Estimates and Projections, Aboriginal and Torres Strait Islander Australians: Estimates and projections of the Aboriginal and Torres Strait Islander population for 2011-2031 (Table 21)*. https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/estimates-and-projections-aboriginal-and-torres-strait-islander-australians/latest-release#remoteness-areas-and-indigenous-regions

As of July 2025, the team is actively providing support coordination to 408 Aboriginal and/or Torres Strait Islander NDIS participants. In addition to this, IUIH also provides a pro-bono service to support participants (67 currently) to specifically apply to the NDIS for support coordination funding and support them to engage and begin utilising their NDIS plan. This service is offered through our Support Coordination Advocacy Program. Additionally, 298 participants are receiving allied health supports, and 8 receive in-home support services. IUIH is currently implementing a project through funding from the NDIS Quality and Safeguards Commission to design and implement an NDIS Education Program across the IUIH Network for the community participants of the NDIS and service provider staff (internal and external providers) to educate on participants' rights under the NDIS.

Introduction

The Institute for Urban Indigenous Health (IUIH) welcomes the opportunity to provide this submission. We view the review of the NDIS Supports Rules as a significant and timely opportunity to create meaningful change for First Nations people with disability. First Nations people with disability are among the most disadvantaged groups in society, facing significant systemic and structural barriers. However, they also possess immense strengths, knowledge, and skills that must be recognised, valued, and harnessed to shape policies and services that meet their needs and aspirations. By amplifying First Nations voices, and building capacity across the sector, this reform process has the potential to drive systemic improvements and ensure culturally responsive and effective disability support services.

IUIH welcomes the opportunity to contribute to ongoing engagement on these issues to represent the views and needs of Aboriginal and Torres Strait Islander people in South East Queensland (SEQ), one of the largest and fastest-growing Indigenous regions in Australia. With our extensive experience and established connections to community, we are well-placed to provide insights and advocate for the priorities of this diverse population. This submission draws on our experience implementing community-driven solutions across health, disability, aged care, and workforce development, emphasising the value of holistic, person-centred care.

IUIH Response to Consultation Questions

1. How well do you understand the NDIS Supports rules?

As a provider, we understand the intent of the NDIS Supports Rule. However, the rule and associated lists are too rigid and prescriptive in practice. They risk excluding culturally safe, holistic, and community-led supports that may not fit the defined categories but are highly effective. This rigidity disproportionately impacts First Nations people, whose needs are often best met through culturally tailored approaches.

The rules are particularly difficult for participants to understand. Many have not had the opportunity to discuss their plans with their Local Area Coordinator or planner and are often confused about what is and isn't covered. Planner interactions, where they had occurred, were limited to basic funding allocation and did not support participants in understanding how to use their plans. Disappointingly, and by way of example, in one month, IUIH staff conducted four initial home visits with participants who had been on the NDIS for between one and eight years. None had spoken with their planner or Local Area Coordinator (LAC).

This is why we continue to advocate for Support Coordination to be included in all plans for First Nations participants. During the original NDIS pilot, which IUIH participated in, all Aboriginal and Torres Strait Islander participants had Support Coordination included in their plans. Participants were supported to understand what could and couldn't be funded under the NDIS, which reduced plan underutilisation. Reinstating this approach would significantly improve outcomes for First Nations participants.

2. What would help make the rules easier to understand and use?

A more flexible and culturally informed approach is needed.

We propose a hybrid model that combines clear principles with illustrative examples and includes a culturally responsive exceptions process that is designed by Aboriginal and Torres Strait Islander people, including Aboriginal and Torres Strait Islander Community Controlled Organisations (ATSICCHOs). This approach would offer clarity while allowing for flexibility to meet diverse needs.

Clear and accessible communication materials, co-created with people with disability and their families, would also help participants understand how the rules apply to them. This should include a suite of accessible communications material co-created with Aboriginal and Torres Strait Islander people with disability and their families and include examples of how the rules can be applied to ensure that supports are both practically and culturally responsive.

3. How have the lists of NDIS Supports helped you to know what the NDIS can and cannot fund?

The lists provide some clarity, but they are too narrowly defined and do not reflect the reality of culturally appropriate supports for Aboriginal and Torres Strait Islander people. The removal of supports such as music and art therapy, which have demonstrated cultural relevance and therapeutic value in our communities, is a significant concern.

For example, many of our participants have reported strong engagement and outcomes through culturally adapted music and art therapy. These modalities support expression, connection, and healing in ways that conventional therapies may not. Their removal from the catalogue leaves a gap in appropriate support options.

4. What have you found hard about using or understanding the lists for: supports that are NDIS supports, supports that are not NDIS supports?

The binary approach, categorising supports as either in or out, leaves no room for culturally nuanced or innovative practices. This often puts providers in a difficult position when recommending supports that fall outside the lists but are clearly beneficial.

Participants are regularly confused by inconsistent advice, particularly when Local Area Coordinators, planners, or plan managers interpret the rules differently. For example, participants are often told they can use core funding for therapy when this may not be the case, or they are advised that a certain support is covered when it has been removed from the catalogue.

5. What are some examples of things in the NDIS Supports lists that aren't clear?

- Lack of guidance on culturally specific or non-clinical supports (e.g. yarning circles, on-country programs).
- Unclear criteria for innovative or community-based programs.
- Absence of an exception or culturally-centred review mechanism to consider supports outside the listed categories.

6. Are there any areas of the NDIS Supports rule (or lists) you think need to be changed? This might include things that should be included in the lists.

Yes. Key areas for change include:

- Reinstating Support Coordination for all First Nations participants, based on evidence from the pilot phase.
- Reintroducing culturally relevant therapies such as music and art therapy, which have been removed.
- Creating an exceptions process co-created with ATSICCHOs, to allow consideration of culturally safe and non-traditional supports.
- Expanding the definition of replacement supports to include (paid) informal and community-based care.

7. What would help make the NDIS Supports rules, or the lists of supports, easier to use and understand?

- A hybrid framework combining principles with examples.
- Culturally responsive exceptions process.
- Training for planners, LACs, providers, and plan managers on interpreting and applying the rules consistently.
- Easy-read and culturally adapted participant resources.

8. Have you ever experienced or heard about situations where people understood the NDIS support rules differently? For example, by a plan manager, provider, local area coordinator or someone else.

Yes. We frequently hear of participants being told by their LAC or plan manager that they can use funding for certain purposes, such as drawing from Core for therapies, when this is not permissible under current rules. These inconsistencies cause confusion, mistrust, and underutilisation. Participants have also been told that certain supports (e.g., music therapy) are allowable when they have been removed, or are informed they must use specific providers despite having choice and control. These experiences are particularly harmful for people with limited literacy or systems knowledge.

There is also growing concern that planners are misinterpreting legislation and internal NDIA policy by adding allied health supports as stated supports by discipline, which restricts participant choice and flexibility. For example, in a recent meeting between the NDIA and Exercise & Sports Science Australia (ESSA), the NDIA acknowledged that planners had been incorrectly adding stated supports to the NDIS plans of people with psychosocial disability, which had the unintended effect of blocking participant access to critical therapeutic

supports such as exercise physiology. These kinds of systemic inconsistencies disproportionately impact people with complex needs, particularly when there is no Support Coordinator to assist with navigation.

9. Are there any products or services that should be available to NDIS participants that are not on the list of available NDIS supports?

Yes. Culturally grounded supports such as:

- Music and art therapy
- Yarning circles and peer-led support
- On-country healing programs

These supports have strong evidence of community impact and should be eligible for funding.

10. Do you think there are other types of supports which should be available as replacement supports?

Tablets for accessibility and communication purposes.

Smart devices for tracking purposes for participants with absconding concerns (should behaviour support and restrictive practices allow this).

11. Is there anything else you would like to tell us about the NDIS Supports rules or NDIS Supports lists?

We urge the Department to ensure that any future changes to the NDIS Supports Rules reflect the principles of equity, cultural safety, and person-led care. This includes partnering with First Nations organisations to design the future of supports policy and funding models.

NDIS participants must be empowered not only with clear information, but also with support and advocacy to navigate a complex system. Ensuring that support coordination is embedded as a foundational support for First Nations people is essential to realising this goal.