



natsiwa

NATIONAL ABORIGINAL AND
TORRES STRAIT ISLANDER WOMEN'S ALLIANCE

Project report: Aboriginal and Torres Strait Islander women have their say on disability support

National Aboriginal and Torres Strait Islander Women's Alliance

The National Aboriginal and Torres Strait Islander Women's Alliance has a crucial role in advocating for our women who have disabilities or are raising disabled children. We provide forums for them to voice their experiences and influence policies and programs to meet their needs.

To meet the intended outcomes of our Agreement with the Office of Women, NATSIWA consults with Aboriginal and Torres Strait Islander women to identify the issues that affect them, and to gather evidence to develop solutions to those issues.

This project is part of that consultation.

The project

Aboriginal and Torres Strait Islander people with disabilities are vulnerable. For many reasons, racism intersects with ableism, isolation and poverty to compound their disadvantage.

As well, Aboriginal and Torres Strait Islander people are more likely than other Australians to have disabilities. We are just 3.2% of the Australian population¹, yet we account for around 9.4% of total NDIS participants². Many more of our people need disability services but are not accessing the NDIS, especially in remote communities.

July 2025 figures from the Productivity Commission³ show that Australia's governments are still falling far short of achieving most Closing the Gap targets. The lack of available, successful care for Aboriginal and Torres Strait Islander people with disabilities contributes significantly to many of these shortfalls.

"The discrimination experienced by First Nations people with disability is compounded across sectors, including health, justice, education, employment, housing and transport services. This is reflected in the over-representation of First Nations people with disability in the criminal justice system, child protection and other institutions, and in their economic and social exclusion. These experiences are often exacerbated in remote and very remote communities." — NDIS First Nations Strategy⁴

In June 2025, NATSIWA visited Aboriginal women from regional and remote communities in a locality. We spoke with them through interviews, focus groups, yarning circles and ad hoc conversations.

A centre in the area offers programs for children and young people with mild to severe disabilities aged 3 to 18. Eighty of them are Aboriginal. All have education adjustment plans and programs focused on their aspirations and career preparation.

We spoke to 10 women connected with the centre plus other women in the area. All are raising children with disabilities and some have disabilities themselves.

Issues the women lived with were mainly:

- diagnosed depression
- depression associated with family violence
- older women as caregivers for grandchildren with disabilities
- physical disabilities, some requiring wheelchairs
- traumatic brain injury.

Their children and young people's disabilities were:

- global development delay
- ADHD
- autism
- intellectual disability
- fetal alcohol spectrum disorder
- cerebral palsy
- kidney disease requiring dialysis (among growing numbers of young people).

¹ Australian Bureau of Statistics, [Australia: Aboriginal and Torres Strait Islander population](#) summary, 2021

² NDIS (National Disability Insurance Scheme), [Participant Data](#) [data set], <https://dataresearch.ndis.gov.au>, 2024

³ <https://www.pc.gov.au/closing-the-gap-data/dashboard#new>

⁴ <https://www.ndis.gov.au/strategies/first-nations-strategy> p14

The Project was designed and led based on these principles:

- Understanding of the Country and cultural issues
- Empowering Aboriginal and Torres Strait Islander women living with disabilities and/or raising children with disabilities
- Ensuring trauma-informed practice and participation
- Diversity of women within the community
- Respecting and upholding data sovereignty principles

The objectives were:

- to identify important themes and critical issues for Aboriginal and Torres Strait Islander women who are living with disabilities and/or raising children with disabilities
- to inform government priority areas relevant to Aboriginal and Torres Strait Islander women living with disabilities and/or raising children with disabilities
- to seek recommendations and solutions from the women participants.

This region is inundated with NDIS services, so why are our women missing out?

The women we consulted live within 100km of 130 NDIS providers and the region has an oversupply. Anecdotally, providers have been known to approach people in wheelchairs at hospitals or even at a funeral to spruik their services. Yet many Aboriginal women and children in the area don't access services for which they're eligible.

Some women spoke of fundamental logistical barriers such as transport, childcare, and poverty e.g.:

- children who need wheelchair transport and are missing appointments and school because their families cannot afford cars or taxi fares
- women who rely on school buses and are unable to drop off or pick up children with disabilities if they need to arrive late or leave early
- women who are missing their own appointments because they have no one to care for their children
- women who are abandoning NDIS services because administration requirements and navigating the system are too complicated.

And despite the glut of providers, our women report persisting issues such as:

- delay in implementing action plans (we heard about plans not actioned for three years)
- lack of suitable carers, especially occupational therapists
- appalling service gaps such as poor hygiene practices, inadequate personal care, and substandard or culturally inappropriate food. (E.g., a child had ongoing digestion problems until their mother discovered that the NDIS carer was providing rich Indian food that the child was unused to.)
- general lack of cultural competency
- lack of accountability. The service model does not inherently evaluate providers' work or incentivise excellence. Clients may not understand what they can reasonably expect from a provider or how to address, or seek redress for, poor performance.

Housing insecurity

The other significant barrier is housing. Closing the Gap Target 9 ("People have secure, affordable housing that is aligned with their priorities and need") is not progressing on track⁵, and our women with disabilities in remote areas continue to suffer in complex ways from this failure.

The women we spoke to rely on public housing. Supply in the region is nowhere near adequate, and properties are often unsuitable. Common issues include:

- overcrowding
- women and children staying in unsafe homes with alcohol and other drugs and domestic and family violence because there is nowhere else to go
- properties without accessible design that cannot accommodate wheelchairs e.g., with steep driveways or steps
- long delays and waitlists for repairs or accessibility modifications to properties
- women waiting for extended periods for public housing, being offered a non-accessible property, then finding themselves at the end of the waitlist for an accessible one.

⁵ <https://www.pc.gov.au/closing-the-gap-data/dashboard>

Absence of information and culturally safe services

Many of our women simply don't know what disability services exist unless a doctor or other practitioner refers them. Even then, they may still not access treatment for logistical reasons.

Low literacy, lack of internet access and language barriers are other fundamental problems. There is not enough information available in Aboriginal and Torres Strait Islander languages, and English-speaking women reported difficulties communicating with some migrant practitioners who speak English as an additional language.

In general, the women reported very poor cultural competency from providers. Overarching considerations include:

- general ignorance of the circumstances in which the women live, of historical events, and of the ongoing impacts of colonisation and dispossession on Aboriginal and Torres Strait Islander people
- general ignorance of Aboriginal and Torres Strait Islander concepts and ways of doing things. For example, that Aboriginal and Torres Strait Islander people think of themselves within family and community, whereas NDIS is by nature focused on individuals.
- not understanding Aboriginal and Torres Strait Islander clients' cultural reluctance to ask providers for services such as personal care for children, which women feel they should do themselves despite struggling
- racism, and women's reluctance to engage because they anticipate encountering racism.

One of the women we consulted said,

"They were pretty much culturally incompetent... Every NDIS provider should have an Aboriginal worker. Especially if they have a large Aboriginal client base."

When our women need support, we turn to our communities.

Cultural competency is a necessity. Without it, NDIS's work is wasted and clients miss out.

We heard stories of women whose actions seemed to counteract the care or education their children were receiving: mothers who had removed disabled children from school and other activities to return to their community, allowing the children's conditions to deteriorate or relapse. Some were still paying for NDIS carers.

These are stories of NDIS failure. Failure to see that the children's care plans simply weren't working for their families, or that the women did not understand the plans. Failure to support the women and build their faith in the providers. Instead, the women turned to family and community support.

A culturally competent approach would succeed in:

- consulting with each woman about the assistance and resources she and the child really need
- explaining the NDIS
- listening and reaching mutual understanding
- making a plan that she and her family can sustain.

What does the Government say?

The Australian Government's NDIS Review ("The Review") was handed down in October 2023 – 20 months before our project. The Review acknowledges that NDIS has failed many Aboriginal and Torres Strait Islander people with disabilities and their families. It notes several fundamental barriers:

- effects of compounding racism and ableism
- additional impacts on women, Elders, LGBTIQ+SB people and those in regional, rural and remote locations
- individually funded nature of NDIS services being at odds with a culture that places family and community supports first
- lack of culturally safe services
- limited availability of services in regional, rural and remote locations
- difficulty navigating NDIS.

The Review says the overarching solution is alternative commissioning:

*"First Nations people with disability and communities should have access to more culturally accessible and safe services. Instead of relying on markets to deliver, governments should work with First Nations communities and remote communities to coordinate and purchase supports. We call this 'alternative commissioning'."*⁶

This is formalised in Recommendation 14.1:

*"The National Disability Insurance Agency, in partnership with First Nations representatives, communities, participants and relevant government agencies should progressively roll-out alternative commissioning arrangements for both First Nations communities and remote communities, starting as soon as possible."*⁷

This approach would mean partnering with ACCO's in ways that align with Closing the Gap priority reforms, particularly Reform 2 ("Building the community-controlled sector") and Reform 3 ("Transforming government organisations").

NATSIWA agrees that the answers lie in alternative commissioning, but our women are not seeing evidence of its implementation.

The current NDIS First Nations Strategy 2025–2030⁸ may deliver more improvement. It acknowledges challenges for Aboriginal and Torres Strait Islander people in accessing NDIS and advocating for themselves. It recognises the shocking and wide-ranging consequences for Aboriginal and Torres Strait Islander people who miss out on disability support.

It is too soon to see results, however, as the implementation plan is not yet complete, let alone carried out.

⁶ <https://www.ndisreview.gov.au/resources/fact-sheet/first-nations-communities>

⁷ <https://www.ndisreview.gov.au/sites/default/files/resource/download/working-together-ndis-review-final-report.pdf>

⁸ <https://www.ndis.gov.au/strategies/first-nations-strategy>

Recommendations

1. Liaison and accountability

NATSIWA calls for the Commonwealth Government to run a nationwide network of Aboriginal and Torres Strait Islander cultural advisors – liaison and advocacy officers who attend NDIS appointments in person with Aboriginal and Torres Strait Islander clients and support them to navigate the system. They would have detailed knowledge of NDIS but be employed independently of NDIS and available to advise clients at any time. Through advocacy, they would also have a role in holding providers to account.

This purpose is partially served by the existing NDIA Remote Community Connectors program, but it is too small⁹ and not independent. Research from 2019¹⁰ demonstrated the value of Community Connectors but revealed that they needed more thorough and culturally relevant training.

2. Communication

We need a much more effective communications strategy to reach women in regional and remote locations. It must be:

- culturally informed
- delivered in Aboriginal and Torres Strait Islander languages, Plain English, and NDIS Easy Read English
- via newsletters, social media, letterbox drops, support forums, fact sheets, video, and broader community education campaigns
- via face-to-face contact. Many of our women have low digital literacy. In general, Aboriginal and Torres Strait Islander people are more likely to trust and act on advice they receive verbally from a culturally informed person than any other information format.

3. Services

NATSIWA calls for:

- an urgent major increase in public housing properties designed, or easily modifiable, to the Australian Building Codes Board Standard for Livable Housing Design.¹¹
- disability bus services in all rural and remote areas
- more availability of occupational therapists in remote areas
- local disability support hubs in communities where women can discuss their issues together and seek advice about relevant services and support with navigating NDIS. A hub program could be an extension of the cultural advisor role we propose above and/or connected to an ACCO under an alternative commissioning arrangement. Hubs would require staffed, culturally safe, furnished spaces with computers.

4. Cultural training

All the issues our women describe would be helped by a seismic increase in the breadth and depth of cultural training for all NDIS providers. Programs should be compulsory, culturally specific, and completed successfully by all NDIS service providers before they commence work with Aboriginal and Torres Strait Islander clients. Cultural training should be part of providers' regular ongoing professional development, not a one-off obligation.

⁹ <https://www.ndis.gov.au/strategies/rural-and-remote-strategy>

¹⁰ [Understanding disability through the lens of Aboriginal and Torres Strait Islander people – challenges and opportunities](#), A. Ferdinand et al 2019, The University of Melbourne

¹¹ <https://www.abcb.gov.au/initiatives/livable-housing>

Conclusion

Communication, mutual understanding and accountability are the keys to delivering better disability services for Aboriginal and Torres Strait Islander people.

This relatively small project highlighted to us that a great deal more consultation is needed on this topic. NATSIWA calls for resourcing (for us and/or another body) to continue the research, reaching a diverse cross-section of our women in urban, regional and remote areas. It must be based primarily on in-person consultation.

The Review, the NDIS First Nations Strategy and current Closing the Gap¹² data all agree with our women's experiences of significant problems with NDIS. These range from systemic failures within the scheme to housing, education, service, and community support gaps. Addressing these barriers with culturally competent, accessible, and practical solutions is imperative to improving outcomes for our women and children who are living with disabilities.

¹² <https://www.pc.gov.au/closing-the-gap-data/dashboard>