CatholicCare NT Submission to the NDIS Support Coordination and Connection (SCC) Reforms

Supporting NDIS Participants in Very Remote First Nations Communities

CatholicCare NT (CCNT) currently supports NDIS participants across very remote communities, with the majority of participants being Aboriginal people living in remote and very remote regions of the Northern Territory and South Australia. Our experience spans both pre-NDIS and post-NDIS environments, providing us with a unique understanding of what is required to achieve meaningful outcomes for participants living in these communities.

Our experience demonstrates that successful support coordination in remote Aboriginal communities is fundamentally built on connection, trust, cultural understanding and long-term relationships. These elements cannot be replicated through transactional or predominantly office-based models of support.

Many of the participants we support face compounding social and environmental challenges alongside their disability. These include family and domestic violence, overcrowded housing, food insecurity, very low levels of formal education, many speak English as their second, third or fourth language, limited transport options, digital exclusion, significant language and literacy barriers and restricted access to mainstream services. For many participants, managing day-to-day community and family responsibilities consumes substantial time and energy. Some participants are unable to independently complete basic interactions with the NDIA, including identity verification requirements over the phone, making it difficult to access information, progress plan requests or advocate for their own needs. Without access to dedicated and proactive Coordination of Supports (COS), engagement with disability-specific services often becomes unattainable.

The Importance of Face-to-Face Engagement

Face-to-face engagement is critical in very remote communities. CCNT Coordinators of Supports regularly travel to communities, visiting participants approximately every two to six weeks, depending on location, participant need and accessibility.

These visits are not simply administrative check-ins.

They provide opportunities to:

- Build and maintain trust.
- Develop meaningful relationships with participants and families.
- Understand changing community circumstances.
- Identify emerging risks and safeguarding concerns.
- Support informed decision-making.
- Facilitate engagement with service providers.
- Ensure plans are being implemented effectively.

Many participants are reluctant to discuss personal circumstances, disability impacts or safeguarding concerns with individuals they do not know or trust. Through regular in-person engagement,

Coordinators of Supports gain a deeper understanding of participants' goals, needs and aspirations, enabling more effective and responsive supports.

A reduction in face-to-face support under SCC reforms would disproportionately disadvantage participants living in very remote communities and undermine participant choice, control and access to supports.

The Value of Place-Based Service Models

CCNT delivers a place-based service model that combines Coordination of Supports with direct supports, including Assistance with Daily Living (ADL) and Community Access services.

This model has proven highly effective because participants develop trust and familiarity with local support workers who are present within the community. These relationships often create pathways for participants to share concerns, goals and challenges they may not otherwise disclose.

Information gathered through these trusted relationships assists Coordinators of Supports to identify unmet needs, advocate for participants and coordinate appropriate interventions. The integration of local supports with support coordination strengthens participant outcomes and creates continuity across services.

Place-based approaches are particularly important in remote communities where provider markets are thin and participant choice is already constrained by geography and workforce shortages.

Coordination of Supports as an Essential Connector

In very remote communities, the role of the Coordinator of Supports extends beyond service navigation. Coordinators often act as the critical link between participants, families, service providers, health professionals, equipment suppliers and government agencies.

Coordinators support participants to maintain access to:

- Allied health services
- Assistive technology and equipment
- Home modifications
- Community access supports
- Assistance with Daily Living supports
- Health services
- Housing and community services

Without this active coordination, many participants would struggle to engage with available services due to significant literacy barriers, language differences, limited telecommunications, competing social pressures and the complexity of navigating multiple service systems.

For many participants, support coordination is not an optional service. It is the mechanism that ensures disability supports are actually received and implemented.

Understanding Community, Culture and Context

Effective support coordination in remote Aboriginal communities requires more than an understanding of the NDIS. It requires an understanding of people, families, kinship systems, culture and community dynamics.

Coordinators who work consistently within communities develop knowledge of local cultural protocols, family networks, service gaps and community strengths. This knowledge enables culturally responsive practice and supports informed decision-making that respects participant preferences and cultural obligations.

Importantly, effective support coordination helps maintain participants within their home communities wherever possible. Remaining connected to family, culture, language and Country contributes significantly to wellbeing and quality of life for many Aboriginal participants.

Any future SCC framework should recognise that culturally safe, community-connected support coordination is essential for achieving participant outcomes in very remote communities.

The Importance of Community-Endorsed and Trusted Support Coordination Providers

For participants living in very remote Aboriginal communities, the selection of Support Coordination and Connection (SCC) providers must consider more than organisational capability alone. Effective providers must have demonstrated, long-term relationships within the communities they serve and be recognised by participants, families and community leaders as trusted and culturally safe organisations.

In many remote communities, as previously stated, participants are particularly vulnerable due to a combination of factors including disability, language and literacy barriers, social and economic disadvantage, restricted service availability and a lack of alternative provider choice. These vulnerabilities increase the risk of participants engaging with providers that may not always act in their best interests.

CCNT has observed increasing concerns regarding providers entering remote communities without established relationships or a genuine understanding of local culture, community dynamics and participant needs. In some cases, participants and families report being offered gifts, incentives or promises of services as a means of securing business, while the quality, frequency or effectiveness of supports delivered does not meet participant needs or quality expectations.

The consequences of poor-quality support coordination are significant. Participants can become disconnected from essential disability supports, experience delays in accessing services and equipment, lose trust in the NDIS, and face increased safeguarding risks. In very remote communities where provider options are already limited, the impact of poor service delivery can be particularly severe.

Support coordination providers operating in remote Aboriginal communities should be able to demonstrate:

- A long-standing and positive presence within the communities they serve
- Strong relationships with participants, families, Elders and community leaders
- A track record of delivering culturally safe and person-centred services
- Regular face-to-face engagement with participants
- An understanding of local languages, cultural obligations and community governance structures
- Transparent reporting and accountability for participant outcomes
- Commitment to safeguarding vulnerable participants from exploitation and poor practice.

Consideration should also be given to mechanisms that allow communities and participants to have a stronger voice in identifying trusted providers. Community endorsement and established local

relationships should be recognised as important indicators of provider suitability in very remote settings.

For many Aboriginal participants, trust is not established through marketing, referrals or broader organisational reputation. Trust is built over years of consistent presence, respectful engagement and demonstrated commitment to the wellbeing of people and their communities. Any SCC reform should recognise the value of these established relationships and ensure that policy settings do not unintentionally encourage short-term or transactional service models that undermine participant outcomes.

Ultimately, safeguarding participants in very remote communities requires investment in providers that are known, trusted and accountable to the communities they serve. Long-term, community-connected support coordination is not simply a service delivery preference; it is a critical protective factor that helps ensure vulnerable participants receive the supports they need and are protected from exploitation, neglect and poor-quality service delivery.

Commissioned, Place-Based Service Models for Remote Communities

While delivering disability services in very remote communities is inherently more expensive due to travel, workforce and infrastructure challenges, funding models must consider value and outcomes rather than cost alone.

A commissioned, place-based approach for remote and very remote communities would provide greater service stability, stronger community connections and better participant outcomes. Rather than encouraging continual market entry and exit by multiple providers, a commissioned model would support trusted organisations with an established presence in communities to deliver consistent, high-quality services over the long term.

This approach would reduce provider turnover, minimise service disruption and allow providers to invest in local relationships, workforce development and building community capacity. Participants would benefit from continuity of support, stronger safeguarding measures and a more coordinated service system, ultimately leading to more effective and cost-efficient outcomes.

Importantly, a commissioned model does not mean a loss of participant choice and control. Instead, it provides an opportunity to strengthen participant and community voice in determining which providers are best placed to deliver their services. Participants, families, Elders and community representatives should be actively involved in identifying and endorsing providers that demonstrate cultural safety, quality service delivery and a genuine commitment to the community.

For Aboriginal communities, local knowledge, trust and accountability are critical indicators of service quality. Community involvement in commissioning decisions would ensure providers are not only accountable to the NDIS, but also to the people and communities they serve.

A place-based commissioning approach would effectively increase community control over service delivery while ensuring participants continue to exercise choice and control within a framework that prioritises quality, safeguarding and culturally responsive practice. In very remote settings, where service markets are often thin and participant vulnerability is high, this approach offers a more sustainable and equitable pathway to achieving the intent of the NDIS.

Recommendations

CCNT recommends that the SCC reforms:

- Recognise the unique service delivery requirements of very remote communities.
- Maintain funding arrangements that support regular face-to-face engagement.
- Acknowledge relationship-based and culturally responsive practice as core components of effective support coordination.
- Allow flexible delivery models that reflect local community needs and circumstances.
- Support place-based service models where support coordination and direct services work collaboratively to achieve optimal participant outcomes.
- Recognise the additional time and resources required for travel, relationship building and community engagement in remote locations.
- Ensure Aboriginal participants living in very remote communities continue to have access to experienced Coordinators of Supports who understand local culture, community dynamics and the realities of remote service delivery.

Conclusion

CatholicCare NT's experience over many years demonstrates that successful outcomes for Aboriginal NDIS participants in very remote communities are possible. Optimal outcomes are achieved through trust, connection, cultural understanding and consistent face-to-face engagement. Support coordination is often the critical link that enables participants to access essential disability supports and remain connected to their families, communities and culture. The SCC reforms should strengthen, not diminish, these proven approaches to supporting some of the most vulnerable NDIS participants in Australia.