NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER WOMEN'S ALLIANCE
(NATSIWA)

SUBMISSION

NDIS Support Coordination and Connection (SCC) Reform: Consultation Paper

Department of Health, Disability and Ageing

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Acknowledgement

The National Aboriginal and Torres Strait Islander Women's Alliance acknowledges the Traditional Custodians of the lands, waters and skies across Australia, and pays respect to Elders past and present. We recognise the enduring connection Aboriginal and Torres Strait Islander peoples have to land, culture, community and kinship.

We honour Aboriginal and Torres Strait Islander women as knowledge holders, carers, decision-makers and leaders, and the women who have long advocated for the safety, wellbeing and rights of their families and communities. Their lived experience, cultural authority and expertise are central to this submission.

We affirm the right of Aboriginal and Torres Strait Islander peoples to Indigenous Data Sovereignty: the right to govern the collection, ownership, interpretation and use of data about our peoples, communities, lands and cultures. Data about Aboriginal and Torres Strait Islander women should be gathered and used in ways that respect self-determination and benefit our communities.

1. About NATSIWA

The National Aboriginal and Torres Strait Islander Women's Alliance (NATSIWA) is the national peak body representing Aboriginal and Torres Strait Islander women across Australia. NATSIWA provides a collective national voice to ensure that women's leadership, lived experience and policy priorities are centred in government decision-making.

NATSIWA is funded by the Australian Government through the Department of the Prime Minister and Cabinet. We work to strengthen the participation, safety, wellbeing and leadership of Aboriginal and Torres Strait Islander women and girls. As a national alliance, NATSIWA engages with women across urban, regional, rural and remote communities to bring their perspectives into national policy and reform processes.

NATSIWA works across policy reform, systemic advocacy and community engagement to address structural barriers experienced by Aboriginal and Torres Strait Islander women, including in safety, health, housing, employment, education and justice. Our work is grounded in self-determination, cultural authority and community-led solutions.

Aboriginal and Torres Strait Islander women hold cultural authority, lived experience, community responsibility and intergenerational leadership, and their voices and knowledge must guide the reforms that affect them. Aboriginal and Torres Strait Islander women also hold significant caring responsibilities within families and communities, including as carers of children, grandchildren and other family members with disability, while facing well-documented barriers to accessing and remaining engaged with the NDIS, particularly in regional, rural and remote communities.

NATSIWA therefore welcomes the opportunity to respond to the Support Coordination and Connection (SCC) Reform Consultation Paper.

2. Summary of NATSIWA's position

NATSIWA supports the stated objectives of the SCC reform: participant outcomes, choice and control, equity and inclusion, safety and safeguarding, and capability and sustainability. However, NATSIWA is concerned that, as currently framed, the proposed commissioning model risks repeating a pattern seen across other reform processes: broad, high-level references to Aboriginal Community Controlled Organisations (ACCOs), Aboriginal Community Controlled Health Organisations (ACCHOs) and Closing the Gap outcomes, without concrete mechanisms to ensure Aboriginal and Torres Strait Islander-controlled organisations can lead, not merely subcontract into, the new service system, and without enough detail on how participant choice, safety and eligibility will work in practice for women managing complex and intersecting circumstances.

NATSIWA's responses to each of the consultation questions are set out in section 3 below, and its consolidated recommendations are in section 4.

3. Responses to the consultation questions

NATSIWA responds below to each of the questions in the consultation paper.

What is working well in support coordination today?

Support coordination works best for Aboriginal and Torres Strait Islander women where there is a consistent, trusted worker who is known to the participant and her family; where support is delivered face-to-face and on Country; where workers, often employed by ACCOs and ACCHOs or themselves Aboriginal and Torres Strait Islander people, understand kinship, community and cultural obligations; and where coordinators actively work across the NDIS, health, housing, family safety and justice systems rather than only within the NDIS. Flexibility to engage around cultural business, sorry business and caring obligations, without this being treated as disengagement, is also critical. These strengths should be protected and built on in the new service, not lost through recommissioning.

What would you most like to see improved?

The priority improvements are: enforceable participant choice and control, including the right to a woman worker or an Aboriginal or Torres Strait Islander worker; guaranteed face-to-face support at key points; SCC+ eligibility that recognises complexity created by circumstances and failing service systems; family violence and coercive control capability across the whole workforce; and quality measured by participants' own experience rather than provider activity.

Participant choice and control

A single lead organisation per service area must not become a single point of failure for participant choice and control. Regardless of the commissioning model adopted, participants must retain an enforceable right to:

- Choose or change their SCC worker.
- Request a woman worker.
- Request an Aboriginal or Torres Strait Islander worker.
- Receive face-to-face support.
- Choose a culturally appropriate provider.
- Change providers without losing support or experiencing a gap in service.

These rights are especially important where only one lead organisation is contracted in a region: participants must not be left with no alternative if their assigned worker or provider is not a good fit, is unsafe, or is not culturally appropriate. NATSIWA recommends the Department set out explicitly how choice and control will be protected in a market with a single commissioned lead

organisation per area, including whether participants can access an alternative provider (for example, a specialist ACCO/ACCHO sub-contractor) on request, and how quickly a change of worker or provider can occur.

SCC and SCC+ eligibility

The consultation paper describes eligibility factors focused on decision-making capacity, safety risk, stability of supports, understanding of systems, multi-system engagement and risk of disengagement. NATSIWA recommends eligibility for SCC+ explicitly recognise complexity created by circumstances and failing service systems, not only by disability diagnosis or assessed impairment. Aboriginal and Torres Strait Islander women may require SCC+ because of, for example:

- Family and domestic violence.
- Homelessness or unsafe housing.
- Justice or child protection involvement.
- Hospital discharge or release from prison.
- Multiple agencies being involved in their support.
- Absence of suitable local services.
- Rapidly changing safety risks.

Eligibility decisions between SCC and SCC+ should be transparent, include written reasons, carry review rights, and be accompanied by support to challenge an incorrect decision, including support that does not depend on the participant already having an advocate or support coordinator in place.

Quality measures and provider accountability

The consultation paper does not set out how quality will be measured, and NATSIWA is concerned that measurement could default to provider activity reporting (for example, number of contacts or plans completed) rather than participant experience. NATSIWA recommends quality be measured through:

- Participant-reported experience.
- Continuity of trusted relationships over time.
- Unmet need.
- Complaints, including complaints that do not proceed to a formal process.
- Face-to-face access, including for participants in regional, rural and remote areas.
- Cultural safety, as assessed by Aboriginal and Torres Strait Islander participants and communities.
- Genuine participant choice and control in practice, not only in policy.

- Outcomes identified and defined by participants themselves, not only outcomes defined by the Department or provider.

Contracts with lead organisations should include enforceable consequences where these requirements are not met, including remedies available to affected participants, not only contract-level penalties.

When should SCC be face-to-face or virtual?

Virtual delivery must not become the default for regional, rural and remote participants, or a way to manage cost or workforce shortages at the expense of quality and safety. NATSIWA recommends face-to-face support be guaranteed at key points, including: initial engagement and relationship-building; where there are safety concerns; during major life changes; on discharge from hospital; on release from prison; during a housing crisis; where family violence is present or suspected; during complex or first-time planning; and where existing supports have broken down. NATSIWA recognises that the paper excludes crisis response from SCC; this is not a request for SCC to act as a crisis service, but for SCC workers to be physically present to coordinate and connect supports at the points where a participant's circumstances are most unstable.

Decisions about virtual delivery must also account for digital exclusion: unreliable or absent internet access, lack of an appropriate device, the cost of data, and the absence of a private, safe place from which to speak freely. For many Aboriginal and Torres Strait Islander women, particularly those experiencing family violence or living in shared or overcrowded housing, a phone or video call is not necessarily a safe or private way to engage with a support coordinator.

Which participant groups benefit most, and what do their needs look like?

Aboriginal and Torres Strait Islander participants, particularly women and girls, benefit most from SCC workers who understand their cultural context, can navigate kinship and community structures, and can work across NDIS, health, housing, family safety and justice systems at once, reflecting how rarely these systems are engaged with in isolation.

Intersectional and gendered needs of Aboriginal and Torres Strait Islander women and girls

Aboriginal and Torres Strait Islander people experience disability, and the need for daily living support, at substantially higher rates than the general population.[1] Aboriginal and Torres Strait Islander women with disability face compounding barriers arising from the intersection of gender, race and disability, including markedly higher rates of family violence-related

[1]Australian Institute of Health and Welfare, Aboriginal and Torres Strait Islander people with disability: wellbeing, participation and support. Indigenous Australians aged 0-64 are 2.4 times as likely to need assistance with core activities of daily living as non-Indigenous Australians. aihw.gov.au/reports/indigenous-australians/aboriginal-and-torres-strait-islander-people-with/summary

hospitalisation and higher reported rates of violence among people with disability specifically,[2] and significant over-representation in the criminal justice system, where high rates of psychological disability, trauma and undetected cognitive disability (including foetal alcohol spectrum disorder) have been documented.[3] Disability among Aboriginal and Torres Strait Islander women can also go unrecognised or unrecorded where it is not formally diagnosed, particularly cognitive and psychosocial disability.

Safety and safeguarding design must reflect these realities, including ensuring participants can raise concerns about a worker or provider without risking disclosure to family, community or perpetrators, and without compromising access to culturally safe support.

Eligibility factors such as 'decision-making capacity' and 'risk of disengagement' must be assessed in ways that do not pathologise culturally appropriate communication styles, kinship decision-making, or episodic engagement driven by community and caring obligations, factors that can otherwise be misread as disengagement or reduced capacity.

What experience, skills and knowledge should an SCC worker have?

Quality and safeguarding standards, and the criteria used to define an appropriate SCC workforce, must explicitly require cultural safety and cultural capability as a core, ongoing competency, not an optional add-on delivered through referral to a specialist partner, and not something that can be satisfied by completing a single training module. Cultural safety is determined by the participant receiving the service, not by the worker or provider's self-assessment; standards and audits should reflect this. NATSIWA supports building the capability of Aboriginal and Torres Strait Islander support coordinators and connectors, including recognition of cultural knowledge, community standing and lived experience as legitimate professional expertise alongside formal qualifications.

Cultural safety and capability, community trust and standing, trauma-informed practice, and family violence and coercive control literacy should all be core, assessable skills, not optional extras.

[2]Australian Institute of Health and Welfare, Family violence among Aboriginal and Torres Strait Islander peoples. Indigenous women are around 35 times as likely to be hospitalised due to family violence-related assault as other Australian women, and people with disability report physical or threatened violence at higher rates (29%) than people without disability (22%) over a 12-month period. aihw.gov.au/reports/indigenous-australians/family-violence-indigenous-peoples/summary

[3]Human Rights Law Centre, Overrepresented and Overlooked: the crisis of Aboriginal and Torres Strait Islander women's growing imprisonment (2025). Aboriginal and Torres Strait Islander women are around 34% of the adult female prison population but around 2% of the adult female population, and are imprisoned at roughly 21 times the rate of non-Indigenous women. The report also cites high rates of psychological disability, trauma and undetected cognitive disability (including FASD) among this population. hrlc.org.au/app/uploads/2025/04/OverRepresented_online.pdf

What would help participants feel safe and able to report concerns?

Family violence, systems abuse and coercive control

Family violence is not a peripheral issue for this reform. It is central to the safety of a significant proportion of Aboriginal and Torres Strait Islander women interacting with the NDIS, and it must be treated as a core competency area for SCC workers rather than a general safeguarding reference.

NATSIWA recommends mandatory training and clear protocols for all SCC workers covering:

- Coercive control.
- Financial abuse.
- Technology-facilitated abuse.
- Misuse of nominee arrangements.
- Perpetrators accessing a participant's information.
- Perpetrators controlling communication devices or NDIS-funded supports.
- Systems abuse carried out through complaints processes, plan reviews and manipulation of service relationships.

Women must be able to change SCC workers immediately, without justification or delay, and must be able to report safety concerns without information being disclosed to family members, nominees or a perpetrator. Information-sharing protocols, nominee arrangements and family/kinship engagement practices should all be reviewed against this standard before the model is finalised.

Complaints pathways should also allow anonymous or confidential reporting, which matters most in small or remote communities where reporting can carry social risk.

What else should be considered?

Independent advocacy must remain separate and funded

The consultation paper is explicit that SCC will not provide advocacy. NATSIWA supports this boundary, but only if independent disability advocacy is separately and adequately funded so that a genuine, participant-chosen advocate is actually available when needed. An SCC worker cannot be a substitute for advocacy, and under-resourcing advocacy would leave that boundary meaningless in practice.

Within that boundary, SCC workers should still be required to recognise when advocacy is needed, clearly explain the difference between coordination and advocacy to the participant, and make a warm referral to an advocate of the participant's choosing rather than a generic or provider-nominated referral.

Indigenous Data Sovereignty

NATSIWA recommends that transition and outcomes for the SCC service be monitored and publicly reported by Aboriginal and Torres Strait Islander status, gender and remoteness. However, disaggregation of data is not, on its own, Indigenous Data Sovereignty.

Consistent with the Maiam Nayri Wingara principles, NATSIWA recommends Aboriginal and Torres Strait Islander people and organisations, including community-controlled peak bodies, have genuine authority over: what information about Aboriginal and Torres Strait Islander participants is collected; how it is interpreted; who can access or share it; how findings are reported publicly; and how the data is used in contract monitoring, performance management and evaluation of SCC providers.[4]

This should be embedded in the SCC service design and any associated evaluation framework from the outset, not added afterwards as a reporting requirement.

Service-system responsibility

NATSIWA supports the paper's position that SCC will not replace responsibilities held by health, housing, justice, education or other systems. SCC should help participants navigate and connect with health, housing, justice, child protection and family violence services, but it must not become a mechanism by which those systems shift responsibility for their own clients onto the NDIS. Where responsibility for meeting a need is disputed between systems, that dispute should be resolved between agencies, and women should not be left to navigate or resolve inter-agency disputes about who is responsible for their support.

Closing the Gap alignment must be substantive

The consultation paper references alignment with Closing the Gap outcomes. NATSIWA emphasises that genuine alignment requires compliance with Priority Reform One of the National Agreement on Closing the Gap (formal partnerships and shared decision-making with Aboriginal and Torres Strait Islander representative bodies in the design, commissioning and governance of the SCC service) and Priority Reform Two (building the community-controlled sector), including through commissioning practices that actively grow ACCO/ACCHO capacity to deliver SCC services as lead organisations over time.

What commissioning arrangements would work best?

The consultation paper's preferred 'lead organisation' model, one contracted provider per service area, poses a direct risk to Aboriginal and Torres Strait Islander-controlled service delivery unless ACCOs and ACCHOs can qualify and compete as lead organisations in their own

[4]Maiam Nayri Wingara Indigenous Data Sovereignty Collective, MnW Principles (2018). Indigenous peoples have the right to exercise control over the data ecosystem, including its creation, collection, ownership, analysis and application. maiamnayriwingara.org/mnw-principles

right, including in areas where they are not currently the largest provider by volume. The paper acknowledges that ACCOs, ACCHOs and Remote Community Connectors have valuable experience supporting diverse participant groups, but it does not make clear whether they can be lead organisations, or are only partners to a lead organisation. Without that clarity, the model falls short of self-determination and risks entrenching mainstream organisations as gatekeepers to culturally safe support.

Commissioning arrangements should allow ACCOs and ACCHOs to be lead organisations in their own right. Where a single lead organisation is not community-controlled, the arrangements should guarantee a community-controlled pathway, for example through an ACCO-led consortium or a separately commissioned ACCO/ACCHO stream, so that Aboriginal and Torres Strait Islander participants retain a genuine choice of culturally safe provider. Commissioning should be designed in formal partnership with Aboriginal and Torres Strait Islander representative bodies, consistent with Priority Reform One. Commissioning arrangements should also include a clear, funded role for small businesses, sole traders and Aboriginal-owned and Aboriginal-led practices.

What provider types are best placed to be lead organisations, and what are the advantages and disadvantages of the model?

The lead organisation should not be assumed to be the largest provider in a region. A key disadvantage of the model as proposed is that it risks excluding small specialist providers, sole traders and Aboriginal-owned practices that participants know and trust.

Small businesses, sole traders and Aboriginal-owned practices

Many Aboriginal and Torres Strait Islander participants, particularly women, receive support coordination, psychosocial recovery coaching and related supports from small businesses and sole traders, including Aboriginal-owned and Aboriginal-led practices and Aboriginal and Torres Strait Islander Health Practitioners. These providers are often chosen precisely because the participant knows and trusts the practitioner, and many are run by Aboriginal and Torres Strait Islander women. The consultation paper states that some current providers “will no longer deliver these services from 1 July 2028”, but does not set out any pathway for small providers. A model built around one lead organisation per region risks excluding these businesses altogether, because they cannot operate at the scale of a whole service area.

Aboriginal-owned small businesses also fall between the categories named in the paper. They are not ACCOs, ACCHOs or Remote Community Connectors, yet they are an important part of the culturally safe service system, particularly in urban and regional areas. Their loss would also affect the economic participation of Aboriginal and Torres Strait Islander women, for whom running a small practice can be an important pathway to self-employment, self determination when working within their own communities.

NATSIWA recommends that the commissioning framework:

- Explicitly recognise small businesses, sole traders and Aboriginal-owned and Aboriginal-led practices as eligible partners and subcontractors, and require lead organisations to engage them.
- Recognise the qualifications and expertise of practitioners in small and sole-trader practices in SCC workforce criteria, including Aboriginal and Torres Strait Islander Health Practitioners registered with Ahpra, mental health and alcohol and other drugs qualifications, and cultural knowledge and community standing.
- Allow consortia of small providers, including Aboriginal-owned businesses, to apply as lead organisations.
- Not assume that a lead organisation must be the largest provider in a region, and not assess 'local knowledge and community connection' by organisational size or length of contract history alone, so that small and Aboriginal-owned practices with established local relationships are recognised.
- Set minimum standards for subcontracting, including capped lead organisation administrative margins, prompt payment, and contract lengths long enough to employ staff and plan ahead.
- Apply proportionate reporting, audit, insurance and registration requirements, so that obligations designed for large organisations are not passed down in full to sole traders and small practices.
- Protect participants' right to keep a trusted small or sole-trader provider, including one from outside the lead organisation.
- Prevent lead organisations from steering referrals to their own services or preferred partners, through enforceable conflict-of-interest rules and published referral data.
- Give current small providers early notice of commissioning timelines and selection criteria, confirm lead organisation outcomes at least 12 months before 1 July 2028, and provide transition support, including help to join consortia or subcontracting arrangements.

What regional areas should be used for SCC service areas?

NATSIWA is particularly concerned about geographic service areas (whether based on PHN, LHN, Partners in the Community or SA4 boundaries) being drawn without reference to community boundaries, language groups, or existing ACCO/ACCHO catchments, which do not map neatly onto administrative geographies.

None of the proposed boundaries (PHN, LHN, Partners in the Community or SA4 regions) reflects community boundaries, language groups or existing ACCO/ACCHO catchments. Service areas should be co-designed with ACCOs, ACCHOs and community-controlled peak

bodies, and should be able to depart from administrative boundaries where community connections require it.

How should providers manage variable need, workforce, caseloads and service capacity?

Caseloads should be weighted for complexity, remoteness and travel time, with lower caseloads for SCC+ participants. Needs-based funding and stable base funding should allow providers to respond to rapidly changing need, such as family violence, a housing crisis or release from prison, without other participants losing support.

Which payment and funding approaches would work best?

NATSIWA welcomes the proposed move away from hourly fee-for-service to a commissioned payment model, and recommends that the new payment approach include:

- Stable base funding for local service capacity, rather than funding that depends solely on individual billable activity.
- Needs-based funding for individual participants, reflecting actual complexity rather than a flat rate.
- Remote and very remote loadings.
- Dedicated travel and outreach funding.
- Funding for interpreters and other communication support.
- Funding that recognises relationship-building and cultural work as legitimate, billable activity, not unfunded overhead.
- Safeguards against providers avoiding, deprioritising or under-servicing participants who require more time or cost more to support well.

What quality, workforce and safeguarding requirements should apply?

Requirements should include cultural safety assessed from the participant's perspective, mandatory family violence and coercive control training and protocols, confidential and anonymous complaints pathways, and quality measures based on participant experience, with enforceable consequences and remedies for affected participants.

How can the SCC model attract, build and retain workforce capability and participant relationships?

Workforce sustainability and cultural load

Workforce design must go beyond the skills and knowledge expected of an SCC worker to address retention and working conditions, including secure employment (rather than short-term or casualised contracts), manageable caseloads, regular supervision, dedicated cultural supervision, ongoing training, and funding models that reflect the real cost of employing and supporting a skilled workforce.

Aboriginal and Torres Strait Islander workers must not be expected to carry unpaid cultural load, and must not become the sole source of cultural knowledge and safety within a large mainstream lead organisation. Where an Aboriginal or Torres Strait Islander worker is the only source of cultural expertise in a team, this should be recognised and remunerated as a distinct responsibility, with a plan to build broader capability across the organisation over time.

Secure employment, manageable caseloads, cultural supervision and remuneration for cultural load are essential to retaining Aboriginal and Torres Strait Islander workers. Participant relationships are best retained by allowing existing trusted workers to move with participants into the new model, and through warm handovers and overlap periods where a change of worker is unavoidable. Workforce criteria should also recognise practitioners working in small and sole-trader practices, including Aboriginal and Torres Strait Islander Health Practitioners.

How should local knowledge and community connection be defined and assessed?

The definition of 'local knowledge and community connection' proposed for assessing providers should be developed in genuine partnership with ACCOs, ACCHOs and community-controlled peak bodies such as NATSIWA, not determined solely by government or mainstream providers.

Local knowledge and community connection should recognise small and Aboriginal-owned practices with established local relationships, not only organisational size or length of contract history.

How can SCC best support participants in regional, rural, remote and thin markets?

Many Aboriginal and Torres Strait Islander communities, particularly in regional, rural and remote Australia, already experience thin markets for disability supports. A shift to a single lead organisation per service area increases the risk that, if that organisation is not community-controlled or does not have an established presence, participants lose access to trusted, known workers. Support coordination in these communities often relies on relationships built over years, and transition arrangements must protect continuity of these relationships and avoid participants being moved between unfamiliar providers during the shift to the new model.

NATSIWA also notes that Remote Community Connectors and existing community-based navigators already perform much of this connection function informally; the new model should build on and properly resource this existing community infrastructure rather than duplicating or displacing it.

How can SCC best support participants who face additional barriers or need decision-making support?

Any decision-making support model must be built around, and defer to, the participant's own will and preferences, and must not let a nominee, family member or other third party override or control their decisions.

What transition arrangements would minimise disruption for participants?

Transition to the new model by 1 July 2028 must be actively managed to protect participants, particularly those with complex needs. NATSIWA calls for:

- No gaps in support through the transition date.
- Individual transition plans for participants with complex or SCC+ needs.
- Accessible, plain-language and translated information provided well before the change takes effect.
- Warm handovers between outgoing and incoming workers, rather than a cold handover by letter or portal notification.
- An overlap period for women with complex needs, so an existing and new worker can both be involved for a defined period.
- No requirement for participants to repeatedly disclose trauma or personal history to new workers as part of transition.
- Secure transfer of participant information, only with informed consent, and clear limits on what is shared and with whom.
- Active monitoring of provider closures, contract non-renewals and early workforce departures during the transition period, with a plan to respond quickly where these occur.

Transition should also be monitored by Aboriginal and Torres Strait Islander status, gender and remoteness. Current small providers and sole traders should be told the outcome of commissioning at least 12 months before 1 July 2028.

4. Recommendations

1. Guarantee participant choice and control in practice, including the right to choose or change an SCC worker, request a woman worker, request an Aboriginal or Torres Strait Islander worker, receive face-to-face support, choose a culturally appropriate provider, and change providers without losing support, and explain how this will operate where only one lead organisation is contracted in a region.
2. Ensure ACCOs and ACCHOs can qualify, and be resourced, to operate as SCC lead organisations in their own right, not only as subcontractors or referral partners.
3. Co-design service area boundaries, and the definition of ‘local knowledge and community connection’, with ACCOs, ACCHOs and community-controlled peak bodies, rather than relying solely on PHN, LHN, Partners in the Community or SA4 boundaries.
4. Embed cultural safety and cultural capability, assessed from the participant’s perspective, as a core, ongoing workforce competency, and formally recognise cultural knowledge and community standing alongside formal qualifications.

5. Guarantee face-to-face support at key points (initial engagement, safety concerns, major life changes, hospital discharge, release from prison, housing crisis, family violence, complex planning, breakdown of supports), and require providers to actively screen for digital exclusion before defaulting to virtual delivery.
6. Define SCC+ eligibility to recognise complexity created by circumstances and failing service systems (family violence, homelessness, justice or child protection involvement, hospital discharge or release from prison, multiple agencies, absent local services, rapidly changing safety risk), not only diagnosis or assessed impairment, with written reasons, review rights and support to challenge decisions.
7. Require mandatory training and clear protocols for all SCC workers on coercive control, financial abuse, technology-facilitated abuse, misuse of nominee arrangements, and systems abuse, with a guaranteed, immediate right to change worker and report concerns without disclosure to family, nominees or perpetrators.
8. Ensure independent disability advocacy remains separately and adequately funded and structurally independent from SCC providers, with SCC workers required to identify the need for advocacy and make a warm referral to an advocate of the participant's choosing.
9. Give Aboriginal and Torres Strait Islander people and organisations genuine authority, consistent with Indigenous Data Sovereignty principles, over what data is collected about Aboriginal and Torres Strait Islander participants, how it is interpreted, who can access it, how findings are reported, and how it is used in contract monitoring and evaluation.
10. Adopt a payment model combining stable base funding, needs-based individual funding, remote and very remote loadings, travel and outreach funding, interpreter and communication support funding, and funded recognition of relationship-building and cultural work, with safeguards against providers avoiding participants who cost more to support.
11. Address workforce sustainability directly, including secure employment, manageable caseloads, supervision, dedicated cultural supervision, training, and funding that reflects the real cost of a skilled workforce, and ensure Aboriginal and Torres Strait Islander workers are not left to carry unpaid cultural load.
12. Guarantee no gaps in support through transition, individual transition plans, accessible early information, warm handovers, an overlap period for participants with complex needs, no repeated trauma disclosure, consent-based information transfer, and active monitoring of provider and workforce instability during transition.
13. Measure quality through participant-reported experience, continuity of trusted relationships, unmet need, complaints, face-to-face access, cultural safety, genuine choice and control, and participant-defined outcomes, with enforceable contract

consequences, including remedies for affected participants, where standards are not met.

14. Make clear that SCC must help coordinate health, housing, justice, child protection and family violence services without allowing those systems to shift responsibility onto the NDIS, and that participants should not be left to resolve inter-agency disputes about responsibility.
15. Give effect to Closing the Gap Priority Reforms One and Two through binding partnership, shared decision-making and community-controlled sector capacity-building in the design, commissioning and governance of the SCC service.
16. Provide a clear, funded pathway in the SCC model for small businesses, sole traders and Aboriginal-owned and Aboriginal-led practices, including recognition as eligible partners and subcontractors, consortia, recognition of Aboriginal and Torres Strait Islander Health Practitioners and other practitioner qualifications in workforce criteria, fair subcontracting standards, proportionate compliance requirements, conflict-of-interest safeguards, and at least 12 months' notice of commissioning outcomes, so participants can keep providers they trust.

5. Conclusion

NATSIWA thanks the Department of Health, Disability and Ageing for the opportunity to contribute to this consultation.

NATSIWA supports the objectives of the SCC reform, but its success for Aboriginal and Torres Strait Islander women and their families will depend on how the new service is commissioned, staffed, funded and held to account. Participant choice must be real, Aboriginal community-controlled organisations and small Aboriginal-owned providers must have a genuine role, women's safety must be built in, and no one should lose support during the transition. The recommendations in this submission set out how this can be achieved.