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Evaluation of NDIS Alternative Commissioning Pilots in Remote and First Nations Communities

Final Report

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Executive Summary

The National Disability Insurance Scheme (NDIS) provides essential supports to people living with a disability through a market-based approach. Since its inception over 10 years ago, the NDIS has enabled the participation of many people living with a disability in the social and economic life of their Communities. However, in some regions, market failure, thin markets and other inequities have persisted, particularly in remote and Aboriginal and Torres Strait Islander Communities. In response, the National Disability Insurance Agency (NDIA) is developing its role as market steward. This includes developing, testing and evaluating a suite of market interventions.

Alternative approaches to commissioning, in which government agencies play a greater role in commissioning providers from funds in NDIS participants' plans, and in which local Communities may be involved in service coordination, have emerged in response to these developments. The NDIS Review (2023) specifically recommended the adoption of place-based alternative commissioning approaches in partnership with local Communities to address thin markets and a lack of cultural safety amongst existing providers in Aboriginal and Torres Strait Islander Communities.

The NDIS Alternative Commissioning Pilots in Remote and First Nations Communities were first announced in 2023, to improve the availability of services and supports; to deliver services and supports that better meet Communities' needs; and to continue to build the evidence base for alternative commissioning approaches (DSS 2024). The aim of the pilots was to co-design, implement and evaluate place-based, community-driven alternative commissioning models in partnership with Communities in two sites to ensure they are "underpinned by an understanding of community strengths and preferences" (DSS 2024). The trial sites were Maningrida in the Northern Territory and Katanning in Western Australia, including the towns and their surrounding areas.

The Australian National University was contracted to undertake an independent evaluation of the pilots in both sites over the period July 2024 – June 2025. This report contains the findings of our evaluation in order to support the future development and scaling up of alternative commissioning.

The delays to the pilot have impacted on implementation timeframes, with some measures commencing implementation in May and June 2025, after our data collection phase concluded. Our capacity to assess implementation and outcomes, and to elicit community perspectives on these measures, is therefore limited.

Responses to key research questions

Co-design phase

What is the program design, what is the relationship between the intended inputs, activities, outputs and short, medium and long-term outcomes, and what are the key assumptions underpinning these?

The Theory of Change describes aims to improve the availability, cultural safety and appropriateness of services and supports through a commissioning cycle comprising:

1. Understanding community strengths and needs;
2. Exploring and designing bottom-up solutions based on local needs and priorities;
3. Implementing the approach;
4. Ongoing monitoring, evaluation and improvement.

In Maningrida, direct commissioning of allied health therapies for children and adults was undertaken as a market-building strategy. Direct commissioning was positioned as an intervention of last resort, reserved for situations where market-based solutions were not viable. A view existed amongst key Agency staff that Maningrida met these conditions. An allied health assistants training and employment package was designed as a strategic approach to generate local capacity building, with the objective of increasing Community control over a long-term timeframe.

In Katanning, market facilitation was adopted as the primary response, as there was a view within the Agency that viable markets existed. Market facilitation measures have included a series of events held in the Community designed to disseminate information about the NDIS, assist Community members with NDIS assessment processes, and to connect NDIS participants and providers. Other market facilitation measures include instances in which the Agency has engaged a provider to enable access to specific services and supports for groups of participants who have previously lacked access. The engagement of an employment platform to provide opportunities for Community members in the disability workforce was also designed to build local workforce capacity and address cultural safety of providers.

In each site, what did the co-design process comprise, what costs and resources were sustained, how were Communities and stakeholders involved?

Some Community consultation occurred in both sites, however mechanisms for Community engagement did not reflect a co-design approach. We are unable to make a finding regarding the extensiveness and quality of Community consultations due to conflicting information received.

In Maningrida, some initial Community consultation occurred with traditional owners and other stakeholders, although the extent of this is unclear and early engagement was not sustained. An advisory process was established with Nja-Marléya Cultural Leaders and Justice Group, in which the Directors comprise Community leaders representing all major language groups in the region. However, the engagement process with Nja-Marléya commenced too late to allow Community perspectives to meaningfully shape alternative commissioning measures, with measures already in advanced stages of development when the process began in March 2025.

In Katanning, the pilot was integrated within the Agency's broader activities in the region. Substantial consultation and engagement occurred with the Community regarding this broader activity, however the extent to which this encompassed consultation regarding the pilot remains unclear. The Connecting Katanning Working Group, comprising NDIS providers and other local service providers, was convened by the Agency as a consultation and information sharing forum.

How did those involved experience the co-design process?

The lack of opportunities for co-design and local decision-making did not reflect Communities' expectations of the pilot process in either site. In Maningrida, the time and effort taken by the

Agency to engage a local governance body comprising key representatives was largely viewed as a positive step within the Community. However, Nja-Marléya Directors almost unanimously felt that workshops were too rushed and did not allow sufficient time and information for them to provide informed advice. Other Community leaders and stakeholders also articulated unmet expectations of opportunities for involvement in the pilot process. In Katanning, most of the people living with a disability and the caregivers who we interviewed were not aware of the pilot and therefore unable to comment on the process, as well as some other local stakeholders. However, Community members described a need for the Agency to adopt a grassroots, Community-based approach in partnership with the Community to address NDIS access gaps. Amongst some local service providers and other stakeholders involved in the Connecting Katanning Working Group, a growing scepticism emerged over the shift away from an initial consultative, collaborative approach to an approach premised on information dissemination.

Are the governance arrangements in line with the Closing the Gap requirements and have they enabled key principles e.g. Community needs-based and local decision-making on the ground, to be realised?

The Agency adopted a data-first approach to assessing Community needs, comprised of analysis of NDIS plan utilisation data and policy documents such as the Northern Territory Government's Maningrida Deep Dive Report (2023) prior to developing alternative commissioning proposals that could be discussed with Communities. It is unclear to what extent these proposals were discussed with Communities, however there is some evidence that in Katanning, the Agency did not proceed with a direct commissioning proposal in response to Community feedback.

Implementation phase

In each location, how did Communities experience the implementation processes? Alternative commissioning measures implemented in both sites have the potential to address some of the priorities of each Community. However, measure design does not well reflect Communities' needs and preferences.

In Maningrida, direct commissioning of child allied health services has the potential to address one priority identified by Community members, of the need for school-based supports for children, if services are integrated with the school. However, the commissioning of a provider based outside the Community does not reflect strong Community desires to invest in local providers based in the Community, including Aboriginal Community-controlled organisations; and traditional owners have stated that they may refuse permits to new external providers, posing risks for the contract. Some allied health professionals connected to existing Community-based providers have developed relationships with the Community over many years, and their capacity to continue doing this work is now unclear. These arrangements have the potential to compromise the local collaboration and coordination of services and supports that local Community-based providers have established.

A training and employment package for allied health assistants provides an opportunity to address the Community's desire for employment opportunities in the disability workforce. However, the planned scope of practice may not fully reflect the Community's wishes for advocacy and cross-cultural facilitation roles, and could be adjusted to reflect a two-way knowledge exchange model that Community leaders advocate for.

In Katanning, market facilitation Community events have assisted some community members to progress NDIS assessments, and have connected some NDIS participants with providers. However, some Aboriginal Community members have not felt welcome, respected or appropriately informed at these events due to venue choice, the extent that staff were welcoming, and broader dynamics in the town. While we understand that consultation with a key local Aboriginal organisation was undertaken about the venue, several Aboriginal Community members described feeling excluded at these events. There is some evidence that other Aboriginal Community members may have been deterred from attending; and that those who did attend may have been deterred from attending further events. Several NDIS participants for whom the Agency engaged a fly-in, fly-out physiotherapy provider did not take up this opportunity due to the high costs of services, including the provider's travel costs.

More comprehensive assessment of the implementation and outcomes requires greater exposure time.

Key Findings

Embedding the NDIS philosophy of choice and control in alternative commissioning measures requires robust co-design and genuine community decision-making power

Thin markets have the potential to limit NDIS participants' choice and control over providers and the services and supports they receive. Recognising this fundamental challenge, the NDIS Review (2023: 35) recommended working in partnership with Aboriginal and Torres Strait Islander representatives and remote Communities to roll out alternative commissioning approaches. Importantly, the NDIS Review (2023: 9-11) envisioned the potential for choice and control to be exercised in locations where participants do not have the opportunity to select from wide range of providers through "place-based" and "community-driven" approaches and market contestability. This represents a sophisticated understanding that choice and control can be exercised collectively through community decision-making, not only individually through provider selection.

Place-based and community-driven approaches are especially important in Aboriginal and Torres Strait Islander Communities. These cultures are collectivist in nature, with established processes for consensus-based decision-making. Historical experiences of limited choice and control in daily life have contributed to intergenerational trauma. These experiences continue to shape feelings of mistrust toward government among some community members. (Dudgeon, et al., 2010).

Our evaluation illustrates some of the potential benefits of place-based and community-driven approaches to commissioning. In Maningrida, for example, existing relationships between local providers are already addressing NDIS access gaps and some thin market issues through coordination and cooperation rather than competition. Our evaluation also demonstrated that meaningful involvement of local Communities in developing and designing specific alternative commissioning measures could have led to improved measure design. Alternative commissioning therefore provides an opportunity to envision the NDIS philosophy of choice and control through place-based, collaborative approaches that enable genuine community participation in decision-making.

Undertaking robust co-design requires a bespoke methodology to support key co-design components, and adequate time

Our synthesis of published literature on co-design approaches and the findings of our evaluation suggest that the future co-design of alternative commissioning initiatives should develop processes to address the following key components of co-design:

- Community education about the NDIS, the NDIA, the commissioning process, alternative commissioning models
- Consultations in which community members are actively encouraged to share their experiences of the NDIS and local needs, and in which the Agency's perspective on local needs are also communicated.
- Further consultation to determine which sections of the community should be involved in the co-design process and how.
- Working with key community members or groups identified through consultation processes to discuss the scope, opportunities and constraints of alternative commissioning and seek their input into which specific alternative commissioning measures that could address local needs as well as the Agency's objectives and how these could appropriately be designed.
- Involving key community members in the implementation and evaluation processes

As the above steps illustrate, robust co-design is an intensive process that requires a substantial time allocation. We would recommend allocating 12 – 18 months for future co-design of alternative commissioning measures.

Cultural safety must be embedded throughout commissioning processes

- Culturally safe commissioning requires addressing these fundamental elements:
- Community governance
- Respect for cultural protocols
- Trauma-informed approaches:
- Cultural competence in implementation
- Accessible settings and processes
- Language and communication
- Accountability mechanisms
- Integration with local cultural practices

Opportunities exist to further develop, pilot test and evaluate the suite of market interventions available to address market gaps, as well as cultural safety, quality and place-based response objectives.

We concur with the findings of the Thin Markets Trials (2023) that no further resources should be used to pilot test routine market facilitation activity. However, the findings of this evaluation suggest that other, more substantial market interventions, including special market facilitation measures, could potentially be considered in future initiatives designed to address market gaps, as well as cultural safety, quality and place-based objectives. Our findings suggest that the following interventions could be considered in remote, regional and Aboriginal and Torres Strait Islander Communities:

- A community cooperative proposed by government agencies in the course of the pilots as an advocacy and coordination service but not pursued due to time constraints

- Further disability workforce development measures
- The consolidation of support coordination into good quality, existing local providers, potentially through direct commissioning or by facilitating cooperation amongst local providers, potentially via an opt-out model.
- Support and grants for Aboriginal and Torres Strait Islander people and organisations to develop local businesses as registered NDIS providers
- Incentives and/or facilitation mechanisms for local NDIS providers to coordinate and collaborate the delivery of services and supports and avoid unnecessarily billing participants for travel costs, e.g. financial incentives, privileged market access, forums to bring together providers and community members to develop a local area plan, etc.

New market interventions will require further co-design and development, feasibility assessment, pilot testing and evaluation. There may be potential to integrate some of these interventions, and to collaboratively develop, pilot test and evaluate them, across the NDIS and aged care sectors. A rigorous approach is needed to assess the nature of specific thin markets and other access gaps using quantitative and qualitative data prior to the co-design of new approaches.

In future alternative commissioning, the Agency should seek to commission or auspice through local Community-based providers in the first instance, and in particular, Aboriginal and Torres Strait Islander Community-controlled providers in Communities with Aboriginal and Torres Strait Islander populations

Fly-in, fly-out providers may be able to address instances of genuine market failure, when no other providers exist. However, commissioning an external provider with a fly-in, fly-out service delivery model in which high travel costs are dispersed amongst participants' budgets may not necessarily offset the overall costs of this model to participants sufficiently. Other considerations in commissioning external providers include their capacity for locally meaningful culturally safe practice and for coordinating services and supports with other local providers and stakeholders such as local schools.

The Agency should therefore seek to commission or auspice through local Community-based providers in the first instance, and in particular Aboriginal and Torres Strait Islander Community-controlled providers in Communities with Aboriginal and Torres Strait Islander populations. While it may not be viable for some professionals engaged by these providers to reside permanently in Communities, such as medical specialists, the presence of resident staff drawn from local Communities and mechanisms for Community control may still better address some of these commissioning considerations.

Introduction

The National Disability Insurance Scheme (NDIS) has transformed the Australian disability service system, establishing a market-based approach to the provision of essential supports. Since its inception over 10 years ago, many people living with a disability have gained access to services and supports to enable their participation in social and economic life that were not previously available to them.

However, market failure, thin markets and other inequities have persisted in regional, rural and remote locations (Productivity Commission 2017; NDIS Review 2023). These issues are most pronounced in remote and very remote Aboriginal and Torres Strait Islander Communities^{1,2}, where fly-in, fly-out providers encounter a range of challenges in delivering and maintaining services on the ground (NDIS Review 2023). In some cases, NDIS participants can only access services by leaving their Country and Communities (Puszka et al. 2022). Furthermore, some services and supports that are available in these locations may not be culturally safe (NDIS Review 2023).

In remote and very remote areas, over one in three participants who have been in the scheme for over one year are not accessing daily activity supports, and over one in four are not accessing therapy supports (NDIS Review 2023, p. 5). Aboriginal and Torres Strait Islander Communities from across Australia have called for better access to culturally safe services on Country (Puszka et al. 2022).

Reports from inquiries, commissioned reviews and internal research have repeatedly recommended a greater level of government intervention in disability service markets to address these issues (Joint Standing Committee on the National Disability Insurance Scheme 2020; NDIA 2023; NDIS Review 2023). The NDIS Review (2023) recommended working in partnership with Aboriginal and Torres Strait Islander representatives and Communities to collaboratively develop, implement and evaluate alternative commissioning models to address the availability and cultural safety of services and supports (Figure 1). The adoption of place-based approaches, shared decision-making processes and responsiveness to Communities' preferences and strengths were emphasised by the Review.

Figure 1: Recommendation from the NDIS Review (2023)

Working in partnership with First Nations representatives and remote Communities to roll out alternative commissioning approaches

The NDIA should partner with First Nations representatives, Communities, participants and other government agencies to progressively roll out alternative commissioning arrangements for both First Nations Communities and remote Communities, starting as soon as possible.

¹ We respectfully refer to Aboriginal and Torres Strait Islander people and Communities throughout this report to align with the terminology used in the ANU School of Medicine and Psychology. Elsewhere we refer to 'First Nations people' when quoting from sources that use this term. This includes in the name of the initiative that we are evaluating, as adopted by relevant government agencies.

² We refer to Communities in this report using capitalisation, out of respect for Aboriginal and Torres Strait Islander practices.

The alternative commissioning approaches should be designed in partnership with First Nations representatives, Communities and participants, and should be:

- Underpinned by governance structures that share decision-making power with Communities – including First Nations representatives in non-remote Communities as well as remote community representatives (which also encompasses the non-Aboriginal and Torres Strait Islander local population)

- Based on a commissioning cycle that:

- is underpinned by an understanding of community strengths and preferences

- explores and designs commissioning approaches on a case-by-case basis with Communities. This could include models of direct and community-led commissioning approaches as well as integrated commissioning (where a provider is commissioned to provide supports across multiple services

types)

- provides culturally appropriate, outcome-based commissioning processes and enablers, and

- uses practical and community-driven processes to collect data and evaluate outcomes.

A progressive roll out of alternative commissioning approaches should commence with pilots in selected Communities. Pilots should be evaluated in partnership with Communities.

The evaluation should inform the wider roll out of alternative commissioning by drawing out lessons on how to build the capability of Communities and governments as commissioners and the types of alternative commissioning approaches that work best. This should include considering the effectiveness of integrating commissioning for remote participants.

To begin to develop the evidence base for alternative commissioning models, the Thin Market Trials were undertaken by the National Disability Insurance Agency (NDIA) to test the effectiveness and impacts of three models in a range of remote and regional settings across Australia (NDIA 2023). The following models were implemented and evaluated:

- Market facilitation, which involves actions to improve connections between providers and participants
- Coordinated funding proposals (CFPs), which are a way to enable participants to pool funding to more efficiently secure services from providers.
- Direct commissioning, which directly contracts providers to deliver supports to participants or a group of participants.

The trials made the following findings:

- Coordinated strategic macro-level market facilitation within the NDIA and local level market facilitation alongside the role of various market intermediaries should operate as business as usual, rather than as a distinct intervention in thin markets.
- Where a targeted local-level intervention is necessary, a CFP should be the first option if there is sufficient support coordinator or participant capacity, and it is viable for a provider under the existing NDIS Pricing Arrangements and Price Limits.

- Direct commissioning should be considered if the above market conditions are unfavourable (NDIA 2023, p. ix).

A key limitation of the trials was the lack of involvement of participants, caregivers and Communities in developing and assessing the outcomes of commissioning models. While service provider interviews explored providers' responses to the trials, Communities' perspectives were not included in the evaluation.

To respond to the recommendations of the NDIS Review and further build the evidence base for alternative commissioning, the Australian Government is undertaking the NDIS Alternative Commissioning Pilots in Remote and First Nations Communities. The aim of the pilots is to co-design, implement and evaluate place-based, community-driven alternative commissioning models in partnership with Communities in two sites. The Theory of Change (DSS 2023; Appendix 1) describes the objectives of the pilots as addressing the following issues:

- Standard market-based commissioning approach is too rigid in remote and First Nations communities
- Low NDIS plan utilisation rates
- Limited access to supports in remote and very remote areas
- Lack of culturally safe supports for First Nations communities
- Participants are being left behind
- Shortages of some supports in non-remote communities
- Limited capability of NDIA to identify thin markets
- Unclear protection of participants against market failure
- FIFO and DIDO service provision too expensive, represents little value for money, and may not be appropriate for participants

According to the Theory of change, the co-design of alternative commissioning measures would follow a commissioning cycle involving the following process:

1. Understand community strengths and needs;
2. Explore and design bottom-up solutions based on local needs and priorities;
3. Implement the approach;
4. Ongoing monitoring, evaluation and improvement (DSS 2023; Appendix 1).

The sites selected for the pilots are Maningrida (Northern Territory) and Katanning (Western Australia).

The Australian National University (ANU) was contracted by the Department of Social Services to undertake an independent evaluation of the pilots from 1 July 2024 to 30 June 2025. We undertook a process and outcomes evaluation of the pilots to assess the co-design and implementation processes and to document the outcomes and impacts in order to inform future scale-up of alternative commissioning models. This report contains the findings of our evaluation in order to support future design, pilot testing and implementation of alternative commissioning.

The Delivery of the Alternative Commissioning Pilots

The Alternative Commissioning pilots were first announced in 2023 in response to the findings of the NDIS Review. It was originally anticipated that a co-design process would take place for two pilot sites in October – December 2023; implementation would occur in January – December 2024; and that the evaluation would run parallel to this from late 2023 to mid 2025. Maningrida was announced as the first pilot site on 29 August 2023; however, the Ministerial announcement of Katanning as the second site did not take place until 30 July 2024.

Consultation commenced in Maningrida in May 2024. It is not clear what factors contributed to the late commencement of work in Maningrida, however we understand that this may relate to the time required by the NDIA to stand up teams. Consultation subsequently commenced in Katanning in early August 2024.

Early consultation was followed by a period of reduced activity around the third quarter of 2024, particularly in Maningrida, as some staff roles within the project changed and uncertainty emerged over the governance of the project within the NDIA. Governance eventually transitioned internally from the Market Stewardship Branch to the National Remote Services Branch of the NDIA in September 2024 and consultation and engagement re-commenced with new staff members with new approaches being adopted from those previously used.

Distinct methods of consultation, co-design and implementation were used in Maningrida and Katanning, and different alternative commissioning measures are being implemented in each site. This section of the report documents these different approaches to engagement, consultation and implementation activities in each of the trial sites until the end of the pilot period in June 2025.

Maningrida

In Maningrida, the pilot was undertaken as a discrete project, separate from the Agency's other activities in the Community. Community consultation was initiated by staff of the Market Stewardship Branch, however a co-design plan developed by this Branch was not pursued after the transition of the project to the National Remote Services Branch in September 2024.

The recruitment of staff to key project roles within the National Remote Services Branch occurred in late 2024, and consultation and other engagement activity resumed (Appendix 2). At this time, the NDIA began to seek a formal agreement with Community leaders and traditional owners to play a formal advisory role within the pilot in Maningrida. Local governance is highly complex in Maningrida, which is a service centre for a large number of clan and language groups whose Country and outstations surround it. Local governance is also impacted by the broader policy environment in the Northern Territory. Working through local governance structures to identify the most appropriate local governance body or organisation to engage in the process therefore took time.

Prior to establishing a formal co-design or consultation partnership with a local governance body in Maningrida, the NDIA had already identified a direct commissioning approach that they wished to trial in Maningrida in relation to allied health services. This direct commissioning approach was decided based on the findings of the Maningrida Disability Deep Dive Report (September 2023) and assessment of service provision gaps based on plan utilisation data from the Community, as well a

preliminary consultation with the Dukúrrdji clan, the traditional owner clan of the Maningrida town area. Progress towards procurement of a new provider for therapy services in Maningrida through a limited tender process was being undertaken in early 2025 in parallel to the NDIA seeking to establish an advisory process in the Community. The direct commissioning measure includes a local capacity-building component in which local Community members will be trained and employed as allied health assistants. Other related NDIA activity in the Community beyond the pilots includes tendering for a Remote Community Connector. These roles operate within the NDIS to provide culturally appropriate and locally based support in remote areas, with a focus on improving Aboriginal and Torres Strait Islander peoples' awareness and understanding of the NDIS.

The NDIA initially anticipated that Maningrida's newly formed Cultural Governance Group – a body that emerged from the Community's Local Decision-Making Agreement with the Northern Territory Government over 2024 - 2029 – would be the appropriate body with which to engage. However, they were advised by the Northern Territory Government Department of Chief Minister & Cabinet (DCMC) that the group was still in a nascent phase and not yet in a position to consult on matters such as NDIS service delivery. As an alternative, the NDIA was advised by the NTG DCMC to approach the Nja-Marléya Cultural Leaders and Justice Group to be the formal advisory body for the pilot. Nja-Marléya Directors are representative of all the major language groups of the Maningrida region and are widely recognised as being established or emerging leaders for the Community. In March 2025, Nja-Marléya Directors agreed to serve as a formal consultation body for the pilot in a fee-for-service arrangement.

In March and April 2025, the NDIA held three workshops with the Nja-Marléya Directors, of approximately half a day to a full day duration each. Directors had opportunities to share personal experiences of the NDIS and to discuss their perspectives on the priority needs of the Community. There were also discussions regarding how the NDIS functions in Maningrida, alternative commissioning and the pilot.

At the Directors' request, a Community event held in collaboration with Nja-Marléya was planned for late May to build knowledge about the NDIS and the pilot, demonstrating responsiveness and a commitment to information sharing. However, this event was cancelled following the passing of an influential Community member and rescheduled to August 2025. A further information session was scheduled in June to announce the provider of a directly commissioned allied health service, but at the time of writing had not yet taken place. We understand that the NDIA initially intended to engage 15-20% of NDIS participants in the consultation/advisory process, with representation across ages and genders. However, it is unclear whether this occurred.

In late June 2025, the Agency contracted an external provider to provide child and adult allied health therapies via direct commissioning arrangements and to deliver the allied health assistants training and employment package. This was undertaken via a limited tender in which one provider was approached.

Katanning

In the Katanning region, the pilot was approached as part of the NDIA's broader Community engagement and access clinic activities. The Connecting Katanning Working Group was convened by the Agency, with representation from the NDIA WA Service Delivery Branch staff, WA

government agencies, NDIS local service providers, and other local stakeholder organisations. This Working Group has served as an advisory and information-sharing forum for the pilot and the Agency's broader activities in the region. The Working Group has met monthly since November 2024. The consistent scheduling of these meetings through to December 2025 indicates commitment by the Agency to stakeholder engagement in the Katanning region beyond the timeframes of the pilot.

In March 2025 at a Connecting Katanning Working Group meeting, the NDIA specifically highlighted three key focus areas for the pilot:

- Assistive technologies and home modifications,
- Local capacity building and workforce development, and
- Core services.

Assistive technologies and home modifications have been identified as a focus area as the NDIA has acknowledged that low access to disability accommodation represents an important gap in services and supports in the Katanning region, but has indicated that they are unable to commit to infrastructure directly, though the potential to apply for grants has been explored. No specific assistive technology initiatives were reported in the documentation made available to the evaluation team.

In the area of local capacity building and workforce development, the NDIA has conducted a comprehensive range of engagement and market facilitation activities to build local capacity and to connect participants and providers. These include the Connecting Katanning Expo (showcasing providers to the region), access clinics, mobile service centres, and targeted engagements with Aboriginal stakeholders through yarning circles and Noongar Leadership Group meetings (Appendix 3). These activities reflect a systematic expansion of the NDIS in Katanning and surrounding Communities, with events also held in Wagin, Kojonup, and Tambellup. The promotional materials developed for these outreach events use accessible language and imagery to explain NDIS concepts, with questions like "What is the NDIS?", "What is a Disability?", "How to get NDIS?", and "What are supports and services?" prominently featured.

The Connecting Katanning Expo identified NDIA participants with unmet physiotherapy needs. In response, the NDIA arranged a fly-in, fly-out provider with the intention of reducing the provider's travel costs that would be borne by participants' budgets through coordinated scheduling and cost-sharing among participants. However, follow-up interviews revealed that the high costs (approximately \$517 per hour including travel) made the service unviable for most participants, with only "a handful" of the nine participants for whom services were arranged actually accessing the provider. This alternative commissioning initiative occurred during a period when the local drive-in, drive-out physiotherapy service from Albany had ceased operations in late 2024 due to a staff resignation. However, this service resumed in 2025, albeit with reduced coverage (fortnightly rather than weekly sessions, and only in Kojonup rather than both Katanning and Kojonup), providing access at significantly lower costs (approximately \$100 per hour and no travel charges).

A key component of the workforce development strategy includes engaging an employment platform to facilitate Community members gaining employment in the disability sector without needing to become registered providers themselves. This initiative was implemented in May 2025. Information sessions regarding this initiative were conducted at the Katanning Public Library on

May 19-20, 2025, targeting both potential service users and those interested in becoming support workers. The Safe Service Practice Guidance and Training proposal and planned development of a cultural safety framework for providers are other workforce development initiatives occurring beyond the scope of the pilot.

Methodology

The purpose of the evaluation is to support program conceptualisation, design and implementation in each site. The evaluation aims to understand how effective the process underpinning the approaches to commissioning has been, and how it could be scaled up and adopted in other locations.

To support these aims, the objectives of the evaluation are to:

- Document and assess the co-design phase of the program
- Document and assess the implementation phase of the program
- Assess the appropriateness, effectiveness and efficiency of the program: what outcomes resulted, why, under what circumstances; and how did Communities respond.
- Synthesise lessons learned and recommendations regarding implementation of future trial sites, tailored towards the recommendations of the NDIS Review.

Our methodology brings together the principles of best practice utilisation-focused process and outcome evaluation and Aboriginal and Torres Strait Islander evaluation principles to generate a robust, flexible and culturally safe approach. Our evaluation seeks to respond to the following research questions.

Research Questions

Co-design phase

- In each site, what did the co-design process comprise, what costs and resources were sustained, how were Communities and stakeholders involved?
- How did those involved experience the co-design process?
- What is the program design, what is the relationship between the intended inputs, activities, outputs and short, medium and long-term outcomes, and what are the key assumptions underpinning these?
- Are the governance arrangements in line with the Closing the Gap requirements and have they enabled key principles e.g. community needs-based and local decision-making on the ground, to be realised?
- To what extent have relationships been built that have potential to continue after the project?
- In what ways did the co-design process reflect Communities' expectations of cultural safety, social inclusion and local decision-making?

Implementation phase

Appropriateness

- In each location, how did Communities experience the implementation processes?
- To what extent did the implementation processes reflect Communities' expectations of cultural safety, social inclusion and local decision-making?

- To what extent did outcomes reflect Communities' expectations of cultural safety, social inclusion and local decision-making?

Effectiveness

- What outcomes have been observed to date for individual NDIS participants as well as the broader service delivery system in each location?
- In each location was the program implemented as planned? What changes and modifications took place over the course of its development and delivery, what improvements or regressions occurred, and why?
- To what extent are the program's outputs being achieved? What factors have affected those outcomes (positive and negative)? What are the factors most critical to the achievement of a successful program?
- Is the commissioning approach contributing to developing effective solutions to the challenges that have been identified in each location?
- What, if any, lessons can be drawn from the program to improve the efficiency or effectiveness of future programs? (Eg: What went well? What didn't go well? What can be improved? How can we improve?)

Efficiency

- Is the pilot being implemented efficiently?
- Is the implementation proving feasible? Is the program adequately resourced to enable the achievement of desired outcomes? In what ways are workforce and governance issues (if any) impacting on feasibility and efficiency?
- What factors are likely to promote or inhibit the long-term sustainability of the pilot?

The following data sources are being used to enable assessment and triangulation (Table 1).

Table 1: Data sources

Participant cohort	Data sources
People who require disability services and caregivers/families	Qualitative interviews/focus group discussions using a yarning approach De-identified, aggregated NDIS plan data
Traditional owners & other community leaders	Qualitative interviews/focus group discussions using a yarning approach Consultations
Service providers	Qualitative interviews De-identified, aggregated NDIS provider data
DSS & NDIA staff	Qualitative interviews

All cohorts	Policy document analysis Observational research
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Evaluation approach, scope and limitations

The delays in the pilots have implications for our methodology, and we adjusted our project plan to address this. Principally, the implementation of some key alternative commissioning measures in May – June 2025 significantly limits the capacity to assess outcomes due to insufficient exposure time. NDIS plan utilisation data and provider concentration data included in this report do not capture the effects of these measures. We were also unable to capture community responses to all alternative commissioning measures, with some being implemented after our data collection cutoff; and are unable to document longer-term experiences and responses.

Our methodology was initially designed to mirror the co-design and implementation processes in each site through four cycles of data collection and feedback. However, when our data collection commenced, formal mechanisms to involve Communities in shaping alternative mechanisms did not appear to be established in either site. Additionally, receiving full approval from all relevant ethics committees two months later than expected led to a two month delay in the commencement of data collection. These factors required changes to the evaluation methodology, which was altered to reflect two cycles of data collection anchored to the timing of interim reports and aligned as much as possible with the Agency’s consultative and engagement processes in each site.

Changes to our methodology have included alterations to the way that community voices are gathered as part of the evaluation process from our original project plan. Rather than focussing on documenting the perspectives and experiences of community members involved in formal co-design groups, we have primarily documented these perspectives through interviews with NDIS participants, caregivers, community leaders, traditional owners, service providers and other stakeholders. As many community members we have spoken to have not had any awareness of the pilots, these discussions have more generally explored community members’ perspectives on their needs for services and how to address them, the functioning of the NDIS in their community, the potential of the pilots, and their perspectives on the ways they would like to be engaged. In Maningrida we have also undertaken interviews with Nja-Marléya Directors following each of the Agency’s workshops with the Groups to explore their perspectives and experiences of the pilot process.

In building a broad picture of community perspectives, interviews have elicited discussions about several matters which are beyond the scope of the alternative commissioning project but were considered important by those individuals in speaking about their experiences with the NDIS. We have included many of these ‘out of scope’ community perspectives in this report as this data helps provide context to alternative commissioning and may prove useful to the NDIA and DSS in other settings. This broad approach is also a strength that allows a deeper understanding of the local contexts in which the pilot was undertaken. In order to preserve the richness of this data, we have included a series of case study stories of the unique experiences, needs and reflections of individual community members

We have generally been given access to key documents and data regarding the pilots. Although we were not permitted to attend a workshop held by DSS and the NDIA to consider commissioning proposals in February 2025 in Darwin, copies of presentations relating to each site were shared with us. We were also not given permission to attend the substantive component of meetings with Nja-Marléya Cultural Leaders and Justice Group. However, outcomes were communicated to us by the Agency and by Directors in interviews. In response to our request, a summary activity in each pilot site was provided by the Agency (Appendix 2 and 3). It should be noted that these documents include activities beyond the scope of the pilots, however. Given these factors, there may be some gaps in our knowledge about the way that the pilots are being undertaken, and this report only encompasses the information shared with us.

This evaluation was granted ethical approval by the Western Australian Aboriginal Health Ethics Committee (ref #HREC1369), the Northern Territory Human Research Ethics Committee (ref #HREC 24-4946), and the Australian National University Human Research Ethics Committee (ref #H/2024/1160).

Community Profiles

This section provides background context to the two pilot Communities, including basic demographic and local governance information. This section also includes information on NDIS utilisation and performance in each of the pilot Communities, based on data provided to the ANU evaluation team by the Department of Social Services on 6 March 2025.

Maningrida

Clan and language groups

The town of Maningrida is located on the ancestral Country of the Dukúrrdji patrilineal clan group. The Dukúrrdji clan are one of several Ndjébbana-speaking clans whose Country lies around the mouth of the Liverpool River including neighbouring saltwater and islands. Maningrida is an anglicised version of the Ndjébbana name 'Manayingkarírra', locally translated as 'the place where the Dreaming changed shape'.

Maningrida lies within the Arnhem Land Aboriginal Land Trust, the largest Land Trust administered by the Northern Land Council. As per the *Aboriginal Land Rights (NT) Act 1976*, traditional Aboriginal owners of the land must give their free, prior and informed consent to the grant of an interest in this land. As such, the Dukúrrdji clan have control over any leases or licenses granted in the Maningrida town.

Ndjébbana is just one of numerous Aboriginal languages spoken in Maningrida, which has been described by linguists as "one of the most linguistically diverse Communities in the world" (Vaughan, 2018). There are roughly 12 Aboriginal languages spoken or signed every day in Maningrida (depending on how languages and dialects are linguistically defined), and the vast majority of residents are multilingual.

Demographics

Maningrida is the Northern Territory's largest discrete Aboriginal community, located on the coast of north central Arnhem Land. It is situated in an area classified as very remote by the Australia Bureau of Statistics, with a Modified Monash Model classification of 7. The town has a population of 2,518, of whom 91.2% identified as Aboriginal and/or Torres Strait Islander (Australian Bureau of Statistics 2021). However, the population is locally understood to be significantly larger (over 3,000), with many people living seasonally or intermittently between Maningrida and numerous regional outstations.

Maningrida has a statistically young population, with 44.5% of the town aged 24 years and below and a median age of 27, lower than the Northern Territory median of 33. Of people aged 15 years and over, 33.7% were in the labour force (compared to 61.7% across the Northern Territory), and 13% provided unpaid assistance to a person with a disability, health condition or due to old age (compared to 9.5% Territory-wide) (Australian Bureau of Statistics 2021).

Like most remote Communities in the Northern Territory, Maningrida has significant housing demand, with social housing accounting for all housing apart from that provided for service providers as part of their employment. In 2021 there were an average of 6 people per household

and 2.2 people per room (Australian Bureau of Statistics 2021). Maningrida is the focus of substantial government investment in housing development to address social housing shortages.

Regional context and local governance

Maningrida is a service delivery hub for a vast region of central Arnhem Land, with large numbers of people moving in and out of the community on a regular or seasonal basis from a network of homelands or outstations. The 'Maningrida region' is perhaps best defined as the region serviced by Bawinanga Homelands Aboriginal Corporation. This region includes 32 outstations and the ancestral Country of more than 100 patrilineal clans. Homelands residents rely on Maningrida for service provision, and staff of numerous organisations based in Maningrida travel to homelands regularly to deliver services, particularly for health and education.

The extraordinary diversity of Maningrida as a remote community is reflected in the complexity of local governance arrangements by which Aboriginal Elders engage with contemporary service delivery models. The Boards of most Aboriginal Community Controlled Organisations in Maningrida – including Bawinanga Homelands Aboriginal Corporation; Mala'la Health Service Aboriginal Corporation; Maningrida Progress Association; Nja-Marléya Cultural Leaders and Justice Group; and the Homeland School Company – work to ensure that their Directorship reflects the diversity of the region.

Under the former Northern Territory Government's Local Decision Making (LDM) policy, a Local Decision Making Agreement is in place for Maningrida from 2024–2029. The current government has stated that they will honour this agreement until its expiry but not seek its renewal beyond 2029. As part of this LDM Agreement, a local 'Cultural Governance Group' has been created with support from the Northern Territory Government Department of Chief Minister and Cabinet, made up of nominated community representatives from the clans and language groups of the Maningrida region with the remit to provide greater input and control over a number of priority service delivery areas, including NDIS services. At the time of writing, this group has yet to meet formally for the first time.

NDIS participation, service delivery and utilisation

Participant numbers in Maningrida have been fairly steady from the beginning of FY2023-24 to the first quarter of FY2024-25, with an increase of 20% in Q2 of FY2024-25 above the average over the preceding 5 quarters. Total number of participants has remained constant from Q2 to Q3 of FY 2024-25 (Figure 2). Maningrida's participants identify almost exclusively as Aboriginal and Torres Strait Islander peoples only or both Aboriginal and Torres Strait Islander and culturally and linguistically diverse (Figure 3).

Figure 2: Number of participants by age group, Q1 FY2023-24 - Q3 FY2024-25, Maningrida

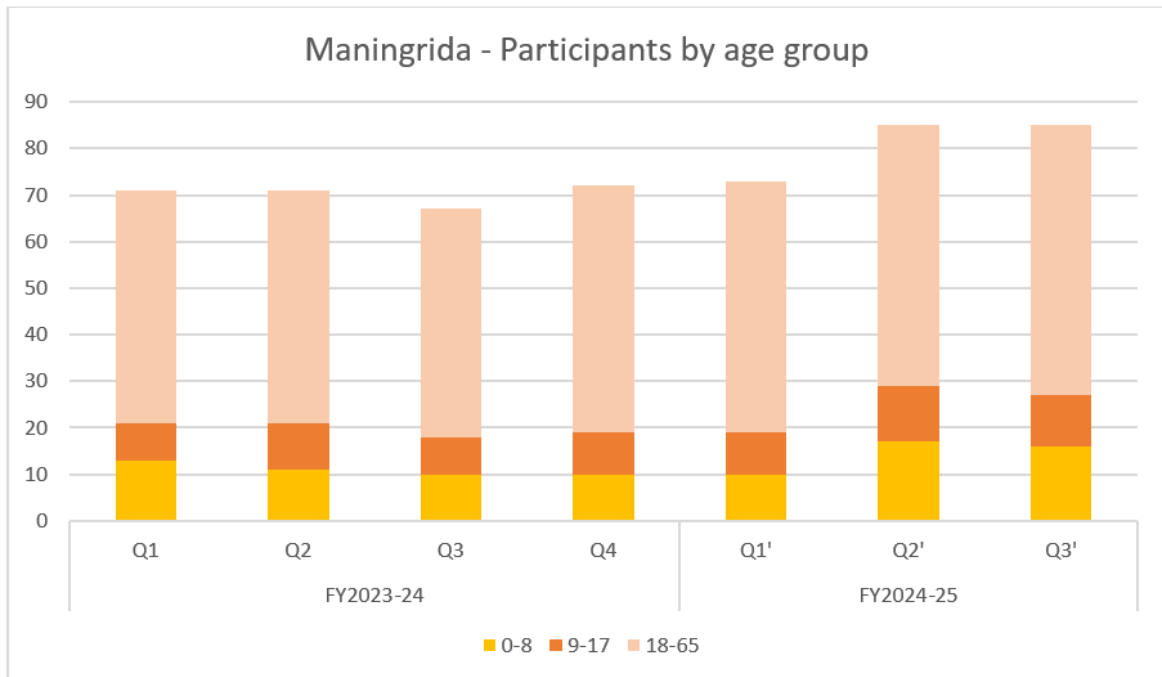
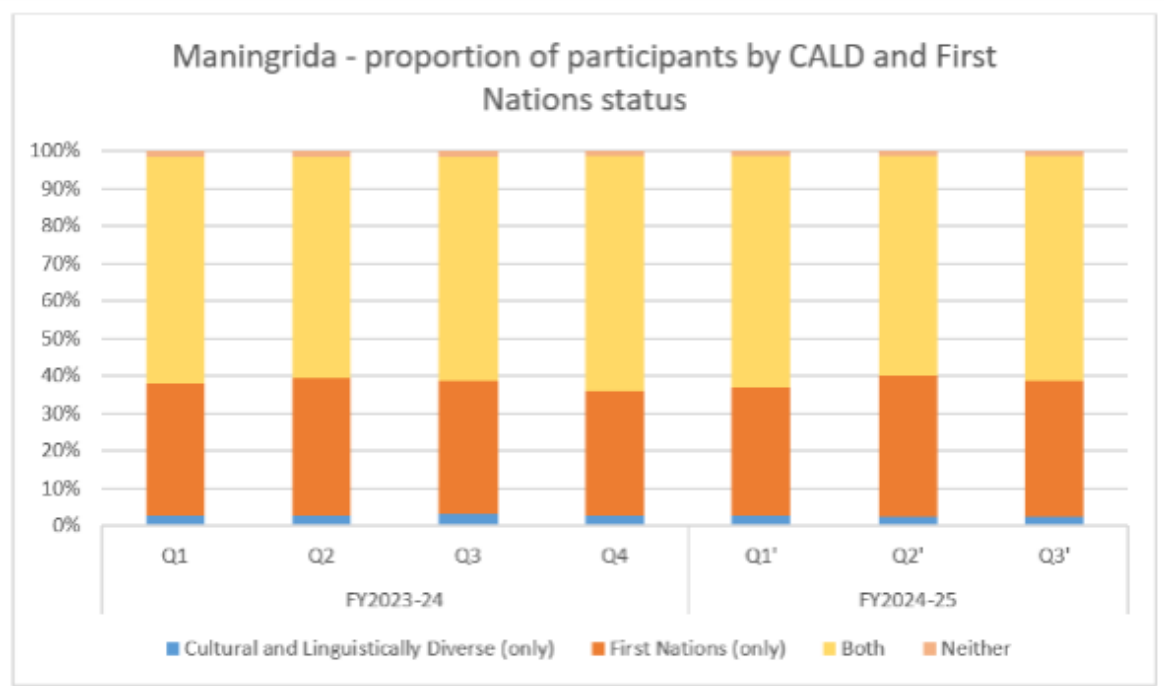
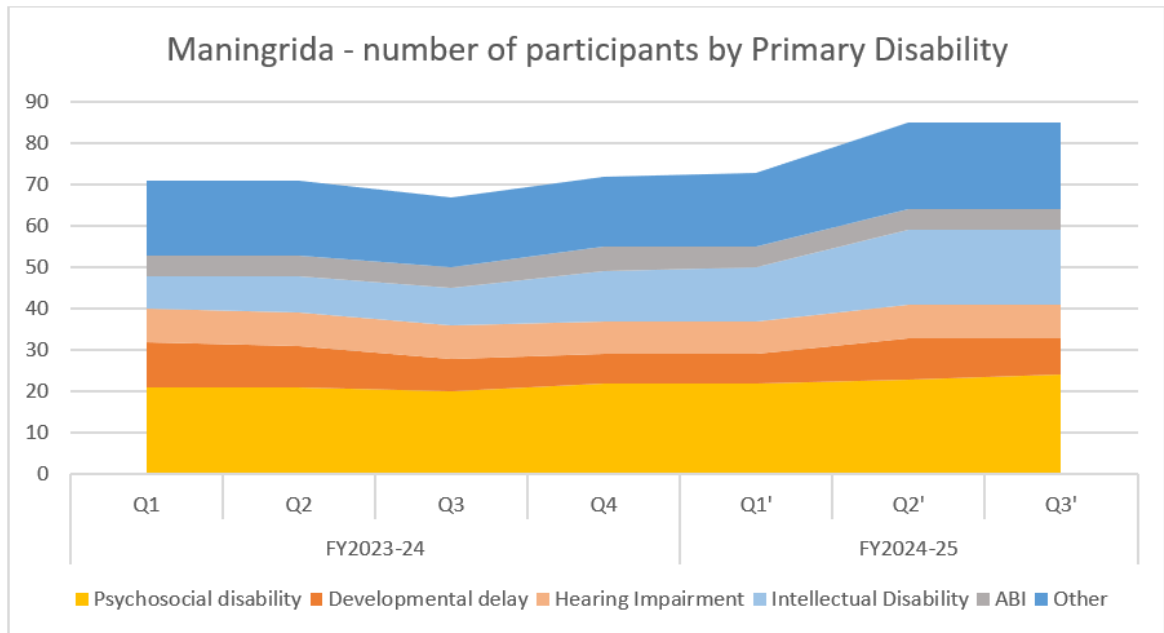


Figure 3: Number of participants by Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse status, Q1 FY2023-24 - Q3 FY2024-25, Maningrida



The most common primary disability in Maningrida was psychosocial disability, making up around 30% of participants. Developmental delay, hearing impairment, intellectual disability and acquired brain injury made up the rest of the top five disabilities. In Maningrida the greatest increase in primary disability in the reference period was participants with intellectual disability (from 8 to 18 participants) (Figure 4).

Figure 4: Number of participants by primary disability, Q1 FY2023-24 - Q3 FY2024-25, Maningrida



Katanning

Demographics

Katanning is a rural town located 277 kilometres south-east of Perth, Western Australia, on the Great Southern Highway, situated on Noongar Country. At the census of 2021 the population was 4,057 in the Local Government Area (LGA). Katanning LGA has a distinctly multicultural profile, with 20% of residents born overseas, primarily in Myanmar, New Zealand, England, Thailand, and Vanuatu. A small but significant proportion of the population are Aboriginal and Torres Strait Islander people (8.8%). This is a notably higher proportion than that of WA as a whole (3.3%) and the national proportion (3.2%). The most commonly spoken languages at home other than English are Malay, Karen, Burmese, Hazaraghi and Afrikaans (Australian Bureau of Statistics 2021).

Katanning is one of the most rapidly growing inland centres of Western Australia. Despite this, house prices remain considerably lower than in other parts of the State. The socioeconomic context shows lower tertiary qualification rates (8.7% compared to a State average of 23.8%) and lower median household income (\$1,343 compared to a State average of \$1,815). The median age of 39 is similar to the State median of 38. Approximately 58.5% of residents aged 15 and over are in the labour force, slightly lower than the State-wide participation rate of 63.9%. Of all residents, 11.5% provided unpaid care to a person with a disability, health condition or due to old age, compared to 10.7% across Western Australia (Australian Bureau of Statistics 2021).

Regional context and local governance

Katanning is a regional hub for sheep and wheat-growing industries and is a service centre for eleven neighbouring areas including Broomehill, Gnowangerup, Kojonup and Tambellup. It has a Modified Monash Model classification of 5. The Shire of Katanning is the local governance body.

NDIS participation, service delivery and utilisation

Participant numbers in Katanning have steadily increased over the reporting period, with an increase of 30% from Q1 of FY2023-24 to Q3 of FY2024-25. The large change is driven by increase in the number of participants in the age group of 18-65, contributed by 17% rise from Q2 to Q3 of FY2024-25 (Figure 5). Over 80% of Katanning participants identify as neither Aboriginal and Torres Strait Islander or culturally and linguistically diverse (Figure 6).

Figure 5: Number of participants by age group, Q1 FY2023-24 - Q3 FY2024-25, Katanning

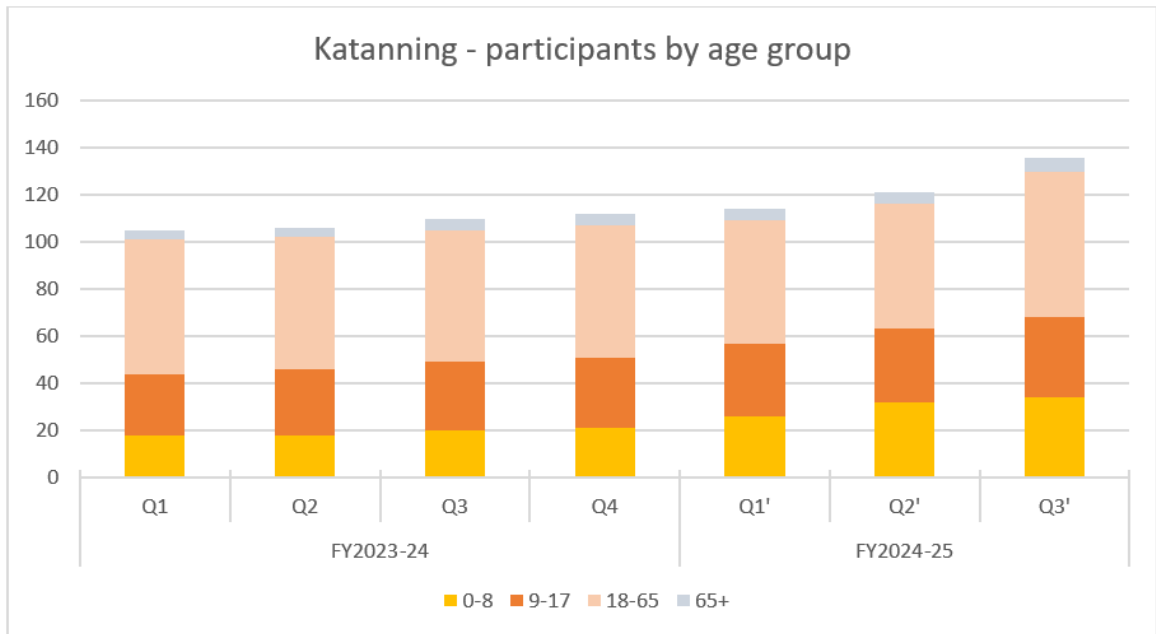
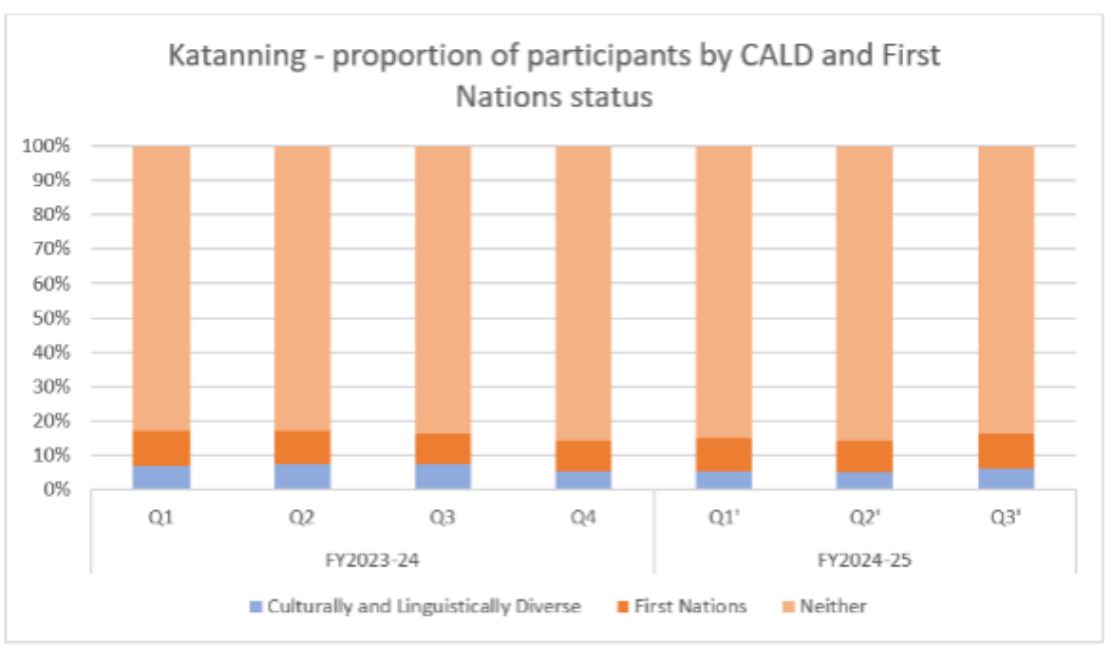
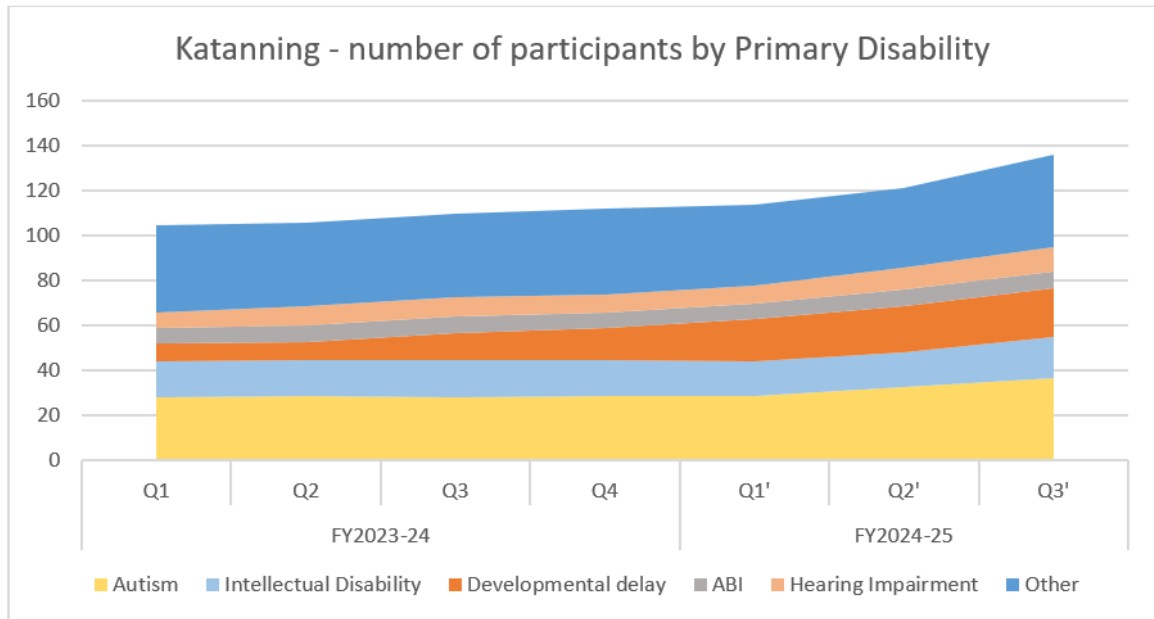


Figure 6: Number of participants by Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse status, Q1 FY2023-24 - Q3 FY2024-25, Katanning



The most common primary disability in Katanning was autism, making up around 30% of participants. Developmental delay, hearing impairment, intellectual disability and acquired brain injury made up the rest of the top five disabilities. In Katanning the greatest increase in primary disability in the reference period was participants with developmental delay (8 to 22 participants) (Figure 7).

Figure 7: Number of participants by primary disability, Q1 FY2023-24 - Q3 FY2024-25, Katanning

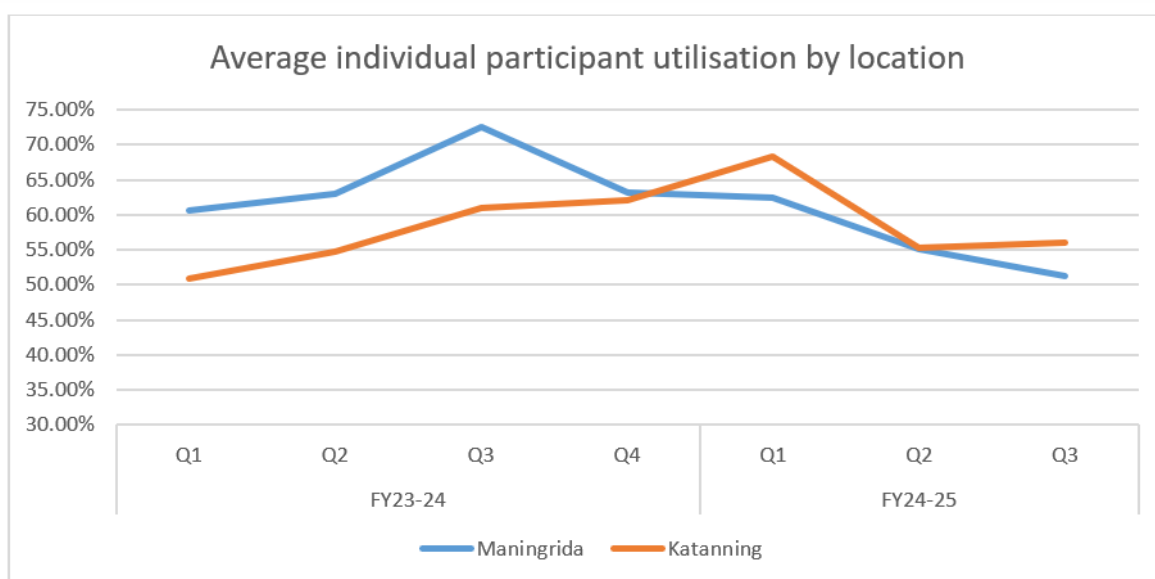


NDIS Plan Utilisation and Provider Concentration

Average individual plan utilisation in Maningrida from the beginning of FY2023-24 to Q1 of FY2024-25 remained around 60.6%, though it peaked at 63.11% in Q3 of FY2023-24. Compared to Maningrida, average individual plan utilisation was lower in Katanning in FY2023-24. However, it steadily increased from 50.9% at the beginning of the reference period to 68.4% in Q1 of FY2024-25. Both locations have shown downward trend throughout FY2024-25, Katanning being higher by 5% compared to that of Maningrida in Q3 of FY2024-25.³

However, it should be noted that declining plan utilisation does not reflect the outcomes of the pilots, as key measures were not implemented until late Q3 or after. Further quantitative and qualitative data is needed to determine the factors impacting any level of plan utilisation in order to inform appropriate responses. For example, low utilisation could be produced by a lack of available services and supports in a community; by available services and supports that do not meet participants' needs or that are not culturally safe; a lack of information about available services and supports; by participants accessing other, non-NDIS services such as wellbeing services or aged care; by participants being cared for by a family member rather than accessing formal services and supports; or other factors.

Figure 8: Average individual NDIS plan utilisation by location, Q1 FY2023-24 – Q3 2024-25



Rates of utilisation across different support categories fluctuated in both locations during the reference period without any obvious or meaningful trends (Figures 9 and 10). However, utilisation in the assistive technology category in Katanning has clearly dropped from 49.6% in Q1 of FY 2023-24 to 15.4% in Q3 of FY2024-25 (Figure 10).

³ Please note, this data is different to that reported in the February Interim Findings Report. Data has been provided to ANU by the DSS, who noted that this discrepancy is “due to the data team reverting back to a previous methodology in how the utilisation rate is calculated.” (30 May 2025).

Figure 9: Average individual NDIS plan utilisation by support category, Q1 FY2023-24 – Q3 2024-25, Maningrida

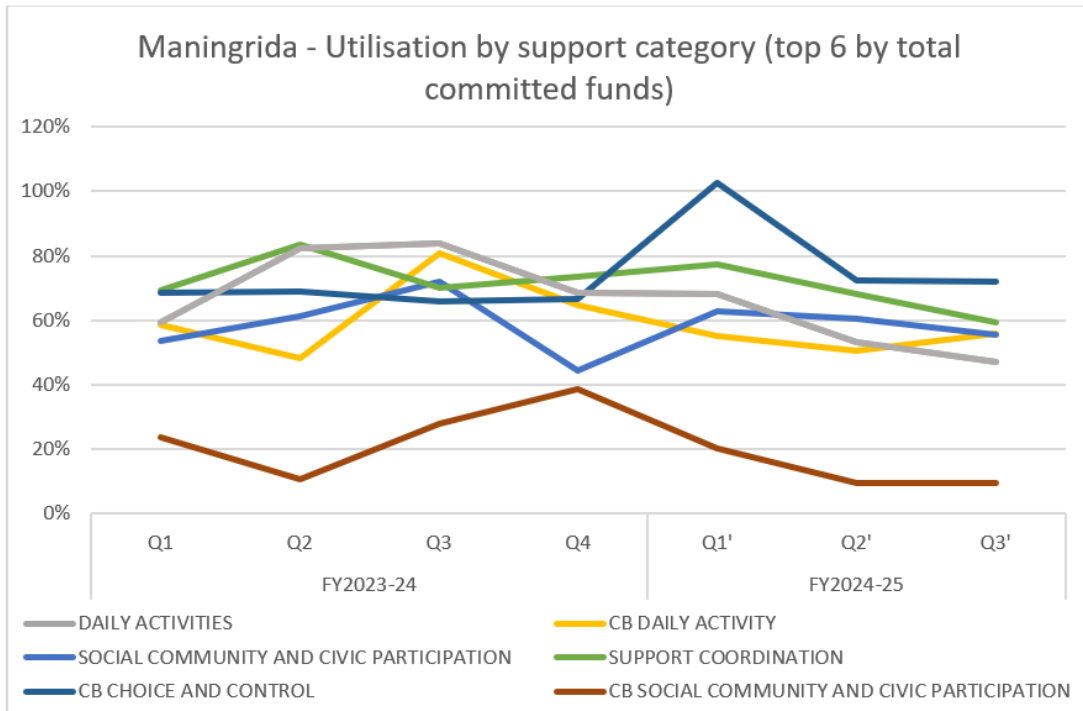
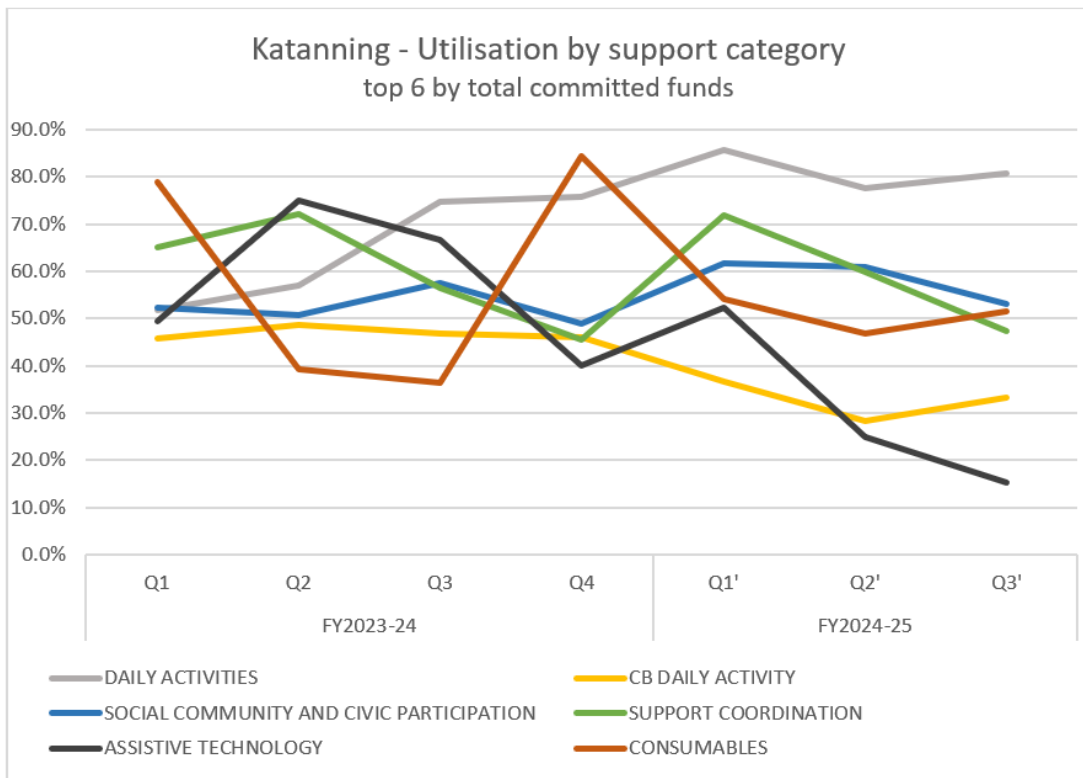


Figure 10: Average individual NDIS plan utilisation by support category, Q1 FY2023-24 – Q3 2024-25, Katanning



Market concentration is considered to be a measure of thin markets. It assesses the percentage of payments to the top 10 largest providers over a six month exposure period. Provider concentration in both sites is much higher than the respective State/Territory average, and than national concentration. Maningrida had only 13 unique active providers over the period, and market concentration sits close to 100%. In any one quarter, Maningrida had a maximum of 11 active providers of therapeutic items, with 8 in the most recent quarter (the lowest in the period). Katanning has more unique providers, with 25 active over the 18-month period. The top 10 providers have market concentration of 85-96%. Katanning increased the number of providers of therapeutic items over the period from 15 to 18 (Figures 11 and 12).

However, it should be noted that as with plan utilisation data, market concentration does not fully capture the accessibility of services and supports or provide a full picture of choice and control. It is possible, for example, that a small number of providers could be providing high quality, culturally safe supports that NDIS participants are satisfied with; and that Communities may exercise choice and control through a local community-controlled provider governed by community representatives. Qualitative research is needed to generate a more robust understanding of accessibility.

Figure 11: NDIS provider market concentration, West Arnhem and Katanning regions compared to State/Territory and National concentration, Q1 FY2024-25

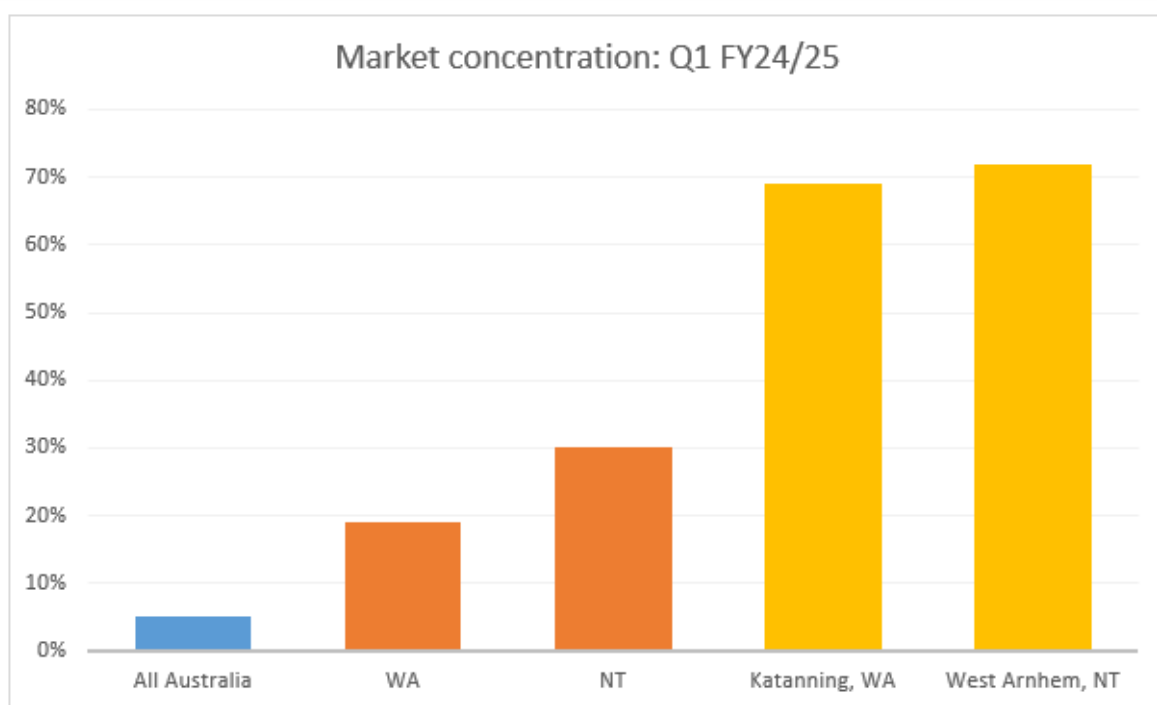
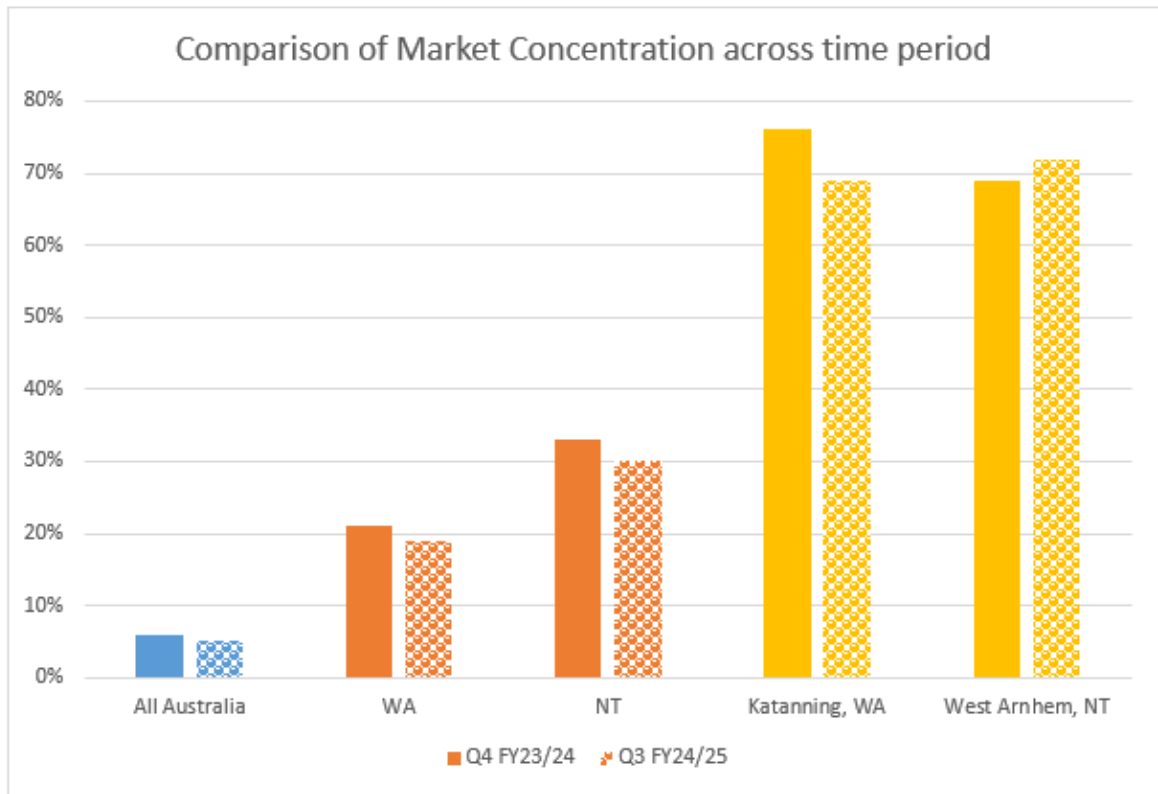


Figure 12: NDIS provider market concentration, West Arnhem and Katanning regions compared to State/Territory and National concentration, Q4 FY2024 – 24 and Q3 FY 2024 - 25



Findings in Maningrida

Data collection

The evaluation team visited Maningrida on six occasions between February and June 2025. We had initially planned to undertake two consultation visits in September – October 2024, however we delayed commencing community visits at the request of NDIA partners. We recruited a local Aboriginal Co-Researcher to the evaluation team in February 2025, who is a respected member of the community, and through the well-established local networks of the Co-Researcher and other members of the evaluation team, were able to commence data collection on our first visit. The final visit to Maningrida took place in June 2025 to report and discuss the findings with key interview participants and stakeholders as is considered best practise and required when following AIATIS and NHMRC Code of Ethics guidelines for Aboriginal and Torres Strait Islander Research.

Data collection has included interviews with four people living with a disability and 10 caregivers in Maningrida. Some of those living with a disability were also providing care to family members with disabilities, and are captured in the participant numbers as people living with a disability. Interviews explored experiences and perspectives of the NDIS and local disability services, needs for services and supports, and potential responses. While we also sought to specifically discuss the alternative commissioning pilot and interviewees' responses to it, few had heard about the pilot or had an understanding of alternative commissioning, and therefore were largely unable to comment on it.

Nja-Marléya Cultural Leaders and Justice Group, who were contracted by the NDIA to provide advice and input into the pilot as a key consultative mechanism, were also interviewed to elicit their specific experiences and perspectives on the pilot process. The NDIA held 3 workshops with Nja-Marléya Directors, approximately half a day each. We interviewed Nja-Marléya Directors and staff following each workshop. In total we have interviewed 7 Directors and staff members across 10 interviews, including all of those involved in the workshops, most of them on multiple occasions. In addition to exploring responses to the workshops and the pilot process, we also discussed experiences and perspectives of the NDIS and local disability services, needs for services and supports, and potential responses.

Interviews were conducted with NDIS providers to the Maningrida area. As reported in our previous interim findings report, Maningrida had 13 active providers over FY2023-24 to Q1 of FY2024-25, with a market concentration close to 100% (Puszka et al. 2025). We were able to conduct 13 interviews with 9 staff members from 5 key providers. These providers were identified through local consultation and we targeted those organisations with the largest presence in Maningrida and/or with the longest standing relationships within the community. Every individual interviewed has been involved in NDIS service delivery in Maningrida for several years. Interviews explored the current context of NDIS service delivery in Maningrida; challenges and opportunities in disability service provision in the community; and service providers' involvement in consultation processes for the pilot.

Additionally, we spoke to 15 other local stakeholders in 16 meetings, consultations and interviews. These individuals, both Bininj and non-Indigenous Community members, had key roles in local governance bodies and non-NDIS service providers based in Maningrida with touchpoints with disability and the NDIS. They included Bawinanga Homelands Aboriginal Corporation, Mala'la

Health Service Aboriginal Corporation (staff not directly involved in NDIS service delivery but with NDIS touchpoints), West Arnhem Regional Council, Maningrida College, Maningrida Progress Association, the Northern Territory Government and the Northern Land Council. We discussed stakeholders' touchpoints with the NDIS, local disability service needs and gaps, any knowledge or experience of the pilot and their perspectives on how the NDIS could function better in Maningrida. While stakeholders shared their perspectives on the pilot process, they were generally not aware of proposed alternative commissioning measures and were therefore unable to comment on them.

Some of those we interviewed inhabited more than one of the above cohorts. Where they made comments that related to their multiple roles in the community, interviews were included in both sub-analyses. In Maningrida, community members appeared to be more comfortable with the evaluation team recording written notes than having their voices audio-recorded for subsequent transcription. We prioritised the creation of welcoming, culturally safe evaluation practice over precision in record-keeping, and generally took notes rather than audio-recordings. One outcome of this, however, has been that we recorded fewer direct quotes than would have been possible with direct transcription; and our analysis therefore contains quotes only sparingly. The following codes are assigned to interviewees to protect privacy and confidentiality: DC1 – DC14: people living with a disability and caregivers; NM1 – NM7: Nja-Marléya Directors; NDIS-SP1 – NDIS-SP9; LS1 – LS15: other local stakeholders.

1. Community perspectives on local needs for disability services and supports

1.1 People living with a disability and caregivers

1.1.1 Satisfaction with existing community-based providers, and concern about persistent service gaps

Community members discussed their experiences of the NDIS and their perspectives on service gaps and potential responses. While some of the issues raised may fall outside the scope of the pilots, they nevertheless illustrate the broader context of community perspectives on local needs and the implications for participants' wellbeing.

Interviewees generally had positive responses to the NDIS and were pleased that many people living with a disability who were previously only supported by family members were now getting more access to services and supports. Several expressed satisfaction with the three main service providers that have a physical presence in the town (Mala'la Health Service Aboriginal Corporation, Balcors, TeamHEALTH). These providers all employ local people in key support worker and coordinator roles, who know the Community and have local relationships, and are often able to provide language interpretation. Some of these staff work with a high degree of autonomy and are able to take participants to their homelands for hunting and fishing, which are valued social and economic activities, particularly for men. These three providers are well known within the Community and appear to have become synonymous with the NDIS in Maningrida. Those interviewed routinely referred to these three providers as the primary disability service providers in the town.

NDIS participants and caregivers generally had consistent perspectives on the disability service gaps in Maningrida. Many felt that there were insufficient school-based supports for children, with one caregiver emphasising the urgency of this, remarking, *“people are suffering”* (DC11). A need for transport, assistive technology, classroom-based supports and wheelchair-accessible infrastructure were described. Inadequate school infrastructure for children who use wheelchairs was also noted, though it is important to note that this is a matter for the Northern Territory education department.

Another common perspective related to social activities, where women’s groups are currently less available than men’s groups. One woman living with a disability, for example, told us that she had little to do, and that her *“mind stayed good”* (DC8) when she had the resources to undertake gardening or beading work, though this was not always the case.

One of the NDIS participants and most of the caregivers we spoke to discussed the need for more home-based support, particularly assistance with cleaning and washing, and for more respite. Some also described challenges in obtaining assistive technology items for their homes such as shower chairs, assistive chairs and hoists for participants via plan funds. Some caregivers, who were women in full-time jobs, discussed being unable to get proper sleep due to a lack of home support, and described this as impacting on their important work roles. Some caregivers were supporting multiple family members living with a disability, and some were also living with disabilities themselves. One, for example, faced a considerable workload in caring for three family members living with a disability as well as two additional family members with chronic health conditions, and told us, *“it’s very hard for me”* (DC4). However, we note that these needs may not be visible in NDIS planning processes, which is based around the needs of individuals living with a disability. Despite this, most caregivers wanted to continue to provide care to family members; and it is important to note that caregiving can be an important social role in many Aboriginal and Torres Strait Islander societies (von Sturmer 1980; Coulehan 1996; Macdonald 2000; Moreton-Robinson 2000). A caregiver, for example, described her aspiration for her family to live together *“in the wet and the dry”* (DC4), or in other words, permanently, and avoid separation. One NDIS participant also described his desire for *“more support from my brothers and sisters”* (DC1) as well as from disability services. Generally, caregivers we spoke with did not want support workers to take on the entirety of participants’ home care needs, but rather, described a need for greater support from the NDIS to ease pressures and workloads at home.

Sheena's Story

Our interview with Sheena was somewhat brief, as she didn’t have much time. In fact, she spoke about rarely having any spare time, as the primary caregiver to three family members with disabilities (all of them NDIS participants), as well as another three with chronic health conditions. Gabriel was a young boy of 13 years with a physical disability; Kingston was 3 or 4, and had physical and intellectual disabilities, having been born with fluid in his brain. Her son-in-law, in his 30s, also had an intellectual disability. Both Gabriel and Kingston required wheelchairs. Additionally, she was caring for two girls who had rheumatic heart disease and another boy with acute rheumatic fever, which can lead to rheumatic heart disease.

On the day of the interview Sheena was particularly concerned to remain close to Gabriel, explaining to us that “today I had to have him full time because of the cramps he’s having” – these had the potential to lead to seizures. She was rarely able to separate herself from Gabriel, commenting, “I have to be with him all the time”.

Sheena had previously had assistance with the substantial care work she was performing from her husband’s mother. However, after her mother-in-law had a stroke she moved to Darwin to access care herself, leaving Sheena alone. Her husband sometimes helped, but was limited in what he could do, as a full-time construction worker and due to a workplace injury. She had occasional help from other family members, but explained that usually, she does all of the care work in the household, including all the cooking and washing. She transports Gabriel and Kingston when needed and advocates for them to service providers. She told us, “it’s very hard for me”. She reported that the kids weren’t receiving disability services from any local providers, and that she was not receiving respite care.

Despite this, Sheena felt that assistive devices and transport were her family’s main unmet needs. She was not seeking daily living supports, respite or supportive accommodation for those in her care. She explained that the family are living together “in the wet and the dry” (in other words, permanently), and felt it was important to keep the family together.

Sheena recounted how difficult it was to get Gabriel and Kingston out of the house. Gabriel had long grown out of his current wheelchair, which didn’t hold him well, and she had been waiting for 2 years for a new one, and for 2-3 years for a hoist with a sling to help move him in and out of the chair. She had a hoist without a sling, and had been getting a sore back from lifting Gabriel. Sheena was concerned he would fall out of his wheelchair when going over rough surfaces. The family were living in a newly constructed house in which the driveway oddly did not connect to the gate, which for some reason had been built on the opposite side of the property. The family were using a makeshift gravel driveway leading to the gate.

Sheena was also making do in other ways, purchasing a foam mat for Gabriel to use in the shower from her own income as the shower chair that was provided through his NDIS plan did not suit his needs.

Sheena explained that she had withdrawn Gabriel from school because transporting him there and caring for him at the school was too complex. Gabriel needed to stretch his muscles frequently, it was not good for him to sit too long, but the teachers and assistants didn’t have time to help with this, and in any case, there was no space in which he could stretch. Gabriel’s classroom was too narrow for his wheelchair, and there isn’t space for the multiple kids who use wheelchairs to pass. She needed a special change table to be available at the school with which she could change Gabriel, but the school only provided a standard table, and there was no hoist. Sheena had previously worked as an assistant teacher and had asked the school for support in home schooling Gabriel,

requesting a teacher to visit at the end of each day to check his work. However, the school refused and responded that Sheena would need to bring Gabriel into the school each afternoon instead. Nevertheless, she was proceeding with home schooling in the absence of support.

Sheena felt she was “waiting too much for that NDIS mob”, and lacked the time to pursue assistive devices that never seemed to arrive. She described her aspiration to achieve a state for Gabriel in which “he’s been equalised”: her ambition was that he would have the same opportunities in life as other kids.

Several community members also spoke of the need for support workers to help people with their Centrelink payments, citing the risk participants faced of financial abuse, and described participants’ difficulty in interacting with Centrelink staff. One NDIS participant told us that Centrelink staff “*get frustrated and talk rough to us*” (DC1). It is also notable that there are no local community members working in the Centrelink office. Although this is a matter for Centrelink to consider, it poses challenges to the establishment of links between services.

Additionally, many Community members and some service providers commented that the poor infrastructure in the community was impacting on the lives of Community members who require wheelchairs, of which there are several. Large potholes in local roads that fill with large puddles at this time of year, as well as long grass on verges, could make it impossible for some to leave their houses without assistance. In some cases, support services are providing transport to participants who would otherwise be able to move around the community independently in wheelchairs. Although issues with public infrastructure such as roads, pavements and verges lie beyond the scope of the NDIS, they impact on participants’ needs for NDIS supports.

1.1.2 Difficulties with NDIS access and concerns about external providers

Caregivers described the high level of difficulty they had experienced in assisting family members to undergo assessment for the NDIS. Difficulties and delays with assessment included challenges in obtaining diagnoses as well as lengthy and unclear NDIS assessment processes that in some instances took place over the phone. For example, two caregivers described their experience in which a relative was displaying challenging behaviours, where the family were initially told by health professionals that the young man did not have a mental health condition and they were therefore not eligible for NDIS. However, health professionals later diagnosed the individual with schizophrenia, and the family could begin the process of seeking assistance through the NDIS.

NDIS participants and caregivers experienced further challenges in accessing services, information about how funding could be used and how money was being spent. We also documented several instances of people living with a disability who were assessed as NDIS ineligible and were receiving their main support from other local services outside of the disability sector, particularly aged care services, despite not meeting age criteria.

As noted above, a lack of access to social activities for women was described, and in some cases women who were NDIS participants were instead engaged in social activities through the women’s

centre. The philosophy of the women's centre and its lack of orientation around disability allows it to bring together women living with and without disabilities, however this also prevents the women's centre from receiving funding through the NDIS.

We heard concerns from one caregiver about potentially predatory practices from an external provider not based in the community. This provider was touting their services to people involved in the aged care service, including those living with a disability. This caregiver described their suspicions about the provider's unusual practices that targeted vulnerable people.

One caregiver also felt that certain conditions such as FASD carry stigma, and some families, fearing judgement, could be dissuaded from seeking NDIS assessment. She commented, "*some mothers don't know kids have FASD, some are ashamed*" (DC12).

1.2 Nja-Marléya Directors

1.2.1 Concerns about NDIS access difficulties and the accountability of providers to the community

As with people living with a disability and caregivers, Nja-Marléya Directors had positive responses to the local NDIS providers with an ongoing presence in Maningrida. They commented on the need for providers to be based in the community. However, they described a range of issues that were impacting on NDIS access and the accountability of NDIA staff and providers to the Community. In the words of one Director, "the NDIS is good, but not good enough" (NM5). Directors also commented on the high level of difficulty experienced by some Community members living with a disability and those assisting them in undergoing assessment for the NDIS. In particular, Directors felt there were many obstacles for people living with a mental health condition in attending over-the-phone appointments and answering questions about their needs, with some engaging in gratuitous concurrence.

Some Directors had spent significant time advocating for the needs of community members to the NDIS and assisting NDIA staff with paperwork, however the organisations they worked for were not funded to do this work. Interviewees discussed multiple cases in which people living with a mental health condition were not receiving the supports they needed, where their conditions had deteriorated and police had become involved. One felt that the NDIA "need to employ a countryman to do the running around" (NM1). Other Directors wanted to assist family members and other Community members with NDIS access, but described themselves as lacking the necessary information themselves. One, for example, commented, "we gotta look after our people, the disabled and the ones with illness", but himself wanted to know "where do clients go to register, find providers?" (NM3). Several felt that there were many community members who would likely be eligible for the Scheme but were not NDIS participants at the time of interviews, particularly children. Overall, Directors felt the need to "simplify the process" (NM1) of NDIS access.

Multiple Directors who we interviewed had family members on the Scheme and, like community members above, raised concerns about a lack of knowledge about where funds were being spent and where to find out this information. In particular, when a participant's Coordinator of Supports was not one of the local providers based in the community, Directors faced considerable challenges in accessing information about funding and asked, "how can I get the message back from the other side?" (NM7). Similarly to other community members, Directors also commented on the need for

providers to be based in the community. Additionally, some Directors reported that NDIA staff visiting the community were not easily identifiable.

A proposal is currently being discussed by Nja-Marléya and other local organisations for a rehabilitation centre for people leaving jail and returning to the Community. This may include support for people living with a disability. While, this was considered by Directors to be outside the scope of the pilot, it highlights the high needs of this community.

Kevin and Dawn's Story

Kevin and Dawn wanted to share a story about their grandson Moses. Moses is a NDIS participant assessed as having a psychosocial disability. He lives permanently in a care home in Darwin, but once lived in Maningrida under the full-time care of his grandparents Kevin and Dawn.

For several of the years that Kevin and Dawn cared for Moses, he was not on the NDIS. During this time, Moses' psychosocial disability occasionally caused him to become aggressive and violent. Kevin and Dawn would call the local health clinic to assist them, but the clinic would tell them to call the police instead. Kevin and Dawn found it very difficult to communicate with the police over the phone and could not go to the police station because they didn't have a vehicle. It would usually take the police more than an hour, and sometimes several hours, to come and assist.

Sometimes during these violent episodes, Kevin and Dawn felt they had no choice but to lock Moses in a room in the house, because they were so concerned that he would hurt them or someone else in the community.

When Kevin and Dawn took Moses for an assessment at the local clinic, they were repeatedly told that he didn't have a mental illness. A neighbour who is more confident speaking English helped them, speaking with clinicians to try to explain that she had known Moses for many years, and his behaviour was not right, he wasn't well. Clinic staff told her that Moses was only violent and aggressive because his family were locking him in his room.

After many attempts over several years, Kevin and Dawn were successful at getting Moses onto a NDIS plan. They saw some positive changes. Moses was taken out of town on day trips to go fishing as an activity with a local NDIS service provider. Based on Moses' support needs, their house was also fast-tracked for renovation to add an additional room.

However, Kevin and Dawn continued to struggle with the load of caregiving for their grandson. Moses' violent episodes continued, and despite him being on the NDIS, the clinic would always tell Kevin and Dawn to call the police when Moses became aggressive. After a particularly acute episode in which Kevin and Dawn were unable to contain Moses, he was arrested and imprisoned in Darwin.

Upon his release, Moses was not allowed to return to Maningrida and is living in a care home permanently in Darwin. Kevin and Dawn didn't know the name of the care home.

Kevin is very concerned that his grandson is unable to come to ceremonies in Maningrida or to attend the funerals of family members. He would like Moses to be able to come back, even just to visit, but he doesn't know who to ask. They find it very hard to get information on what is happening, who is caring for Moses or what is going on with his mental wellbeing.

Kevin and Dawn feel stuck. The renovation of their house is now finished, and they wish that Moses could return to Maningrida. But they are aware that they don't have the capacity to provide full-time care to their grandson given their own age and health issues. Kevin has a dream to have a mental health facility in Maningrida. He wishes there was a place where mentally unwell people could get more help, like a respite centre or care facility.

1.2.2 A need for a greater NDIA presence and NDIS community hub

Directors generally felt that a permanent NDIS presence in the community was needed. One explained that the NDIA “need someone on the ground from here working for them” (NM1). Of NDIA staff who visited only intermittently, one Director observed, “we don't recognise them – they don't wear a shirt or anything, and then they're gone” (NM7). This same Director felt the NDIA needed to communicate with the Community more, commenting, “we can help the NDIS, but they just need to talk to us!” (NM7). Several described the need for a NDIS hub in the town. For instance, one Director told us that a “one stop shop” (NM3) for the NDIS in Maningrida would be helpful, for all providers to also have a presence in. This Director envisioned that “every organisation (would be) part of that and we (would) work together” (NM3). Another felt similarly that the community “need a hub, a go-to place” (NM1) for disability. Further to this, there was a need to engage local community members in paid roles as advocates and cross-cultural brokers.

1.3 NDIS Providers

1.3.1 Significant access and education barriers to NDIS service provision and a need for advocacy and greater support to overcome these barriers.

NDIS providers discussed significant NDIS access barriers, with many commenting that there are community members living with a disability who had not undergone NDIS assessment but who want to be on the Scheme and were missing out on needed services and supports.

NDIS providers described the high degree of difficulty experienced by many Community members in navigating the NDIS system, and a lack of culturally resonant information about the assessment process. They also felt many NDIS participants and their families had limited understanding of their plans and the range of services and supports available to them.

Several providers described playing significant roles as educators and advocates about NDIS, while concurrently facing capacity constraints in providing services to existing participants. Providers with permanent presence in the town have become the primary point of contact for anyone in the community wanting answers to questions about NDIS due to a lack of other sources of assistance. However, one provider also acknowledged that a “very good relationship” (NDIS-SP5) had been built with NDIA staff who had visited the community frequently.

Many providers saw NDIA plans to recruit a Remote Community Connector to Maningrida as a positive response to some of these pervasive issues. One interviewee described having had positive experiences with Remote Community Connectors in a neighbouring region. Some providers expressed frustration that this role was not already in place in Maningrida, and that the role was

initially only limited to a six-month contract, though this has now been addressed by the NDIA with a permanent position being tendered for.

Relatedly, one allied health professional currently providing NDIS services to the community reported that despite repeated attempts, they have been unable to engage professional interpreters through the Northern Territory Government's Aboriginal Interpreting Service through a reciprocal arrangement with registered providers.

1.3.2 Cooperation and coordination exists amongst current providers and is benefiting the community.

Without exception, the service providers interviewed remarked on the level of cooperation and coordination that currently exists amongst the providers with permanent staff and a physical presence in the community. The three providers with resident staff in Maningrida, Mala'la Health Service, Balcor, and TeamHEALTH, gave numerous examples of the ways in which they coordinate services to provide better value for NDIS participants. For example, Mala'la and TeamHEALTH staff cooperate regarding administrative paperwork; and on occasion, providers pick up one another's participants from the airport when they are unable to do so themselves and support one another's participants when staff are on sick leave. Mala'la at times coordinates community visits from allied health professionals with the other local providers so that all of their participants can benefit. This coordination extends to fly-in, fly-out therapists with good networks among the community. It was noted that such coordination reduced missed appointments and therefore spending of funds.

One interviewee who visits the community regularly stated that they regularly call Balcor and Mala'la to assist them with locating and picking up participants, even those whose support is not coordinated by these organisations. This type of coordination prevented participants from being billed for missed appointments with fly-in, fly-out therapists.

Several interviewees who work across the Top End stated that Maningrida has better functioning NDIS service delivery than many other remote Aboriginal Communities. In the words of one interviewee, *"there's probably no other place where different providers work so closely together"* (NDIS-SP7). This was attributed to the coordination and cooperation between key providers; the relatively large population of Maningrida for a remote Aboriginal and Torres Strait Islander community, which brings with it some benefits of scale; and the integration of numerous healthcare services under Mala'la. As an expansive organisation including primary health care, aged care and community services, wellness programs and NDIS supports, Mala'la has numerous touchpoints with NDIS participants. Mala'la clinicians are likely to determine diagnoses of residents wishing to register for the scheme; once registered a participant might have their support coordinated through Mala'la. Mala'la coordinates numerous allied health professionals who can provide services to these clients; and through the aged care centre Mala'la offers activities, transport, community access, meals and laundry services for NDIS participants and others living with a disability. By virtue of being a large organisation within a relatively small town, Mala'la is able to integrate and overlap its supports for NDIS participants in a way that smaller organisations or fly-in, fly-out providers would not be able to.

One interviewee framed the coordination between Balcor, TeamHEALTH and Mala'la as *"already doing alternative commissioning"* (NDIS-SP3). Their point was that these three providers are not operating as competitors within a market, but as collaborators. This interviewee perceived their

cooperation as addressing several of the challenges to delivering services in remote areas that were identified in the NDIS Review and led to the piloting of alternative commissioning approaches.

1.4 Other local stakeholders

1.4.1 Concern about poor access to the NDIS and other disability supports due to difficulties with NDIS assessment, information sharing and stigma

As with other community members, stakeholders felt that there were a large number of community members who were likely to be eligible for the NDIS, but had not been assessed. Stakeholders described significant challenges experienced by community members in undergoing assessment for the NDIS. In many cases, this required them to spend many hours pursuing NDIS access during work hours. They had positive responses to the access clinics being run by the NDIA. However, it was reported that information was not shared with key local organisations with disability touchpoints about which community members had been granted access to the NDIS and the supports they were receiving. Stakeholder organisations, therefore, lacked the knowledge needed to organise resources and advocate for community members.

Jess' Story

Jess is a young community leader who has many different roles and responsibilities in Maningrida. Although it has never been part of her job, she has spent many hours trying to assist friends, family and other community members to access services from the NDIS.

Jess shared her story of trying to get two people assessed for the NDIS. These were community members who she saw as needing additional support, and whose families had approached her seeking assistance which they couldn't find anywhere else. One of these individuals was experiencing mental health episodes that was causing them to behave in threatening and aggressive ways. The family were becoming increasingly fearful, with the police being the only people to step in when things became violent. Many including Jess were concerned that the situation would escalate without some sort of intervention.

The NDIS was completely new to Jess, and she had to spend hours online and talking to people trying to figure out how the process worked for someone to become a NDIS participant.

The first step of getting a phone appointment for an assessment with someone at the NDIS took more than six months – Jess said that the NDIS staff had strict schedules with several weeks of waiting before an appointment, but for her, finding the community member she hoped could be assessed to match these windows of availability was extremely difficult. Sometimes she just couldn't locate them when the appointment came around.

When Jess was able to sit down with these community members and talk on the phone with a NDIA representative, she found the questions complicated. As the NDIS representative asked questions to one community member, they simply answered 'yes' to every question despite Jess being aware that they clearly didn't understand what was being asked. Jess tried to support the community member to understand what the NDIA were asking by

interpreting in Burarra, but she found it difficult to translate many complicated words, technical jargon and concepts on the spot.

After navigating these phone calls, and finally getting these community members assessed as eligible, it took another six months before these people were actually receiving any support. During this waiting period, Jess followed up several times by phone but found it difficult to get information or even know who the right person was to speak to at the NDIA.

Jess told us that the whole thing was “a big headache”. While she’s glad to see these two community members now receiving additional supports as NDIS participants, Jess is aware that she simply can’t commit the same amount of time to helping others in the community to step through the same process, given how time consuming it was. As Jess said, “they need to simplify the process”.

Jess was worried that, if it took such a significant investment of time and energy from her to get just two people assessed for the NDIS, who would help all the other people she sees in Maningrida who would benefit from more support? Jess felt that there were very few people in the community in a position to provide informal assistance in the manner she has, and all of these people are stretched across many different roles in Maningrida. As Jess sees it, if a person isn’t in attendance at one of the few Access Clinics that take place, and if they don’t have strong family structures around them to help them navigate these complicated processes, then they just fall through the cracks.

A number of stakeholders also described disability stigma as impeding some people living with a disability and their families from undergoing NDIS assessment or accessing supports. In particular, they felt the way in which the NDIS requires participants to identify as people living with a disability was thought to deter access. This contrasted with different approaches taken by the local Wellbeing Centre, which does not require diagnosis of a mental health condition for access; and by the Women’s Cultural Support Hub, which, despite running programs funded by Territory Families, avoided referring to the Agency, which could be perceived as threatening child removal.

Additionally, several stakeholders felt that the residents of homelands in the broader region serviced by Maningrida had poor access to services and supports, with one commenting, “*people in homelands are not looked after by the NDIS*” (LS2). Stakeholders reported that NDIS participants and other people living with a disability who may be NDIS eligible were instead receiving supports from Mala’la aged care services and food vouchers from another organisation in the town.

1.4.2 Many service and support gaps persist

Stakeholders had similar perspectives to other cohorts interviewed on gaps in the NDIS in Maningrida, describing gaps in services for children, social activities for women, support for caregivers, and in mental health services that address challenging behaviours. While existing mental health supports such as social activities available for men were generally viewed positively, one stakeholder echoed the perspective of others when they commented, “*they need more than just going fishing*” (LS16). In particular, early intervention to prevent aggressive behaviours escalating and avoid police involvement was described as a critical need. Some stakeholders also

commented that different mental health support services were associated to some extent with different clan groups, with local support workers who took participants to their own homelands. While this was seen as a strength, there was also a concern that some clan groups might be missing out.

1.4.3 Support for local providers and a cooperative approach, with strong opposition to external fly-in, fly-out providers

Generally, the three NDIS providers with resident staff in Maningrida were positively received by stakeholders. One articulated a desire to support “*a local organisation doing things that can create hope for the community*” (LS2). In addition to the coordination between NDIS providers discussed above, stakeholders described a level of coordination between local community-based providers and other organisations in Maningrida. The Women’s Hub had partnered with TeamHEALTH to provide social activities for women until late 2024, when a key staff member departed. Balcor have also been granted access to the Murnun Men’s Shed at specific times each week for their activities. Multiple stakeholders felt that a competitive, market-based approach was inappropriate in Maningrida and that the cooperation between providers and other stakeholder organisations should be further encouraged. Some evidently attributed Mala’la, as a Maningrida-centric Aboriginal Community Controlled Health Organisation with a Board comprised of key community leaders, with special status beyond that of other NDIS providers. One felt that a direct commissioning contract with Mala’la would also be a logical and efficient way of delivering services.

Some community members also discussed their desire to establish their own NDIS micro-enterprises to provide services such as cleaning, transport and social activities. This included people who are already running their own small businesses in these areas and people working in existing disability support services. Some have existing work roles in the community and would not want to relinquish those roles, particularly as these positions are attached to housing. However, one of these individuals reported that they were told by the NDIA that to become a provider they would be required to work full-time. Some also said they would need some assistance with the administrative requirements of registering to become a NDIS provider.

Stakeholders were, however, united in their opposition to additional external providers coming into the community, especially external providers of fly-in, fly-out services. The Northern Land Council reports that traditional owners have expressed a hesitancy to issuing permits to new external NDIS providers. Several instances of sharp (unethical or inappropriate) practices and wastage amongst external providers were reported, and there was a sense amongst community members of an inability to impose accountability mechanisms on these providers. Attracting more providers to establish a presence in the town, however, is limited by a critical shortage of accommodation for service providers.

Following caregivers’ comments of challenges in obtaining assistive technology items such as shower chairs, assistive chairs and hoists for participants via plan funds, and of not knowing the range of devices available to them, we explored this with the Maningrida Progress Association, which operate a store in the community. The MPA indicated that they were open to further discussions about their capacity to order assistive furniture on behalf of community members and

to displaying catalogues and/or posters in their store, and would welcome further discussions about this with the NDIA.

1.4.4 A need for a greater NDIA presence in Maningrida via a centralised hub, local staff and a Remote Community Connector

Consistent with the views of other community members, a number of stakeholders described a need for a permanent NDIA presence in Maningrida in order to address barriers to NDIS access. In particular, these stakeholders felt that the availability of face-to-face support for the NDIS assessment process was needed. One commented on the need for a “*one-stop shop [because the] NDIS needs a face in Maningrida*” (LS2). Some described a need for NDIS processes to be simplified, with one commenting, “*if the NDIA is here to support people on the ground, relax in the reporting or get a better system*” (LS2). Some thought that a Remote Community Connector could also assist with this, and could be physically located in the hub.

Several local people also spoke to us about their hopes to see more employment opportunities for local people in disability services. One community leader felt that key community members had the potential to play a central role in local service delivery as cross-cultural brokers and advocates.

2. Community perspectives on the pilot process

2.1 Nja-Marléya Directors

2.1.1 Some positive responses to the NDIA’s approach to collaboration, but Directors required more information about alternative commissioning and more discussion in order to engage with the process

The Nja-Marléya Directors were concerned about family and community members living with a disability who were not getting appropriate access to services and supports, and felt a wider social responsibility to them; “*We care for each other. It doesn’t matter what clan or language, we’re all connected. We want to help each other*” (NM3). However, several Directors questioned whether Nja-Marléya were an appropriate group for the NDIA to collaborate with in the pilot. The involvement of community leaders representing all language groups was considered important and is made possible through this collaboration. One Director, for example, was positive about this collaboration because “*everyone comes under us*” (NM3), or in other words, Directors represent all the groups in the community. However, the same Director, as well as others, also felt that the pilot may fall outside of Nja-Marléya’s scope as the organisation’s main remit is youth and justice, and disability is not its core business. After the evaluation team explained the concept of alternative commissioning and the purpose of the pilots, some subsequently felt that Nja-Marléya was an appropriate organisation for the NDIA to engage, while others remained unsure. Directors generally felt that Mala’la, as the local Aboriginal Community Controlled Health Service, and other local providers based in the community, should have also been involved in the pilot.

Almost all Directors interviewed reported that they did not understand what alternative commissioning was. Some made this comment after being involved in all three workshops held to date. Directors were concerned that they did not understand what was being asked of Nja-Marléya, with some believing that Nja-Marléya would be commissioning services or operating the

NDIS in Maningrida. One for example described a desire to know *“How we can get involved [in alternative commissioning] and what parts we can get involved in, which parts not”* (NM5). Others appeared to conflate the pilot with access clinics and other NDIS routine business. Several also expressed a lack of clarity over the distinction between the NDIA and NDIS. Many Directors felt that the presentation of content in the workshops had been rushed. One, for instance, commented that *“we don’t want this rushing, the Balanda (non-Indigenous) world, we want our world”* (NM4); and that the project should operate on *“Bininj time not Balanda time”* (NM4). Another similarly commented that the process had been *“too quick”* and that *“we should have had our own meeting before”* (NM1). Some felt that that core concepts and the layers of meaning behind them needed to be broken down more. One Director told us, *“they didn’t take the time even to break down those two big words, ‘alternative commissioning’. Those words aren’t in our vocabulary! They need to explain it. But they just assumed everyone knows what those words mean. They need to lower their words.”* (NM1)

However, Directors had positive responses to other aspects of the communication at workshops. Some commented on appreciating the opportunity to share experiences of the NDIS within their families, and felt heard by NDIA staff. Others felt more time could have been allocated to this. One Director commented on the need for dialogue, telling us, *“[the workshop] was helpful, but we have to put our story in there too”* (NM3). They also felt that the NDIA should also extend this opportunity to others in the community, stating, *“they should sit with families and find out about the issues”* (NM3). Another Director felt that although they did not fully understand what alternative commissioning was, the purpose and objectives of the pilot had been communicated well, and that these resonated with the concerns of Directors about access to the NDIS in the community.

Directors’ recommended actions to aid understanding included the use of diagrams and pictorial prompts, breaking down complex concepts such as commissioning more, and engaging a local Bininj person to undertake cross-cultural facilitation and translation. Some also saw a need for time to be allocated to a separate discussion amongst Directors of the organisation’s involvement in the pilot, without the presence of NDIA staff. It is important to note that the NDIA has responded to concerns about building knowledge about alternative commissioning and the pilots through a community information session planned for late May.

Some Directors noted an additional concern about risk to Nja-Marléya through involvement in the pilot. They felt that should the pilot fail to result in outcomes for the community, or if the outcomes differed to community priorities, Directors could be blamed by community members.

Subsequent to undertaking interviews, we were told that the allied health service to be commissioned through a direct commissioning approach would be announced to the community on 12 June. However, none of the Directors raised this in interviews and it is unclear whether it was discussed in workshops, or whether Nja-Marléya will be given the opportunity to be involved in the final decision.

2.2 People living with a disability and caregivers

2.2.1 Little involvement in the pilot process to date

Almost all people living with a disability and caregivers interviewed did not know about the pilots, and heard about it from the evaluation team for the first time. Many indicated their willingness to

be involved in consultations. Some described preferences to discuss their experiences of the NDIS with NDIA staff privately, explaining that they felt it could be difficult to express an opinion in a group setting.

2.3 NDIS Providers

2.3.1 Support for the engagement of Nja-Marléya Cultural Leaders and Justice Group, but little involvement themselves in the development of alternative commissioning approaches

At the time of interviews, only 3 of the 9 providers interviewed recalled having been spoken to by NDIA staff in relation to the alternative commissioning pilot project. One individual recalled being consulted more than 12 months ago by a NDIA staff member who stated at the time that a new Aboriginal and Torres Strait Islander allied health assistant model would be rolled out in Maningrida as part of the alternative commissioning pilot. Another interviewee recalled being told by NDIA staff more recently that alternative commissioning in Maningrida would result in *“a new allied health provider, sort of auspicing all the allied health services out here”* (NDIS-SP5).

Across all interviews, interviewees had heard of the words ‘alternative commissioning’ but appeared to have little understanding of the background to the pilot or processes underway by which the NDIA was developing an alternative commissioning proposal in Maningrida. Service providers consistently reported that they didn’t fully understand (1) what alternative commissioning was, (2) what was within the scope of the pilot project, or (3) how the NDIA was going about designing an alternative commissioning proposal in Maningrida. Many interviewees expressed frustration that they had not been more involved in the consultation, particularly those organisations with permanent staff and a physical presence in the town. In the words of one interviewee, *“Please come and talk to us. We want to know what’s going on ... we want to work with them.”* (NDIS-SP5). Another provider felt that local community-based providers were trying to address similar market gaps as the alternative commissioning pilot, and coordination of efforts was needed but was yet to occur. They commented, *“we’re all working for the same thing, why don’t they just pull together a meeting and tell us what’s going on”* (NDIS-SP2).

Some interviewees felt that it was appropriate for the NDIA to engage Nja-Marléya Cultural Leaders and Justice Group as a consultative group advising on the pilot, as the single existing representative body with representation across the diverse population of Maningrida. However, service providers felt that consultation and co-design should have extended beyond this group to include at least those providers with a permanent presence in the community. One also questioned why other community members living with a disability did not appear to have been involved, exclaiming, *“Why don’t you ask people that have a disability? I was so upset that they’re not talking to them, I couldn’t believe it.”* This service provider recounted a meeting with NDIA staff in an earlier phase of the pilot in which the provider had tried to bring along several NDIS participants to a meeting, but recalled being told by an NDIA staff member that the meeting was not for participants and that *“we don’t need them here”* (NDIS-SP2).

2.4 Other local stakeholders

2.4.1 Little involvement in the development of alternative commissioning measures and lack of clarity over scope of the pilot

Other local stakeholders reported that brief updates about the pilot were provided at the town's monthly meeting of service providers, but that they had received little other communication about the pilot. They generally described themselves as having no involvement in the pilot process and as not having a full understanding of what was taking place.

Some had misunderstandings about the project and the \$7.6M budget allocation. Some key stakeholders who were not employed by Mala'la felt that as the local Aboriginal Community Controlled Health Organisation, it should have been given a key role.

One key local stakeholder who had been involved in earlier consultations associated with the pilot spoke at length about their concerns about the co-design process. They described a lack of clarity over the scope, structure, process and outcome measures of the pilot in Maningrida since the project commenced and throughout. They felt this lack of clarity had impeded communicating the project to the community and seeking the community's perspectives on local needs and potential responses. They also felt a lack of clarity over the project had complicated the task of informing the community about the governance and budgetary constraints faced by the NDIA, an essential step in empowering community members to be involved in decision-making about the pilot.

3. Perspectives on alternative commissioning measures

3.1 Nja-Marléya Directors

3.1.1 A need for the employment of community members through the NDIS as cross-cultural brokers engaged in a knowledge exchange process

Nja-Marléya Directors did not discuss the NDIA proposal for direct commissioning of allied health services, and it was unclear whether this was discussed in workshops or whether they were aware of it. As noted above, many described requiring more information in order to fully understand the concept of alternative commissioning. However, perspectives on the allied health assistants measure were shared.

Some Nja-Marléya Directors felt that the roles of allied health assistants would be better envisioned as cross-cultural brokers who would address some of the NDIS access issues they described. These positions would be available to play a role in NDIS assessment processes and could assist participants in communicating with both the NDIA and NDIS service providers. Cross-cultural brokers would provide advocacy, interpret between local languages and English, and ensure culturally safe practice. This was because, in the words of one Director, *"family find it hard to speak for themselves, look for leaders and interpreters"* (NM3). This director commented, *"someone should be sitting with them along with the people from Darwin"* (NM3). Directors saw the potential for these roles to work alongside allied health professionals, rather than in a subordinate position, with one explaining that a key purpose would include *"teaching them (allied health professionals) how to interact, speak on their (participant's) behalf"*. (NM3)

3.2 NDIS Providers

3.2.1 Numerous local infrastructure gaps exist, with implications for proposed alternative commissioning measures

Several of the service providers interviewed stated that their organisations would like to expand their services in Maningrida, but are limited by a severe shortage of staff housing. While some acknowledged that community leaders have expressed a desire for there to be less fly-in, fly-out service delivery in Maningrida, and for services to be delivered by known organisations who can be held accountable within the community, they reported that the existing housing stock prevents this possibility.

We note that one of the strategic priorities identified by community leaders in the Maningrida Local Decision Making Agreement 2024–2029 was to develop a Maningrida housing masterplan (Northern Territory Government 2024). This problem lies against a backdrop of significant overcrowding for Maningrida residents: in 2021, there were an average of 6 people per household and 2.2 people per room (Australian Bureau of Statistics 2021). Maningrida is the focus of substantial government investment in housing development to address social housing shortages.

3.2.2 Workforce challenges may have implications for the allied health assistants package

NDIS providers discussed conditions and supports needed for locally-recruited allied health assistant roles. Bininj staff working for NDIS service providers in Maningrida spoke at length about the significant pressures these roles place on them. One interviewee stated that they were unable to live with family because of the relational pressures of their job and had taken up residence at a local visitors' accommodation. Providers described considerations around the gender of staff, family and social obligations, avoidance relationships, kinship networks and caregiving burdens outside the workplace as significant factors that shape an individual's ability to deliver NDIS supports; and suggested that these would need to be considered in order to address staff retention. Some providers also noted that trained allied health assistants typically have a high degree of supervision questioned whether allied health professionals would be able to provide sufficient supervision and support to assistants, who would commence as trainees, if not based in the community full-time.

Findings

1. Direct commissioning of allied health services has the potential to address one of the Community's priority gaps in services and supports, of school-based supports for children.

Community members were consistent in their perspectives on the gaps in NDIS services and supports in Maningrida, describing poor access to school-based supports for children, social activities for women, support and respite for caregivers, a need for support workers to help participants avoid financial abuse, mental health services to address challenging behaviours and assistive technology. Our interviews also illustrated some of the negative consequences of these gaps: children missing out on schooling; some Community members living with a disability presenting with behaviours that have potential to harm others and bring them into interactions with police; and caregivers risking burnout. While some of these needs are also reflected in plan underspend data in this report (p. 30), these needs may not exclusively reflect thin markets or lack of providers, and may also be a product of the difficulties of some Community members living with a disability in undergoing NDIS assessment (as was reported); or divergences between Community perspectives of service needs and the services and supports funded in participant plans.

Additionally, the needs of caregivers, and particularly those who are providing care to multiple family members who are NDIS participants, may not be visible in NDIA systems, as plans are based on the needs of individual participants. Similarly, the individualised nature of NDIS plans cannot always meet the needs of family groups where some people are both NDIS recipients and carers for others with a disability.

Importantly, one of these needs, school-based supports for children, could potentially be addressed in the Agency's alternative commissioning measure of direct commissioning of allied health services for children and adults, if child services are integrated with the school. Going forward, coordinating the commissioned child allied health services with Maningrida College and exploring potential integration of services into the school will be important to address local needs. However, Community members have also identified many other needs that are not addressed by this direct commissioning arrangement.

2. Significant NDIS access issues extend beyond insufficient numbers of providers persist in Maningrida

There is a high level of difficulty experienced by people living with a disability, caregivers and others supporting them in accessing the NDIS. This includes significant challenges in undergoing assessment; in understanding how the Scheme works; and in accessing information about plans and managing funds. Communication with Agency staff is impacted by language differences, with English not spoken as a primary language in the Community; disability-related communication difficulties; cross-cultural differences in understanding; and a lack of full-time Agency staff based in the Community who could enable face-to-face support. Several Community leaders and local providers commented that they felt that many Community members were likely to be eligible for the Scheme but were not participants. While many of these issues extend beyond the scope of the pilot, they may impact on alternative commissioning measures being implemented.

Beyond the pilot, NDIA access clinics have been well received, however in the absence of a permanent or regular NDIA presence in Maningrida, Community leaders and local organisations are spending considerable time addressing these basic access and awareness issues and undertaking the preparation work to enable access clinics to run, although this is not their role and they are not funded to do this work. Events planned within the course of the pilot to disseminate information about the NDIS to the Community, as well as about the pilot itself, could have addressed some (but not all) of these issues, but did not go ahead within the pilot funding period. Beyond the pilot, a planned Remote Community Connector role in Maningrida may also assist in addressing some of these issues, however there have been some delays in finalising the position and recruitment. The infrequency of access clinics and pilot staff visits to the Community was also noted by interviewees, and contrasted to the way in which the pilot was undertaken in Katanning.

As a result of these access barriers, community members see the need for a greater NDIA presence in Maningrida as a priority. Many felt this should take the form of a centralised hub for disability services and supports, in which local community members could perform advocacy roles and cross-cultural facilitation and in which providers could work together. There are some overlaps in this aspiration with a community cooperative proposed by government agencies within the course of the pilot, which did not proceed, although this proposal was not discussed with the Community.

3. The Community's strong preference for investing in local Community-based NDIS providers is not reflected in the direct commissioning of an external provider, and this measure has the potential to compromise existing cooperation and coordination between Community-based providers

Traditional owners, Community leaders and other Community members expressed strong opposition to new external providers entering Maningrida. This position reflects challenges in accessing services and supports from external providers and seeking information about plan expenditure from them; previous experiences of sharp (unethical or inappropriate) practices amongst some; and difficulties in ensuring their accountability to the Community. Traditional owners have previously stated that they may refuse permits to new external providers, posing risks to the contract. Community members described a level of satisfaction with existing community-based providers and wished to see them continue to grow. Some Community members also aspired to develop their own small businesses within the Community as registered NDIS providers, including some who were already operating small businesses or employed by existing NDIS providers.

Existing coordination and cooperation among local Community-based providers, and between Community-based providers and other key organisations and governance bodies, is well established in Maningrida. Local cooperation and coordination is addressing some of the broader objectives of alternative commissioning, of responding to thin markets and other access issues, including by avoiding unnecessarily billing participants for travel costs through market coordination rather than competition. This should be further supported through any new initiatives through a strengths-based approach. The direct commissioning of an external allied health provider risks compromising these arrangements. Some allied health professionals connected to local Community-based providers have developed relationships with the Community over many years that are valued by participants and caregivers, and their capacity to continue doing this work is now unclear.

Mala'la, as the local Aboriginal Community-Controlled Health Service, was thought by a wide range of Community members to be the most appropriate and logical provider for the NDIA to partner with. Mala'la, in addition to being an existing NDIS provider, operates related services including primary healthcare, aged care, the wellness centre, the Women's Cultural Support Hub and Murnun Men's Shed that are already integrated into the disability service landscape in the Community.

4. The scope of practice of allied health assistants could be further considered to encompass advocacy and cross-cultural facilitation skills, in line with Community needs, and to ensure they are sufficiently supported

Community members called for the employment of Bininj as advocates in local disability services and in local NDIS support roles. This was considered a means to address local needs for cross-cultural brokerage and advocacy, by providing access to language interpretation and local knowledge and by promoting culturally safe and resonant practices amongst providers and NDIA staff. It was also considered an opportunity for the generation of local employment opportunities, in which Community workers would be positioned as working in partnerships with health professionals and other disability workers. This need may be addressed to some extent by plans to

engage a Remote Community Connector. The allied health assistants package yet to be implemented also provides local training and employment opportunities, however these roles are currently positioned as assistants to allied health professionals, rather than partners. Further consideration could be given to the scope of practice of these roles, including a potential orientation around advocacy, cross-cultural brokerage and interpreting; and for them to be engaged as partners to allied health professionals in a two-way knowledge exchange. Further considerations may include ensuring that assistants are in appropriate relationships to NDIS participants.

Additionally, supervision and support for these roles by allied health professionals who are not present in the Community on a full-time basis may prove challenging, given that fully trained allied health assistants typically receive a high amount of supervision and that assistants will commence as trainees.

5. Some consultation occurred, however a co-design process was not achieved and Community members felt that consultation was insufficient

The Nja-Marléya Cultural Leaders and Justice Group appreciated the opportunity to be engaged in an advisory process. Directors also appreciated the opportunity to share their experiences of the NDIS with the Agency, and felt heard by Agency staff. However, they were not given enough time or information to meaningfully engage with the pilot. Directors also felt that other key stakeholders should have been involved in the advisory process. Key local stakeholders and providers also felt they had been given insufficient opportunity to participate in consultations about the pilot, and that information provided about the pilot was insufficient.

The advisory process with Nja-Marléya commenced too late to operate as co-design. Perspectives of Directors were unable to be incorporated in the pilot's problem definition processes, in the development of alternative commissioning responses or in decisions about implementation. Work within the Agency to develop and implement alternative commissioning responses ahead of the project completion date proceeded out of sync with the co-design process. The NDIA commenced this process with proposals for direct commissioning of allied health services and an allied health assistants training package already developed.

Following three workshops with Nja-Marléya Directors, the focus of NDIA consultation pivoted towards building the Community's foundational knowledge about the NDIS and alternative commissioning. This followed Director's requests, and illustrates the Agency's responsiveness. However, education would have had a far greater impact on the pilot process had it occurred at a much earlier stage.

Findings in Katanning

Data collection

The evaluation team visited Katanning on six occasions from November 2024 to June 2025. We undertook two initial engagement visits in November and December 2024, followed by three data collection visits between February and May 2025. A sixth visit to Katanning took place in June to report and discuss the findings within the Aboriginal Community as is considered best practice and aligned to AIATSIS and NHMRC Code of Ethics Guidelines for Aboriginal and Torres Strait Islander Research. We recruited a local Aboriginal Co-Researcher to the evaluation team in March 2025, who is a respected member of the community.

The evaluation team conducted 13 interviews with 18 community members who were people living with a disability and/or caregivers to people living with a disability. This included caregivers to 4 NDIS participants, with the remainder seeking access to the NDIS for themselves or a family member. Of the 18 interviewees, 11 were Aboriginal people and 2 interviewees were caregivers to other culturally and linguistically diverse people living with a disability. Most of these interviewees were aware of the increased NDIA presence in Katanning. Although they had generally not heard about the alternative commissioning pilot, several had experience of some the market facilitation measures being undertaken within the trial. Interviews therefore explored their perspectives on the way in which the NDIS, NDIA and disability service providers were working in the community, market facilitation measures, and how the issues they identified could be addressed.

Service providers were also interviewed to collect information and perspectives of local disability experiences and needs, as well as on the Alternative Commissioning pilot. Earlier reporting found that Katanning had 25 active providers in the 18 months prior to the report, with a market concentration of 85 – 96% amongst the top 10 providers (Puszka et al. 2025). We were able to interview five key NDIS providers. These were identified through local consultation and targeted those organisations with significant presence in Katanning and established relationships with the community. Interviews explored the current context of NDIS service delivery in Katanning; challenges and opportunities in disability service provision in the community; and service providers' involvement in consultation processes for the Alternative Commissioning pilot. Follow up interviews were undertaken with two service providers to explore the take up of the Agency's engagement of a fly-in, fly-out physiotherapy service.

In order to further explore community perspectives on local disability experiences and needs, as well as the involvement of other key community members in the alternative commissioning pilot, five interviews were conducted with staff of local stakeholder organisations. These local service providers support individuals who may be current NDIS participants or who may be eligible for NDIS packages. Two were representatives from the culturally and linguistically diverse community, and one was a member of the local Aboriginal Community. Interviews discussed stakeholders' touchpoints with the NDIS, local disability service needs and gaps, any knowledge and experience of the pilot, and their perspectives on how the NDIS could function better in Katanning.

For confidentiality purposes, service provider and other local stakeholder participants are identified by the following coding system: DC1 - 18: people living with a disability and caregivers; NDIS-SP1 – 5: NDIS service providers; LS1 – 5: other local stakeholders.

As discussed in the Limitations, some alternative commissioning measures were implemented after our data collection had been completed, such as the engagement of an employment platform for disability sector workers. We are only able to report on community members' responses to activities that took place before data collection was finalised.

1. Community perspectives on local needs for disability services and supports

1.1 People living with a disability and caregivers

1.1.1. *Despite positive assistance from staff, NDIS access is a significant concern*

People living with a disability and their caregivers emphasised substantial and persistent challenges in accessing the NDIS. All interviewees spoke of these difficulties for both Aboriginal and Torres Strait Islander people and the broader community. They commented, *"because of the gaps in the services, we, not only our Aboriginal people but across the board, we're not able to access information and resources when it comes to NDIS"* (DC5).

Some interviewees were in the process of seeking access to the NDIS for themselves or a family member at the time of the interview and it was common for them to report confusion about assessment processes, such as one interviewee, who stated, *"the NDIS thing I don't know how to go about seeing if [a family member is] entitled, and what would that consist of if he was entitled, what would that entail?"* (DC17)

Several interviewees were in the process of seeking a diagnosis or supportive documentation as a precursor to NDIS assessment, and described experiencing long wait times, a lack of support, and substantial costs that they could not afford to pay. For example:

Because it's like the fourth time that I've brought you somewhere, eh? [talking to their family member] ... So I'll speak to someone on the phone to find out exactly what they're offering or what they are about. And they'll tell me, blah, blah blah, so then I get [family member] to come and we sit there and then they say, "oh, well, we can't help you because you've got to pay for a report which could cost \$1,000". Which, obviously he is on Centrelink. So, you know, he hasn't got a thousand dollars to pay for a report. Now, he was diagnosed when he was a young child. There used to be different doctors here, and he was diagnosed by them. They've long closed up, haven't they? And, you know, he only has to get records for seven years. So, obviously, we've got no records. (DC4)

Others who had commenced the NDIS assessment process described long periods of time waiting for information from the NDIA and a lack of information about the steps required. For example, one caregiver commented, *"they don't make them user-friendly to get into the system"* and observed that *"we were in limbo for three years"* (DC2), which included a period in which their application was lost by the Agency. Some people living with disabilities that impacted on their information-processing capacities or whose symptoms included fatigue felt that they would not be able to navigate the assessment process without support. One felt that *"the first thing should have been a sit-down interview and go through the evaluation steps face to face"* (DC1).

Some families of NDIS participants described their appreciation of NDIA staff who had listened to their concerns and assisted them to navigate the NDIS. One caregiver for example recalled the

empathy of a staff member, commenting, *“she was incredible and she understood. It made a difference when people understand or have lived through what we go through”* (DC13). Another caregiver expressed their gratitude for a NDIA representative who *“basically backdoored the system to help get past it”* (DC2). However, others described less positive experiences with staff who were unhelpful, did not explain NDIS processes, or were not easily contactable. They described a lack of information about the full range of services and supports they could access and processes for engaging providers; and reported being provided out of date information about local providers by the Agency. One caregiver felt that after being assessed as eligible for the NDIS, *“you're pretty much left on your own”* (DC16).

In almost all of the NDIS experiences shared in interviews, caregivers were playing an essential role in assisting people living with a disability to navigate the NDIS and to access services and supports. Most of the caregivers we interviewed were women who were providing care to children living with a disability, and some described this as *“difficult”* and *“exhausting”*. One community member living with a disability felt that without her husband’s support, she *“wouldn't be going out the house”, and that “for me to navigate some things [he] is my buffer”* (DC1). She was concerned about impact this had on him, as he was experiencing a range of health conditions himself. This central role of family in NDIS and NDIA interactions highlights how initiatives that feature relational care are valuable in this setting.

Carol and Michael's Story

Carol had to retire early due to mental health conditions and deteriorating physical health. Her husband Michael, who has his own health conditions, serves as her advocate and helps her navigate complex systems. Together, they have been fighting for NDIS access for several years in what has become an exhausting battle.

Their NDIS journey began years ago, but Carol still isn't on the Scheme. Her applications have been rejected twice and the couple are currently appealing their second rejection. The first rejection took an extended period to receive in writing, during which time they were in limbo, unable to apply again until they had the formal rejection paperwork. When they asked for updates, they were told the rejection couldn't be found in the system.

Carol's conditions create a complex web of challenges. Depending on the day, her physical and mental health issues affect her ability to articulate her needs and remember conversations. She often becomes overwhelmed during phone calls - a particular challenge given that NDIS staff will currently only conduct phone interviews, and Carol relies on Michael to handle communications and explain things repeatedly until she can process the information. "Before I move in the morning, the first thing I do is check my mind," Carol explains. "That's my first barrier. Then I get up and that's the other one."

The couple's breakthrough came through an encounter at their local community centre, where Carol volunteers. During a community session, she met a senior NDIS staff member who became instrumental in helping them navigate the system. This staff member arranged for Carol to receive an occupational therapy assessment through a visiting provider. Unlike their previous experiences, this appointment was carefully coordinated with a specific appointment time and the assessor expecting them. The process flowed perfectly.

However, Carol's case illustrates the challenging nature of NDIS assessment criteria. While her mental health issues are her primary concern, they don't generate enough "points" for eligibility. The NDIS staff member helped them understand they needed to emphasise Carol's physical limitations to meet the system's requirements, essentially teaching them to navigate around rather than through the assessment process.

The couple faces significant practical challenges in their rural location. Carol drives because Michael's health conditions limit him to short distances, but her fatigue and concentration issues make longer trips dangerous. Their nearest specialist services require lengthy trips to the regional centre, involving full-day journeys that leave Carol exhausted and distressed by the time they return home. "I hold myself up for as long as I can," she says. "By the time we're nearly home, I start having meltdowns. It's like the aftermath hits."

The geographic isolation extends beyond general service access to NDIS staff availability. Their Local Area Coordinator (LAC) lives approximately 3.5 hours away and only works in their area once a week if required. Currently, the LAC will only conduct phone interviews, leaving the office unstaffed. For Carol, who struggles with phone communication due to her mental health conditions and relies on Michael to handle calls, this phone-only approach creates an additional barrier. The closest NDIS office that could provide in-person assistance is 45 minutes away but operates only one day per week if required. To access any other NDIS services requiring face-to-face contact, they would need to travel over 150 kilometres to another major centre, though NDIS considers their designated major centre to be 3.5 hours away by car.

Michael's experience in management and with government systems have given him skills most people lack in navigating bureaucracy. He acknowledges that without his advocacy, Carol would struggle significantly and would rarely leave the house. When Carol tried to attend a medical appointment alone, it took multiple attempts to get the right outcome because she couldn't communicate effectively with an unfamiliar practitioner.

Their story reveals how the NDIS assessment process can miss the real-world impact of disabilities. During one assessment interview, when Carol mentioned a personal goal, this was recorded as her priority despite her more pressing need for safe transport to access essential services. The assessor focused on her casual comment rather than her fundamental mobility and independence needs.

The couple's experience highlights several systemic issues: the difficulty of accessing the system versus the support available once inside; the need for local coordination and face-to-face assistance; and the way complex conditions involving both physical and mental health challenges don't fit neatly into assessment categories. Carol notes that many members of the local community face similar struggles but lack Michael's advocacy skills and persistence.

Despite recent support and their occupational therapy assessment, Carol and Michael continue to wait for resolution of their appeal, with no services available in the interim. The phone-only interview policy particularly disadvantages people like Carol, whose disabilities make telephone communication difficult, creating a fundamental mismatch between service delivery methods and participant needs. Their story demonstrates both the critical importance of having a skilled advocate and the concerning reality that such advocacy can

be necessary to access basic support systems designed to help people maintain their independence and quality of life.

1.1.2 Assistance with NDIS processes is not easily accessible

For interviewees, seeking assistance from NDIA staff in navigating the NDIS was complicated by the lack of a permanent NDIA presence or shopfront in Katanning. While they were generally aware that assistance was available over the phone, some interviewees described this as less helpful. Most helpful were local services such as SWAMS, Anglicare and Wanslea where local people are employed and there are high levels of trust. Better integration of the NDIS into community services and infrastructure (such as the school) was desired.

For interviewees, seeking assistance from NDIA staff in navigating the NDIS was complicated by the lack of a permanent NDIA presence or shopfront in Katanning. One, for example, commented that *“we do not have an office in Katanning. I have heard that we do have a staff. But no one was able to contact that staff member”* (DC5). While they were generally aware that assistance was available over the phone, some interviewees described this as less helpful. Some also commented on a lack of integration of the NDIS into the community, for example, within the school or support services for social housing tenants.

One caregiver discussed her desire to provide informal support to the Aboriginal community in accessing the NDIS, and her inability to do so due to lacking the necessary information and contacts. These comments contrasted with interviewees’ experiences of local services that were based in the community and employed community members, which interviewees described as well-known and well publicised. Interviewees appeared to have more confidence and trust in local providers such as SWAMS, Anglicare and Wanslea; and some members of the Aboriginal Community were seeking support in accessing the NDIS through SWAMS.

1.1.3 ‘Shame’ and racism may impact on NDIS access for some Aboriginal Community members

One Aboriginal caregiver also described the potential for feelings of *“shame”* to arise for some Aboriginal Community members when seeking access to the NDIS and disability services and supports, and felt that this could prevent some from seeking assessment. As is well known, the Aboriginal English term ‘shame’ does not entirely correspond with the standard English usage of feeling ‘ashamed’. In Aboriginal English, being ‘shamed’ may not necessarily refer to stigma or personal wrongdoing, and can denote feelings of extreme unease, particularly in situations and settings dominated by non-Indigenous people and norms (Harkins 1996; Kwok 2012). This interviewee connected feelings of shame with anticipated racism. They commented,

The gaps in the services were, firstly it was like a shame factor. ... But for me, and I think this is important for me to speak about it, was that, and not only for myself but for other Aboriginal Community members, is that when you walk into a service and you look for information and you're looking for resources and to be directed. You ask other services for information, but I believe there's a lot of racism because for our people, and even for myself, it's like, do they actually think that I want a handout? (DC5)

These comments of anticipated racism suggest previous experiences of racism within the Katanning region. They demonstrate that service provision is more than availability, and that the

cultural and social experiences common to the community need to be considered and reflected in service design.

1.1.4 Thin markets and ineffective service delivery models amongst some external providers are leading to gaps in services and supports

Interviewees with a NDIS plan in place for a family member discussed not being able to access all the services and supports that were funded for them. One reported being unable to access occupational therapy as the single occupational therapist based in the greater Katanning area was not accepting new participants; and a fly-in, fly-out allied health provider to the region was not providing occupational therapy to Katanning at the time of the interview. Another had no access to speech therapy. They had contacted speech therapists based outside of the community to seek visits to Katanning but had not been successful. Other interviewees who were not on the Scheme also described a lack of access to physiotherapy, transport for people with mobility requirements, and social activities for Aboriginal and culturally and linguistically diverse people.

Some NDIS participants and caregivers were travelling outside of Katanning to access services and supports that were not available in the community and were incurring significant personal travel costs. One caregiver was only able to access a specialist child psychologist for her son in Perth; and the provider does not offer telehealth appointments. The cost of regular travel to Perth, approximately 300km away, could not be funded through her son's plan and posed a financial burden for the family. The caregiver explained to us, *"So I only get a carer's allowance, which is only 130 odd dollars. That's not enough. Not when you got to go to Perth, you got stay up there, you got fill your car up, you gotta feed your stomach up"* (DC16).

The experiences of some interviewees illustrated some additional considerations for providers operating through fly-in, fly-out and drive-in, drive-out delivery models. Two interviewees discussed scheduling difficulties due to external providers' limited availability in Katanning, emphasising a need for greater information about providers' visits to Katanning and a need for flexibility around participants' schooling.

1.2 NDIS Providers

1.2.1 Thin markets are impacted by significant travel costs for external providers as well as a general lack of providers operating in the Community

The service providers who were interviewed consistently identified a set of market issues hindering the delivery of services in the Katanning region. These issues relate to the lack of providers available to the community (both local and external), distance of the Katanning region from larger service hubs and associated costs of travel for external providers to come to the community, as well as provider viability in a small market. As one interviewee commented:

Honestly, it is quite simple -- there are not enough providers and participants end up paying through the nose for travel and receiving less therapeutic time as a result if providers are even available to do that. No dieticians to be found for Katanning. Telehealth is not an effective option for children who form the majority of my participants. There is no choice of provider as only one group, [provider] travels here. (NDIS-SP4)

However, from one service provider's perspective, the business case for establishing permanent services in Katanning faced significant viability challenges due to insufficient client numbers and high operational costs:

The biggest challenge is distance and sheer numbers and engagement. You know, the amount of people there to make it viable for us to have somebody or more than one person stationed out in Katanning would be the biggest challenge. (NDIS-SP2)

Reflecting on the number of participants needed to establish a permanent presence in Katanning, the same provider commented, "We'd have to have substantially more than what we have [currently]." (NDIS-SP2)

The lack of choice of providers was identified by another interviewee as an issue for their participants who, for various cultural or personal reasons, did not want to have services provided to them by the available provider. They commented, "If there's ever a problem or they find that they're not comfortable with the providers that are in town for whatever reason, then there's nobody else for them to go to." (NDIS-SP1)

Interviewees' comments illustrated how these thin market issues significantly impact on the service delivery landscape in Katanning.

1.2.2 Additional access barriers for Aboriginal participants

Several service providers highlighted low access to services and supports amongst Aboriginal NDIS participants. For example, one provider commented, "Aboriginal people are less likely to engage sometimes with their NDIA plans. I think there's additional barriers there, around trust and confidence". (NDIS-SP2) These reflections may be related to caregiver experiences of "shame" and anticipated racism in accessing disability services and supports, suggesting that these experiences may have historic roots and may be borne out in low plan utilisation.

This may also be associated with a lack of choice of providers where, for various cultural or personal reasons, participants and their carers did not want to have services provided to them by the available provider; "If there's ever a problem or they find that they're not comfortable with the providers that are in town for whatever reason, then there's nobody else for them to go to." (NDIS-SP1)

Providers felt that in-person engagement was often preferred by Aboriginal participants:

We will often go out and do home visits... [and that], can be a financial imposition on us in that we will often do things face-to-face. Because if you are known and then you come to the home, it's more likely that somebody's going to engage. (NDIS-SP2)

While costly, these experiences also reflect the potential to overcoming previous experiences of racism and mistrust through respectful personal relationships.

1.2.3 Plan misalignment with participant needs

Service providers consistently identified that a significant issue with NDIS implementation in the Katanning region, beyond the market gaps discussed above, was a fundamental misalignment between the plans created for participants and their actual needs, goals, and priorities. This

misalignment resulted in substantial portions of funding going unused despite participants having other unmet needs. One interviewee for example reported that:

A lot of people, I find, don't utilise their plans, not because that there's not enough... not enough market, but the plans just aren't what they need. Do you know what I mean? Like we've had plans, participants' plans where, you know, there's this whole bunch of money sitting there that they'll never touch because, well, that's not their goal. They don't want anything to do with that. (NDIS-SP3)

The same service provider described a specific example of this misalignment:

There's a young man; he's around 30 and ... for years ... and years he had this huge amount of money for him to get a job. ...So, you know, excellent. So, we got this job mentor person, and he would come in here and even though we weren't paid for it, doesn't matter, we still hook them up to laptops and so they can, you know, do this thing, and [he]... didn't want to know. [We] tried heaps of different providers, tried different ways. So, then we told them [NDIA], 'You know, he's not gonna use it, take it, back. Give it to someone else'. you know?' Anyway, he said, 'Take [it], give it to somebody else'. But no, [it's] just [still] there in the next plan. And the next, and the next. (NDIS-SP3)

Meanwhile, the same provider reported significant struggles getting necessary support for another participant with changing needs:

I've got a lady that you know I'm begging at the moment for some support coordination for a lady so that she can get an FCA so that she then get some more supports because you know she's getting amputations here, there and everywhere which is reducing her function. (NDIS-SP3)

These experiences suggest that improvements to the planning process are needed to ensure NDIS plans accurately reflect participants' needs and priorities, and that responsive mechanisms to address planning errors and changes in circumstances are being appropriately used.

1.2.4 Concerns about new NDIS planning processes

Some service providers were welcoming of the increased NDIA activity in the Katanning region but expressed strong concerns about planning processes that could exclude participants and their advocates. Although not directly related to the pilot, these experiences are important to report and have the potential to impact on the broader disability landscape, as in the following comments:

I think it's awesome ... these access clinics, that there are planners there. But one thing that we've noticed is, that's being missed through that whole planning process, [is that] we're supporting with access [but] then there's no contacting us to support our clients through the planning process. So, they're left to try and advocate all on their own because we're not being contacted for that. (NDIS-SP2)

Another service provider described a situation in which changes to a participant's plan process resulted in a drastic reduction in necessary supports:

One of our NDIS participants... had a new planner...And he just copped it up and only put in... 21 days of STA a year, and that's it. No community access, no nothing. So, his plan was,

so he had a substantially larger amount, and then they gave him a significantly reduced amount... it was an obvious mistake. (NDIS-SP3)

The same provider described the challenges in attempting to rectify such planning errors. In one case they were involved in, NDIA staff members acknowledged the error and initially agreed to rectify it, but later reported that the plan would need to undergo a review process.

One provider noted that the loss of this advocacy function in the planning process was undermining the person-centred approach that should be central to NDIS, reporting, *"There's significant concern around, you know, you're losing the person-centred part of the entire process and for the people that we work with that's the core part."* (NDIS-SP2)

Service providers consistently emphasised the critical role of trusted cross-cultural brokers in effectively engaging participants from diverse backgrounds and assisting them with the planning process. They stressed that these relationships were essential for effectively communicating complex needs and ensuring appropriate supports. While they described cross-cultural brokers as also playing important roles in other NDIS interactions, in particular, their presence in planning meetings could significantly impact outcomes. One told us, *"These needs can be a struggle to be communicated unless there is somebody that they trust there and that's worked with them."* (NDIS-SP2). Service providers described how they were currently filling this advocacy role informally, but expressed concern that changes to planning processes were making it harder for them to continue supporting clients in this way. Several noted the importance of formalising and supporting these cross-cultural broker roles to improve engagement and outcomes across the community.

These experiences highlight significant concerns about the planning process, particularly when service providers who have established relationships with participants and understand their needs are excluded from the process. The providers noted that these planning issues represented a fundamental shift away from person-centred approaches that should be at the core of NDIS service delivery.

1.3 Other local stakeholders

1.3.1 Significant service gaps and provider viability barriers

As with community members, the other local stakeholders interviewed consistently described significant service gaps in the Katanning region. One stakeholder expressed frustration about the lack of services:

There's nothing in Katanning. There's no support in Katanning for people with disabilities. Socially, again through Anglicare, I know that they do a lot of the care social wise with the clients, but medically, transport, just getting some help at home, there's nothing. (LS5)

Another interviewee noted the precarious nature of services in small Communities like Katanning, recalling, *"The [NDIS] funding was provided, but we couldn't make it work. We couldn't get any company [for a support worker] here."* (LS4) A third interviewee highlighted limited provider choice as a significant issue for their clients, commenting, *"If there's ever a problem or they find that they're not comfortable with the providers that are in town for whatever reason, then there's nobody else for them to go to".* (LS2)

Other local stakeholders interviewed shared similar concerns to NDIS providers, identifying fundamental viability barriers as preventing the establishment of consistent, on-the-ground disability services in the Katanning region. For example, an interviewee expressed concern about the sustainability of services when providers lacked certainty over long-term viability:

Whether they're going to be sustainable and stay here for the long term. And that flying fly-out service isn't always the best option, or that drive in [service], but that is what we can have at the moment. (LS4)

The inability to establish and maintain consistent local services means that even when funding is available, it can be difficult to deliver effective supports that meet the diverse needs of community members.

1.3.2 Limited knowledge of local NDIS arrangements

Stakeholders described gaps in their knowledge about the NDIS and service provision in the community. Many interviewees were unsure about what services existed, how to access them, or which organisations were NDIS providers. This lack of knowledge prevents the staff members of key organisations from assisting community members to access appropriate support. One interviewee who is involved in assisting community members to access services shared: "Every time, like to me, it's like if I'm getting confused as a service provider then there's going to be so many people in community getting confused." (LS3). When asked about their knowledge of NDIS providers, another stakeholder revealed significant confusion:

From what I know, which isn't a lot, but what I know, I assumed that Anglicare are the NDIS providers or the link. I know that Anglicare do a lot with disabilities and all of that. But not NDIS, you don't see them advertised. (LS5)

This lack of awareness and visibility of services creates a significant barrier to access, as stakeholders may be key conduits for NDIS access.

1.3.3 Lack of consistent local NDIA presence

Interviewees emphasised the importance of establishing a sustained local NDIS presence with consistent staff to build relationships and trust in the Katanning community. This was seen as fundamental to effective service delivery, particularly in a closely interconnected rural community like Katanning where relationships and trust are essential. One interviewee emphasised this point clearly:

And I know it's really hard to do, but sustainable staffing like [having] that same face that you see yeah constantly changing that face and changing that it's great bringing ten people in or five people but swapping that face doesn't build relationships. (LS2)

The same representative suggested a more consistent approach, recommending "more regular [NDIA presence], yeah. So, like we're here, and we're staying. And we're seven days, five days a week. We're here. This is our space." (LS2)

Another interviewee also described a need for clarity over the roles of local NDIA staff:

The whole structure of it would have been simplified, that we wouldn't have these two or three people with all different sorts of hats on, having responsibilities for different things. You know, you'd want one [person], I think that they needed to use local people wherever possible. (LS4)

These comments suggest that the current approach of intermittent engagement and changing NDIA staff may be insufficient to meet community needs and build trust.

1.3.4 Communication and information barriers

Inadequate communication and information inaccessibility were common barriers listed by stakeholders. Many described NDIS materials and communication approaches as confusing, overly complex, and unsuitable for the culturally and linguistically diverse Katanning community, which includes Aboriginal residents, migrants from various cultural backgrounds, and people with varied literacy levels.

One interviewee who works closely with members of the local Aboriginal Community emphasised the importance of visual communication methods, breaking down complex concepts and avoiding jargon in information resources for Aboriginal Communities, advising, *"Erase the big words and be more simple...don't do big words... we're visual people, whether it's a picture on the side of the writing and then we connect [the] two."* (LS3).

These issues with communication and information accessibility demonstrate that simply providing information is insufficient—the information must be provided in formats and language that are accessible and appropriate for the specific community context.

1.3.5 Historic and ongoing racism impacts Aboriginal community members' engagement with services

As with the comments of NDIS providers, other local stakeholders felt that some Aboriginal Community members were not accessing disability services and supports due to distrust. One stakeholder suggested a specific hesitancy may exist amongst Aboriginal families in engaging with non-Indigenous providers and attributed this to a broader ongoing history of service provision that did not respect people's autonomy:

As far as Aboriginal families here, they're quite guarded and we kind of work in our own [ways] with our own. Probably because for so long [in] our lives [we] have been told what to do. You know? So, to be told how to do it, and this and that, Aboriginal people don't like it. (LS3)

These perspectives highlight the critical importance of culturally safe and sensitive approaches to disability services, of the important role played by Aboriginal community-controlled providers.

1.3.6 Disability stigma impacts the engagement of some culturally and linguistically diverse Communities with services

Interviewees described stigma as a barrier associated with disability amongst some culturally and linguistically Communities in the Katanning region, as well as a distrust of government services.

They explained that "*living with disabilities [carries] stigma*" (LS1) amongst some migrant Communities. As with the Aboriginal community, specific, culturally appropriate approaches to the NDIS are needed to address access amongst migrant Communities.

1.3.7 Critical infrastructure gaps

Several interviewees identified a significant lack of physical infrastructure for disability services in Katanning, particularly highlighting the absence of a central, accessible location. Although this is not the responsibility of the NDIA, it has implications for access to NDIS services and supports. These infrastructure gaps were described as creating practical barriers to service delivery and limiting the effectiveness of supports even when they are available. One interviewee explained this critical gap:

One of the huge gaps that I see is they do not have a centre. There is no such thing as a home... let's say I'm working with a young man and he's incontinent, both ways... weeing and pooing and there's nowhere to take that young man, really... to shower him. (LS4)

The same interviewee described how the lack of dedicated facilities affects daily support activities:

Support workers and clients need somewhere to go where they can sit down with their clients, have a cup a coffee, maybe do some artwork, whatever, except that they're encouraged or told to use the facilities that the town already provides. So, their current pattern is they come to the library, they'll go somewhere for a cup of coffee, they'll walk to the all-ages playground... they're wearing out a beaten track. (LS4)

These infrastructure gaps underscore the challenges of providing effective disability support services in a rural community like Katanning, where the physical spaces needed for service delivery may be limited or non-existent.

2. Community perspectives on the pilot process

2.1 People living with a disability and caregivers

2.1.1 Community members were not aware of the pilot but would like to be involved

None of the people living with a disability and caregivers interviewed were directly involved in the pilot process. Nevertheless, community members expressed willingness to being part of the decision-making processes. One caregiver discussed a need for grassroots, community-based approach to the NDIS in the Katanning region to address access barriers and improve the general understanding of the scheme. They contended that the first step in this process should entail finding out the community's needs and providing information:

I believe that if the community works together, first [the NDIA] needs to go out and they need to ask, through yarning, they need to see ... what's important to the community, because like I said I believe that a lot of this information hasn't been filtered out and given the correct information and being supported with the right resources and services. I believe a lot people in our community, and I see it, I know our community would actually fall under the NDIS, but they're not being diagnosed, they're not getting the correct treatment. If we work together and we started at the bottom and we went out to grassroots and we work

things a bit different... I believe that will be able to talk about where we go as a community and how to best to provide that service to the community (DC5).

This perspective illustrates a desire from within the community to be engaged in NDIA activities, and a willingness to contribute to improving the functioning of the NDIS in Katanning.

2.2 NDIS Providers

2.2.1 The increased NDIA presence was well received but providers have limited understanding of the pilot

Following the announcement of Katanning as a trial site for the alternative commissioning pilot in July 2024, local service providers observed a significant increase in the presence and activity of the NDIA in the Katanning region from the second half of 2024. This heightened activity was well received by the service providers interviewed, who were consulted and advised about the alternative commissioning pilot. These providers also took up opportunities that arose from increased communication with the Agency, such as advocating for specific participants' needs and encouraging community members to undergo assessment for the Scheme. One provider, for example, commented, *"It was like they realise that we're actually here."* (NDIS-SP3)

Despite the increased NDIA visibility and opportunities for consultation, which all interviewees had participated in, some NDIS service providers felt the NDIA presence did not translate to the dissemination of information about alternative commissioning. One interviewee, for example, described lacking knowledge of the trial:

I've attended one [videoconference] on alternative commissioning... I read an article in the West Australian newspaper many months ago that Katanning was designated as an area to trial alternative commissioning. This was the first I had heard of it and could not explain it to people who asked me what it meant. (NDIS-SP4)

Some of the NDIS service providers interviewed expressed a lack of clarity about which aspects of the increased NDIA presence were associated with the alternative commissioning pilot. As one interviewee said:

It has been a little bit confusing to be totally honest, because it was -- I guess -- when the commissioning project was announced, there definitely seemed to be like the influx of interest and NDIS support from the Agency to do consultations and things like that ... But at the same time, what [NDIA staff member] was doing was not technically part of the alternative commissioning project. It was just they happened to be in town at the same time. (NDIS-SP1)

The distinctions between alternative commissioning consultations, the Connecting Katanning Working Group, and several access clinics and other community events was not clearly understood by the NDIS service providers interviewed. Providers were also unclear on the process by which the NDIA moved from consultation to design and implementation in the alternative commissioning pilot.

2.2.2 Good initial engagement with providers was not sustained

All NDIS service providers interviewed attended at least one workshop or consultation meeting in relation to alternative commissioning pilot, and some had attended several. Those interviewed stated that they were enthusiastic to participate in the process of designing alternative commissioning approaches, particularly in helping the NDIA to identify issues facing the local community.

Generally, the NDIS service provider interviewees agreed that in initial consultations they had been actively encouraged to discuss potential solutions to disability service issues in the community. All interviewees felt that they could bring insight regarding the local context and the specific challenges of rural service delivery.

Several stated that they felt a responsibility to advocate on behalf of their participants during these meetings to raise issues that may be hindering participants' ability to receive the supports they need. However, most interviewees felt that engagement from the NDIA was not sustained following earlier consultations, and described not being informed about subsequent pilot activity.

Several interviewees expressed uncertainty over whether their contributions in consultations had been incorporated in alternative commissioning measures. As one interviewee said:

I attended a brainstorming workshop in Katanning and provided feedback and ideas. I heard later that the person who'd run it was no longer involved in the alternative commissioning, and no-one was sure if the information that we'd provided at the workshop had been passed on to anyone or lost. (NDIS-SP5)

Multiple providers described subsequent meetings with the NDIA as limited to discussion about activity that was already being undertaken, with no opportunity to be involved in the process or provide feedback. One, for example, observed that:

I thought it was hard because it was just purely about them telling us what they've done and not asking any questions, not asking has it filled a need, you know, not saying 'Hey [interviewee's name], I know that ... you've got five participants that really need physio, has this filled the need for you?' Nothing. (NDIS-SP3)

Another commented similarly, "I walked out of the meeting kind of feeling like basically it was stuff that we were already talking about doing beforehand anyway." (NDIS-SP1)

Some providers also expressed concerns about whether the pilot's timeframe was realistic for achieving meaningful outcomes: "Maybe they just didn't give the pilot enough time." (NDIS-SP3)

2.3 Other local stakeholders

2.3.1 Limited awareness and involvement in the pilot

There was mixed awareness and understanding of the pilot among other local stakeholders. Some had no knowledge of the pilot at all, while others were aware of recent increased NDIA activity but unclear about which activities were specifically part of the alternative commissioning pilot. One interviewee who had experience in assisting community members living with disability responded to a question about awareness of the pilot, "No, I haven't really [heard about the alternative commissioning pilot]." (LS4)

One interviewee (LS2) who had been involved in early consultations described confusion within the community about which NDIA activities were connected to the pilot, similarly to some providers:

I think everybody [is confused] ...a lot people just come up and ask questions [and I reply] 'I'm like well that's NDIS but I don't know where that's sitting...No, it's all very quite confusing. So [NDIS staff member is] very good at saying, 'Oh, that's for them [other area of NDIA]. But if you give me the number, I'll help them transfer across to there. (LS2)

2.3.2 Insufficient engagement opportunities

Most interviewees reported opportunities to attend meetings and events related to the pilot; but described these as insufficient.

Like NDIS service providers, local stakeholders described an encouraging start where they were asked to share their perspectives on local issues in initial consultations, but had not subsequently been provided updates or further opportunities for involvement. For example, one interviewee stated:

Once the initial workshops were done with the alternate commissioning project, we haven't really seen or heard anything -- and I'm well aware that yeah, that change with who was managing it and all of that has taken place. (LS2)

Another local stakeholder also noted inadequate communication about NDIA events such as pop-up shops:

The pop-up shops and things like that there wasn't much advertising done and that's what they even the feedback on [their] social media was saying from concerned community members, that it was lack of information, lack of notice, lack of advertising, that they've turned up and not let anybody know what were they here for, the posters and the information didn't tell them what they could provide. (LS2)

This insufficient communication about processes, timelines, and engagement opportunities created barriers to meaningful participation.

2.3.3 Inconsistent consultation approaches and inadequate co-design

As with service providers, other local stakeholders who participated in consultations described a shift from collaborative and consultative practices to a more top-down, prescriptive approach that contained little capacity to engage with their perspectives. One interviewee described this shift in approach clearly:

The first lot of meetings we had were very open and it was very much about listening to what we felt the needs were on the ground...We went from somebody that was asking questions and doing that really investigative [questioning] and being responsive that way to somebody saying 'Here's a car we would like to you to buy kind of thing'. Like we have the solution for you, we know your town. (LS2)

The impact of this shift was significant for those involved in the consultation. This interviewee recalled later NDIA meetings as rendering providers less open to sharing their perspectives:

It was very full on. I know we all looked at each other that day and went, here we go again. Okay. And I think we all kind of shut down as well because it was a very full-on way to come into it, into the conversation. (LS2)

These accounts suggest that while there may have been initial attempts at more collaborative approaches, the pilot shifted towards more prescriptive methods that didn't allow for meaningful engagement and participation from the local Katanning community.

2.3.4 Concerns about sustainability and short-term approaches

Local stakeholder interviewees raised significant concerns about the short-term nature of the pilot and whether it would lead to sustainable improvements in disability services in the community. Many interviewees questioned whether the pilot's timeframe allowed for genuine community engagement and sustainable change.

One interviewee noted that local stakeholders were aware of the pilot's short timeframe and expressed scepticism about what could realistically be achieved within this period: *"We did say at the start what is this going to be in two years' time? Like why are we spending all our time on this? What do hope to see in two years' time?"* (LS2) These concerns highlight the tension between short-term pilot initiatives and the need for sustainable, long-term approaches to addressing disability service gaps in rural Communities like Katanning.

3. Community perspectives on alternative commissioning measures

3.1 People living with a disability and caregivers

3.1.1 Market facilitation community events assisted some community members to progress NDIS assessment, however other community members did not feel welcome, respected or appropriately informed about these events

Market facilitation measures undertaken during the pilot have included a range of community events that aimed to disseminate information about the NDIS, aid with NDIS assessment and to connect participants and local NDIS providers. Although these events addressed priority needs described by interviewees above, responses to these events were mixed.

An event at the community's Country Club was arranged by the NDIA to provide free allied health consultations to assist with NDIS assessment. One interviewee who attended was exceptionally grateful for this service and towards the NDIA staff involved, commenting, *"[A NDIA staff member] set all this up so we had an appointment time and everything ready. We come in, the lady was expecting us, it flowed perfectly...Oh, she was amazing"* (DC1).

However, other interviewees who attended the same event did not appear to have the opportunity to see an occupational therapist. One described not being provided information about the availability of assistance with NDIS assessment, and therefore they did not bring their child, for whom they were seeking access. Another interviewee described their interactions with NDIA staff as unhelpful. At the event they were informed that a report on their child's condition was required for their NDIS application to progress; but were not given information or support for obtaining this report, which they understood was likely to cost approximately \$1,000.

In particular, Aboriginal interviewees described the venue as a place in which they did not feel welcome or comfortable. One caregiver commented that although she was *"grateful they (NDIA) were there"*, she did not frequent the Country Club because she felt its members were *"above me"*

and that staff at the event were *“unapproachable for someone like me”* (DC10). Similarly, another Aboriginal caregiver felt that the Country Club *“is for the upper class”*, and *“if it was a different location I believe that they would have had a lot of people regardless of their race that would have been able to access and to seek the support what they needed”* (DC5).

At another NDIS event held at the community’s local library a caregiver reported that she believed that a family member would have the opportunity to be assessed for the NDIS at this event, but this was not the case, as she did not have a report on their condition. She described feeling *“awful”* for *“getting [her family member’s] hopes up”* (DC4). She also reported that a NDIA staff member *“was quite rude to me. Yeah, she spoke to me like, you know, I’m not educated”* (DC4).

Three interviewees recalled attending the Connecting Katanning Expo. This event featured stalls from local NDIS providers, with the purpose of disseminating information about service and support options. All of these interviewees were seeking NDIS assessment for a family member; however, they were uncertain about how to approach NDIA staff for assistance at the event. One caregiver told us, *“I went there at the start and there was just lots of people walking around and no one really said anything to me, so I just left. I didn’t know what to do”* (DC11).

3.1.2 Market facilitation arranged physiotherapy services but cost barriers limited participant access

After unmet needs for physiotherapy within the region were identified through the Connecting Katanning Expo, the NDIA arranged services with a fly-in, fly-out provider for nine NDIS participants who were lacking access to this service. Follow-up interviews confirmed that most of the nine participants did not access this service due to high costs.

While none of the NDIS participant interviewees had directly benefited from this measure, they had mixed responses to the provider. One interviewee, who was awaiting NDIS assessment, had been attempting to access physiotherapy through the provider with other funds. They reported being unable to do so because the provider would not accept bookings until they could guarantee a full day of appointments.

3.1.3 Broader difficulties with fly-in fly-out providers

Two caregivers reported that fly-in, fly-out business models was both difficult to access and expensive. Both were concerned that accessing services and supports through these providers would leave insufficient funds in their family members’ plans to cover services and supports for the entire year. Another interviewee also commented on a lack of integration of this provider’s services for children with the local school, compared to other speech therapy services.

A different caregiver felt that the cost of speech therapy available through this provider was reasonable but described being unable to access the service due to scheduling limitations. This family resided in a small community serviced by Katanning and would need to drive to Katanning for appointments, a return trip of about 3 hours. The family had two children, who both had NDIS plans. The provider was unable to see both children on the same day, making the arrangement unworkable, according to this caregiver:

They come to Katanning twice a week, Tuesday and Thursday. We, my eldest is seen on one Thursday, and the only [other] appointment available is on the same week on a Tuesday, but it's at 10 o'clock, and I can't get there after school drop off... it will take me three hours to get there and back plus the hour of the session. And that's my whole day gone. And I still have to be around just in case my eldest is having troubles at school. I've got no one else to go and pick him up from school...It's not able to help. (DC13)

Additionally, a caregiver had previously engaged the same provider to provide psychology for her son, but the provider subsequently withdrew after one session. This caregiver expressed her frustration at providing detailed information about her son's condition to a psychologist from the provider without being able to access further sessions. It is important to note that we made repeated attempts to elicit the provider's perspective on these issues.

Sarah's Story

Sarah lives in a small rural town approximately an hour and a half from Katanning with her two young sons, four-year-old Jake and two-year-old Ryan. Both children are NDIS participants with complex needs requiring multiple types of therapy and support. As their primary caregiver, Sarah faces the daily challenge of coordinating services across significant distances in a region where specialist support is scarce.

The family is fortunate to have access to an occupational therapist who has established a private practice in their town and works closely with the local school and daycare. However, accessing other essential services requires significant travel. Speech therapy, which both boys need, is only available through a fly-in, fly-out provider who at the time of the first interview was visiting Katanning twice weekly. Sarah has been on a waiting list for Ryan's speech therapy for eight months, not because services aren't available, but because the logistics are impossible for her family.

At the time of the original interview, the provider had scheduled Jake on Thursdays and the only available appointment for Ryan was on Tuesdays at 10am. After school drop-off, Sarah cannot reach Katanning until 10:30am, making the Tuesday slot unusable. Even if the timing worked, Sarah explained that taking both children to town twice a week would be overwhelming. Jake has significant sensory issues and cannot tolerate loud noises, bright lights, and crowds for extended periods. The three-hour round trip plus appointments would exhaust both children and herself.

"I need them both on the same day," Sarah had explained, having written this request for the provider's notes repeatedly. "It doesn't matter if I have to move Jake to another day, but I just need them both on the same date considering the travel time involved." While the speech therapist understood Sarah's situation, the appointment booking staff, who call from Queensland, seemed unable to grasp the practical challenges of the region and had even less understanding of where Sarah actually is located.

Since the original interview, the situation has changed significantly. Jake's original fly-in, fly-out speech therapist has resigned, and Ryan has finally been allocated a speech therapy slot. However, the service now only offers one joint session per month for the boys. This means Jake has gone from receiving two hours of individual speech therapy monthly to

sharing just half an hour with his brother, despite his reports stating he requires weekly speech therapy. This reduction highlights both the limited options for changing providers in rural areas and how service availability can deteriorate even after initial access is gained.

At the time of the original interview, Sarah described the cost of speech therapy as reasonable at \$195 per hour. However, the cost has since increased significantly to \$357 per session including travel fees. She acknowledges that paying for adequate private services for both children has created significant financial strain, particularly given the limited service options available and the reduced service frequency they now receive.

Sarah's experience highlights the complexity of navigating rural NDIS services. She manages telehealth appointments for psychology services for Jake, who has medical trauma, and has recently organised a dietitian consultation via Zoom for Ryan, who will only eat crackers and chips. The challenge is compounded by the thin market of providers and lack of alternatives when services are reduced or staff turnover occurs.

The assessment process revealed another layer of challenge. Sarah felt unprepared for many of the questions asked during the lengthy phone interviews. When asked whether Jake could walk up and down stairs, she realised they live in a house without stairs and rarely encounter them. "If I'd known roughly what we were going to be asked, I could go and try and find steps or get some information to be able to answer properly," she reflects.

Despite having NDIS plans in place, Sarah discovers gaps in her knowledge about available services. She recently learned about toileting programs when discussing Jake's continued need for support in this area with their occupational therapist. "I didn't even know that was able to go in the plan," she says. The consumable budget allocated for items like nappies feels like "a mind game" because she doesn't understand how to use it effectively.

Sarah appreciates the recent change from two-year to one-year plan reviews, recognising that "a lot can happen in one year." She proactively prepared for their last renewal by printing Jake's plan, marking off achievements, and gathering reports from therapists, though she wasn't told this was necessary.

As both a parent and a working professional, Sarah reflects on how her perspective has shifted. She previously knew that occupational therapy and speech therapy came through schools but never understood the complexities families face accessing private services. Now, living on the other side of the system, she sees how geographic isolation compounds every challenge, particularly when combined with limited provider options and service reductions.

"Everything is so far away, everything is so hard to get hold of," Sarah explains. "It's frustrating because it leaves me with 'I don't know what I'm supposed to be doing now.'" Sarah's story illustrates how rural families navigate not just thin markets, but information gaps, scheduling inflexibility, service reductions due to staff turnover, and the exhausting logistics of accessing essential supports across vast distances while managing children's complex needs and their own capacity as caregivers.

3.2 NDIS Providers

3.2.1 Optimism for the potential benefits of alternative commissioning and concern about the challenges of coordinated funding proposals

Despite concerns about implementation, local NDIS service providers acknowledged potential benefits of alternative commissioning, and particularly the possibility of increasing participants' bargaining power to attract specialised services to the region. For example, one provider commented on the potential to attract positive behaviour support practitioners to the town:

The positives of this are we know that like in Katanning like many wheatbelt areas, there's a great need for positive behaviour support, [but] not many positive behaviour support practitioners. So, the ability to have the bargaining power to be able to bring someone in like that, the flexibility to do that and then spread [the cost] across plans is super right.
(NDIS-SP2)

This provider also commented on the potential challenges of coordinated funding proposals in which participants and their families coordinate their plans to attract providers. Although coordinated funding proposals are not being implemented in Katanning in the course of the pilot, these concerns are likely to also have relevance to other Communities beyond the pilot sites. This provider felt that: *"The drawback for me is having spent some years in this field, not that many people have, the organisation, the ability to negotiate, the ability to work with other people to get this together."* (NDIS-SP2). They also noted that successful implementation would require families to have extensive knowledge and skills, such as *"Knowledge of disability and the market. And negotiating a financial knowledge and knowledge of the NDIA plans"*. They observed, *"I struggle to believe that that's something that a lot of people have."* (NDIS-SP2)

While local NDIS service provider interviewees had some optimism of the potential of alternative commissioning approaches having the potential to address market gaps, their comments also illustrate how coordinated funding proposals could potentially create new barriers to service access for some. It suggests that alternative commissioning approaches, and particularly coordinated funding proposals, need to include substantial capacity-building and support mechanisms alongside service coordination efforts.

3.2.2 Market facilitation community events were held at inappropriate venues

NDIS service provider interviewees echoed the concerns raised by people with a disability and caregivers about the inappropriate selection of venues for market facilitation activities and access clinics, which they felt hindered community engagement. They described venues as inappropriate and thus preventing greater community engagement.

One NDIS service provider told us, *"I know with the recent access clinic, there was an issue with location. So, I'll probably [advise to] move that closer to town so it's more accessible."* (NDIS-SP2) Another NDIS service provider questioned why the Country Club was chosen for an access clinic, noting it was inaccessible for many community members, and felt that the recreation centre would have been a better choice of venue:

Just up at the rec centre, because everyone knows where it is. It's more accessible. People know where the toilets are. People know they can park. People know how to get there. People can walk there. (NDIS-SP3)

While some people living with a disability and caregivers felt that venues chosen were unwelcoming environments, particularly Aboriginal Community members, NDIA providers also described these locations as difficult to access.

3.2.3 Market facilitation arranged physiotherapy services but cost barriers limited access

Follow-up interviews with service providers confirmed that most participants did not access the NDIA arranged physiotherapy service due to prohibitive costs, with only a handful taking up the arrangement despite the intended cost-sharing model. One service provider explained that the initiative was financially unviable for their NDIS participants:

So that means every physio session is costing a participant nearly \$500. And I'm sorry, ... but nobody has that sort of funding... And this is what [NDIA staff member] could not grasp. (NDIS-SP3)

When asked how they felt about the discrepancy between the NDIA's presentation and reality, the provider expressed frustration:

I'm really feeling just really let down I think for my participants because they still don't have physio and still can't afford it. And yes, they could afford it, but they could only probably afford maybe 3 sessions in 8 months. (NDIS-SP3)

These comments further illustrate that the fly-in, fly-out provider selected may not have an optimal service provision model.

3.3 Other local stakeholders

3.3.1 Market facilitation community events and processes for engagement were inappropriate

Several other local stakeholders described market facilitation events in the community as ineffective in assisting community members with NDIS access. A community information service representative noted how NDIA events in Katanning failed to effectively assist or engage community members:

We know we referred a few people in the first couple of instances [to NDIA information sessions/events] and they just said it's not worth going to. They didn't feel they got the answers, and I suppose it's a process like you go and talk, you go and need to get assessments, and they would step you along but they didn't feel that they'll listen to us in the first instance. (LS2)

These experiences are in addition to those of people living with a disability, caregivers and providers, who described accessibility issues as impacting on their attendance and engagement in these events.

4. Other community responses to NDIA activity

4.1 People living with a disability and caregivers

4.1.1 A greater NDIA presence in the community and better information about NDIS processes is needed to address access gaps

Interviewees living with a disability and caregivers felt that key measures required to address the access gaps they described included establishing a permanent NDIA office in Katanning and employing and training local people to undertake community engagement work. One interviewee, for example, reported:

I believe that our office to be based in Katanning, but also to train the trainers and work with the local Communities, we're very multicultural, we work together. You go out and you analyse, you do your SWATs and everything, and I believe that will be able to talk about where we go as a community and how to best to provide that service to the community. (DC5)

This caregiver also felt that these measures would have the potential to address the “*shame factor*” experienced by some Aboriginal people when accessing services and supports. Other interviewees similarly emphasised a need for greater information about each of the steps involved in NDIS assessment, about local providers that could provide reports on people’s conditions, and financial assistance with accessing these services. They discussed that this information should be made accessible in flyers that are written in plain English and have NDIA staff who are approachable and maintain a presence in the community. They also discussed a need for regular updates on the progress of NDIS applications.

Linda's Story

Linda is a local Aboriginal Noongar woman who has worked in the Katanning community for most of her 30-year career. As someone deeply connected to her community, she has witnessed firsthand the significant gaps in NDIS access that affect community members across the board.

Eighteen months ago, Linda began seeking NDIS assessment for a six-year-old boy in her care, whom she believed might be on the autism spectrum. What should have been a straightforward process became an exhausting journey. Linda found herself unable to access services or information, with no support and no idea where to start.

For 18 months, Linda searched for direction with no local NDIS office, no clear pathways, and no community services able to guide her. Her breakthrough came only through a chance meeting with a staff member at the local Aboriginal Medical Service, who finally provided the support network she needed to navigate the system.

Linda's experience reflects broader challenges facing Aboriginal community members seeking NDIS support. She describes a shame factor that prevents many from seeking help, compounded by experiences of racism when approaching services. When walking into services looking for information, Linda and other Aboriginal community members often sense that staff question whether they just want a handout rather than genuine support.

When NDIS representatives came to Katanning, the venue chosen, at the local country club, created additional barriers. Located on the outskirts of the town and connected to a golf course, the setting felt exclusive, deterring many community members who might have benefited from assessment.

The systemic failures Linda has witnessed extend beyond individual cases. She shares the story of a young family member diagnosed with schizophrenia who was unable to access appropriate mental health support through the NDIS. When brought to emergency mental health services, they were turned away, forcing the family to present him to the emergency department instead. His distressed behaviour led to police involvement and eventual incarceration rather than treatment.

Linda believes that if he had been directed to the NDIS and supported through the Scheme earlier, he could have been on his way to recovery rather than cycling between homelessness, addiction, and incarceration across the region.

Despite her strong advocacy skills, Linda acknowledges her limitations in supporting others. She questions how she can give people correct information about the NDIS when she isn't aware of what's available.

Linda believes the solution lies in community-driven approaches starting from a grassroots level. She advocates for establishing a local NDIS office, training community members as navigators, and conducting proper consultation through yarning. Linda observes that NDIS numbers would likely increase by 40 to 50 percent if people knew the correct information and were properly guided to services.

Linda's story illustrates how capable community members struggle to navigate NDIS systems, and how these challenges are magnified for those with fewer resources or experiences of discrimination. Her experience demonstrates the critical need for culturally safe, community-based approaches that build trust through sustained, respectful engagement.

4.2 NDIS Providers

4.2.1 A greater NDIA local presence and consistent staffing is needed to improve local NDIS coordination

NDIS service providers strongly emphasised the importance of having a consistent NDIA presence in the Katanning region with staff who understand the local context in order to improve the local functioning of the NDIS. Interviewed NDIS providers expressed frustration with the current approach of intermittent engagement, suggesting that a permanent local presence would better enable NDIA staff to engage with the community, build essential relationships and ultimately serve Community needs. One provider recommended that NDIA staff be based in the community full-time and "*Talk to parents, talk to participants, not just talk to community leaders who really know nothing about the NDIS.*" (NDIS-SP3)

Another NDIS service provider welcomed the engagement of high-level NDIA staff, but felt that a similar level of engagement was required from operational staff:

I see the NDIA come regularly... but the people that come regularly are the directors. The people that are actually operational are not the ones that come frequently. So, if we had more operational connections... we could get stuff done better. (NDIS-SP2)

Several NDIS providers also noted that the absence of a permanent NDIA office or regular staff presence made it difficult for participants to know where to go for assistance, creating an additional barrier to access. The current approach of NDIA staff visits and changing personnel was perceived as ineffective for building the trust necessary to engage with vulnerable community members.

4.3 Other local stakeholders

4.3.1 Utilising existing community relationships and networks to improve access to and utilisation of NDIS supports and services

Several local stakeholder interviewees highlighted the importance of working through established community relationships and service providers. One interviewee described referring community members to existing service providers they already trusted for NDIS information, rather than the NDIA: *“It depends which avenue, but for general where I don't have the person, because I don't know who the disability person is, I just say “Go to Anglicare”.* (LS5)

Leveraging existing trusted networks was seen as an effective approach to engaging community members, particularly those who might be hesitant to engage directly with government services. One interviewee suggested:

We know our families, our community, and getting that [NDIS] knowledge passed on to us so that we're able to pass it on simple to community to gain that access... I guess training the existing ones [local service providers] who've got the relationships ... [NDIA could] come with us, so we can take ...[them] around. Stop there, ring the schools, get in contact with the child health nurses, Aboriginal health, SWAMS, get into contact with all those people that are advocates for the Aboriginal Communities and then you'll go out into community and go grassroots.(LS3)

These perspectives highlight the importance of working with and through existing trusted networks and relationships rather than attempting to establish entirely new pathways. This approach recognises the value of local knowledge, established trust, and existing relationships in effectively engaging community members with disability services.

4.3.2 A need for culturally safe approaches to disability

Other local stakeholder interviewees emphasised the need for culturally safe and sensitive approaches to service design and delivery that addressed different understandings of disability in Katanning's diverse community.

One interviewee emphasised the importance of cultural competence and sensitivity towards the Aboriginal Community generally:

You need to have a cultural lens on how you are to address Community... [if you] are wanting [to engage with Aboriginal Community members] ... because if you haven't got the cultural competence then you're actually just going by textbook and reading it out and expecting something [engagement] that's never going to happen. (LS3)

Another local stakeholder interviewee felt that greater sensitivity to disability stigma in migrant Communities was needed. A representative from the local culturally and linguistically diverse

community recommended careful consideration of how services are described, suggesting, "[the disability] description used is key... it needs to be done in a certain way." (SP1) While this interviewee still felt that "it's important that you say what constitutes disability". The terminology used in public is important, because "When you announced that this service is for people with disability. I think the people I know, ... may be hesitant because stigma... [is] attached." (LS1)

These perspectives highlight the critical importance of culturally appropriate approaches to service design and delivery, recognising that how services are described, delivered, and communicated significantly impacts engagement, particularly for culturally diverse Communities.

4.3.3 A need to engage cross-cultural brokers

Several local stakeholder interviewees described a need for cross-cultural brokers to be engaged to act as liaisons between the NDIA and the community, particularly for Aboriginal and migrant Communities. These roles were seen as crucial for facilitating meaningful engagement and access. One interviewee explained the importance of this approach:

I mean in our job role [as community workers] we are there to advocate with people. So, if there's an appointment and they don't feel comfortable we are going to go [ask], 'Well do you want us to come along?' (LS3)

The same worker explained the gradual process of building trust through such roles:

Yeah, and it may even take a few sessions [of us attending with them] and then they may feel comfortable and the other person may [develop comfort with each other]. But it's just having that, for others that come into our community, you've got to come down to that level and you may have to sit at that level for a little while. (LC3)

This interest in cross-cultural broker roles reflects an understanding of the importance of culturally competent intermediaries who can facilitate engagement between community members and service systems. These roles could potentially address some of the cross-cultural cultural issues and communication barriers identified earlier, helping to bridge the gap between formal service systems and community needs.

5. Community recommendations for culturally safe NDIS engagement

5.1 Aboriginal Community members

As part of the final visit to Katanning in June 2025, the evaluation team conducted a community consultation session with Aboriginal Community members to discuss the findings and seek their perspectives on improving NDIS engagement. This approach aligns with AIATSIS and NHMRC Code of Ethics guidelines for Aboriginal and Torres Strait Islander research, which emphasise the importance of returning findings to Communities and ensuring their voices shape recommendations for future practice.

The consultation session utilised a collaborative discussion format, exploring key questions about culturally safe NDIS engagement based on the findings from the evaluation. Community members provided specific, practical recommendations that emerged from their lived experiences and deep understanding of local community dynamics. These recommendations offer concrete pathways for

improving NDIS accessibility and cultural safety in the Katanning region and potentially other similar Communities.

5.1.1 Culturally appropriate venues and settings

Community members emphasised that the physical environment of NDIS engagement significantly impacts Aboriginal people's willingness and ability to participate. They recommended that engagement should take place in venues that are accessible, welcoming, and culturally appropriate, specifically avoiding clinical or institutional settings that may feel intimidating or unwelcoming. Venues should offer confidential spaces within the community, reducing the need for participants to travel far from home and ensuring they feel comfortable and safe. This recommendation directly addresses the concerns raised about previous NDIA events held in venues where Aboriginal Community members felt unwelcome or excluded.

5.1.2 Leveraging existing Aboriginal networks and relationships

Rather than attempting to establish entirely new pathways, Community members recommended building on existing Aboriginal community structures and trusted relationships. This involves taking time to understand local Aboriginal community networks and identifying trusted individuals who can connect with specific families. The approach recognises that Aboriginal Communities often prefer to work through established relationships and that these existing networks represent valuable cultural and social capital that should be respected and utilised. Community members stressed the importance of ensuring participants have the freedom to choose their own advocates, including those from within their cultural networks, rather than having advocates imposed upon them.

5.1.3 Central role for Aboriginal community-controlled organisations

Community members identified Aboriginal community-controlled organisations as essential partners in NDIS engagement, recommending that these organisations serve as cultural anchors, offering trusted spaces for connection and support. This approach recognises the legitimacy and expertise of Aboriginal community-controlled organisations in serving their Communities and their deep understanding of local cultural protocols and sensitivities. Community members also recommended that Elders be consulted to provide cultural guidance and ensure respectful engagement, acknowledging their important role in Aboriginal community governance and decision-making.

5.1.4 Establishing cross-cultural broker positions

A key recommendation involved establishing paid roles for cross-cultural brokers or advocates within the NDIS system to bridge cross-cultural understanding and to support participants effectively. These positions would serve as intermediaries who understand both NDIS systems and Aboriginal cultural contexts, helping to navigate the complexities that often create barriers to access. Community members emphasised that these roles should be properly resourced and

recognised as essential components of culturally safe service delivery, rather than being treated as optional add-ons or voluntary positions.

5.1.5 Improving consultation processes

Community members provided specific guidance on improving future consultation processes. They recommended that NDIS teams present a unified approach, avoiding fragmented or duplicated meetings across different agencies that can create confusion and consultation fatigue. Clear, timely communication about consultation logistics—such as dates, times, and locations—should be provided well in advance, allowing community members to plan their participation appropriately.

Community members also emphasised the need to recognise that community organisations have multiple responsibilities and competing demands on their time. Consultation processes should be planned with flexibility and respect for these existing commitments, rather than expecting immediate availability or imposing rigid timeframes. Most importantly, they stressed the need to prioritise meeting people in environments where they feel safe and comfortable, acknowledging that the setting and approach to consultation can significantly impact the quality and authenticity of community input.

These Community-generated recommendations provide a framework for implementing the culturally safe approaches that were identified as essential throughout the evaluation. They represent practical, achievable steps that could significantly improve NDIS accessibility and engagement for Aboriginal Community members in Katanning and serve as a model for similar Communities facing comparable challenges.

Findings

1. The increased NDIA engagement with Katanning and the efforts of local staff were valued by the Community

Community members were welcoming of the pilot and of increased NDIA activity in the Katanning region more broadly. In particular, some Community members valued the efforts of individual NDIA staff in advocating for them within NDIS systems, and local events that provided opportunities for free assessment. Many of those we interviewed were enthusiastic about the potential of the pilot and were willing to commit time to being involved in consultative and collaborative processes.

2. The NDIS is not yet well embedded within the local Community, and thin markets are only one dimension of NDIS accessibility issues

Despite the increased NDIA activity and willingness to engage with the Community, significant NDIS access gaps remain. The perspectives of people living with a disability, caregivers, providers and other local stakeholders on NDIS gaps are remarkably consistent. All cohorts described extensive difficulties in navigating the NDIS assessment process; thin provider markets and other issues impacting on access to providers; insufficient access to local NDIS staff; problems with plans that

may not include appropriate funding levels or an optimal mix of supports; and insufficient information about NDIS processes.

The NDIS is still not yet well embedded in the Katanning region, and key local stakeholders lack knowledge about how to assist people living with a disability to access NDIS services and supports. There is little integration of the Scheme with other services and organisations with disability touchpoints, such as the school and social housing. Key local stakeholders, who are not engaged by providers or the NDIA but whose roles include assisting NDIS participants and other people living with a disability, lack knowledge about local NDIA staff and referral pathways.

A particular concern was that some participants and caregivers on low incomes were travelling long distances to access essential services and supports, as far as Perth, and were bearing extensive personal travel costs to do so. While a key aim of the pilot is to address the poor access to services and supports that result from thin markets, our data suggests that thin markets in the Katanning region occur within a wider context of accessibility issues. Although many of these issues fall outside of the scope of the pilot, these issues are impacting the broader local disability service and support landscape, and may have implications for alternative commissioning measures.

3. Additional access barriers exist for some Aboriginal and culturally and linguistically diverse Community members; and culturally safe and sensitive approaches are needed, including within alternative commissioning measures. A recent workforce measure has the potential to increase the representation of Aboriginal and culturally and linguistically diverse Community members in the local disability workforce. It is unclear whether cross-cultural brokerage roles will be enabled through this measure.

Some Aboriginal and culturally and linguistically diverse Community members experience intersectional marginalisation through the combined effects of cultural difference, racial discrimination and disability stigma. Specific measures are required to develop and implement culturally safe and sensitive approaches within the local NDIS landscape. Beyond the pilot, a NDIA plan to initiate cultural safety training for NDIS providers is therefore a welcome step. Our data suggests that this training could potentially include addressing appropriate terminology around disability for these Communities and organisational and staff measures that create service provision environments in which these community members feel welcome and included. Working in partnership with local Aboriginal and culturally and linguistically diverse organisations and key representatives to develop specific approaches to reaching these Communities could also assist in promoting cultural safety and sensitivity in future.

All interview cohorts advocated for the engagement of cross-cultural brokers by the NDIA from within these Communities in the Katanning region, who could liaise between current and potential participants and the NDIA and providers, as a means of fostering culturally safe practice. These individuals could also potentially play a vital role in advising on what culturally safe practice may entail for their specific Communities, and could therefore assist in the development of provider training. Notably, NDIS Remote Community Connectors have not been rolled out in regional areas such as Katanning. Expanding these roles to non-remote areas could also assist in developing culturally safe practice. In addition to cross-cultural brokerage, our evaluation advisory group also recommended the NDIA and providers work through existing Aboriginal Community networks and ensure venues for activities are culturally appropriate.

The recent engagement of an employment platform in Katanning as part of the pilot process, to assist with workforce development, has the potential to increase the representation of members of the Aboriginal and culturally and linguistically diverse Communities in the Katanning region within support services. However, this occurred after the completion of our data collection phase, and we were therefore unable to capture outcomes and community responses. It is unclear whether cross-cultural brokerage roles will be enabled through this measure.

4. Some consultation has occurred, however pilot processes did not reflect Community expectations of Community involvement in developing alternative commissioning measures

Substantial community consultation and engagement occurred regarding the Agency's broader activities in the region, however the extent to which this encompassed consultation regarding the pilot remains unclear. Initially, there was some Community consultation specifically regarding the pilot, particularly with local NDIS providers, however this does not appear to have been sustained. Other Community members we interviewed did not have a strong awareness of the pilot. Aboriginal Community members in particular described a need for more consultation regarding the pilot.

Providers, including those involved in the Connecting Katanning Working Group, describe a shift in the Agency's methods from a more consultative, collaborative approach to one premised on disseminating information about NDIA activities. It is unclear whether the perspectives and suggestions of Working Group members have been considered in the alternative commissioning measures being implemented. We are not aware of any dedicated forums for other Community members to participate in the development of alternative commissioning measures.

5. Market facilitation Community events assisted some Community members with NDIS access, however some Aboriginal Community members did not feel welcome, respected or appropriately informed at these events

Several market facilitation Community events had the potential to address some of the NDIS access issues raised by Community members. By expanding participant numbers, furthermore, these events had the potential to indirectly impact on provider markets. Some Community members evidently took up and appreciated this opportunity.

However, Aboriginal Community members described negative experiences at these events due to venue choice, interactions with NDIA staff and NDIS providers, and inadequate information about the purpose of the events. While we understand that consultation with a key local Aboriginal organisation was undertaken about the venue, several Aboriginal Community members described feeling excluded at these events. Due to sensitivities in the Katanning region, seemingly innocuous aspects such as venue choice and the degree to which NDIA and provider staff were welcoming has had unintended exclusionary impacts. There is some evidence that other Aboriginal Community members may have been deterred from attending; and that those who did attend may have been deterred from attending future events.

6. A market facilitation measure arranged physiotherapy services but cost barriers limited actual participant access

The NDIA reported having arranged physiotherapy services for nine participants. In this arrangement, we understand that the travel costs of the provider were to be dispersed amongst the nine participants, substantially reducing the impact on individual participants' budgets. Follow-up interviews confirmed that most participants did not take up this opportunity due to high costs (approximately \$517 per hour including travel charges), with only a handful accessing the service. Additionally, the fly-in, fly-out provider operates via a service delivery model that is not accessible for some participants in the Community due to their limited presence in the town and lack of scheduling flexibility.

This case illustrates a broader issue identified: that participants in this rural community were incurring substantial travel costs within their NDIS budgets. Fly-in, fly-out providers that passed expensive operating costs onto participants were described as consuming a significant proportion of participants' budgets, such that some could not fund necessary services and supports over the year. Other families were incurring substantial personal travel costs not covered in plans due to being required to travel long distances themselves to access services. Additional access barriers include that external providers may continue to experience insecurity of demand, and some participants in the Katanning region have experienced service provider withdrawal and described this as particularly frustrating and disappointing. Furthermore, there is some evidence that external NDIS service providers may lack local knowledge and integration with other local services.

Our findings also showed some practical ways that fly-in, fly-out providers could to some extent better meet the needs of the Community. These include:

- Greater flexibility in scheduling appointments during Community visits;
- Improving the processes whereby Community members express interest in booking their specific services and supports in ascertaining local demand; and
- Providing more information about what will take place in sessions and the preparation needed so that assessments can be fully completed and there is less need for rapid follow-up.

DSS and NDIA Perspectives on the Policy and Operational Context

Interviews were undertaken with key DSS and NDIA staff members to explore the broader policy environment; consultation and co-design processes; the objectives of the pilots, the extent that they were being met and factors impacting this; and alternative commissioning measures. Two rounds of interviews and analysis took place, over January – February 2025 and June 2025, in order to generate understanding of these dynamics in the measure development phase and at the conclusion of the pilots.

In the first round we interviewed 19 DSS and NDIA key staff members who, at the time of interviews, had current or previous touchpoints with the pilots. Our sample included staff from the NDIA's Market Stewardship Branch, which had initially overseen governance and project management of the initiative, as well as staff from the National Remote Services Branch, to which the governance and project management of the initiative had recently been transferred. The sample included individuals working in a range of roles such as people undertaking work on the ground in each site and others with policy-based and strategic oversight roles. This sample reflected objectives of eliciting a broad range of perspectives and understanding changes in approach and governance.

In the second round, more targeted interviews were held with 7 key DSS and NDIA staff members, who were mostly in senior management roles and were selected based on their direct involvement in the alternative commissioning pilots at the time of interviews. In this round, there was a greater focus on interviewees' reflections on the outcomes and lessons learned.

Where possible, findings have been triangulated with relevant policy documents. Key documents reviewed include:

- Department of Social Services. 2023. Theory of Change: Alternative Approaches to Commissioning First Nations, Remote and Very Remote Communities. Canberra: DSS.
- Department of Social Services. 2023. Alternative Approaches to Commissioning in First Nations, Remote and Very Remote Communities (PowerPoint presentation), Canberra: DSS.
- National Disability Insurance Agency. 2024. Alternative Commissioning Project Management Plan. Canberra: NDIS.
- National Disability Insurance Agency. 2025. Alternative Commissioning Pilot, Katanning, WA (PowerPoint presentation), presentation to DSS workshop on 13 February, Darwin.
- National Disability Insurance Agency. 2025. Alternative Commissioning Pilot, Maningrida, NT (PowerPoint presentation), presentation to DSS workshop on 13 February, Darwin.
- NDIS Review. 2023. Alternative commissioning for remote and First Nations Communities. Canberra: Australian Government.
- Northern Territory Government. 2023. Maningrida Disability Deep Dive Report. Darwin: NTG.

The first round of interviews elicited comments on internal culture and tensions and allegations of improper practice. While it is usual practice in qualitative research to include direct quotes to illustrate data, we have not done so in the analysis of the first round as this dataset contains many

sensitivities, made by interviewees who are mostly known to one another, and therefore interviewees could potentially be identifiable by their manner of speaking.

Round 1, January – February 2025

1. Approaches to Co-design

1.1 DSS and NDIA staff are committed to addressing thin markets and other access inequities

The NDIS Review recommended that alternative commissioning be trialed in Aboriginal and Torres Strait Islander Communities to address thin markets with a “place-based and community driven” approach (NDIS Review 2023, p.29) All staff interviewed expressed a commitment to addressing accessibility challenges and inequities. A range of views were shared on what co-design is, how co-design should be implemented in the context of the pilot sites and what commissioning approaches should be used. While some staff saw co-design as no different to consultation, others envisioned it as a process of collaboratively working with a group of community members to seek their input into commissioning options. A spectrum of perspectives existed on the extent to which community members should be involved in developing and making decisions about which responses to implement. Despite this diversity of perspectives on co-design, most interviewees expressed the importance of taking the time to understand the needs of the pilot Communities and to develop workable solutions. Many DSS and NDIA staff were aware of challenges involved in undertaking genuine co-design, and particularly the time that it takes to develop trusting relationships in Communities.

1.2 Delays in meeting milestones have been caused by governance issues, organisational culture and community-based factors and have implications for the co-design process

Given the current stage of the project within the original timeframes, little co-design and implementation activity has occurred in either site. NDIA and DSS staff attributed the delays to a range of factors including changes in the internal project governance, changes in staff and approach and other internal factors; the timing of the announcement of the second site; and funerals and other events in Maningrida that led to the cancellation of planned travel. It is evident that the opportunity for meaningful collaboration with Communities has been compromised by the compressed timeframes in which the project is now being completed.

While the scope of this evaluation does not explicitly include an assessment of the internal culture and processes of the NDIA, these factors are important for co-design approaches and project implementation. It is evident from the interview data that NDIA culture and processes have had a negative impact on the pilots. We documented instances in which staff reported that due processes were not always followed, and that their work was compromised by internal dynamics and an atmosphere of mistrust within the Agency. Some staff described change management processes around the pilots as poor. Many of our interviewees were evidently passionate about their roles and the pilots; and several expressed disappointment that the potential of the project was not being achieved.

Some staff expressed further concerns that the relationship between the Agency and Communities could deteriorate if Communities participated in a co-design process in good faith, but inadequate

time remained to subsequently implement the outcomes. The under-representation of community perspectives in commissioning approaches could also result in simply duplicating the work already undertaken in the Thin Markets Trials, failing to substantially expand the existing evidence base.

While almost all NDIA staff described an intent to undertake co-design processes in both sites in interviews, there is some ambiguity over this in key documents. The Theory of Change has not been altered and continues to foreground a co-design approach (DSS 2023). Yet, the NDIA Project Plan makes no reference to co-design and appears to specify a completion date for consultation activity in Maningrida of 31 March 2025, and in Katanning of 29 October 2024 (NDIA 2024).

1.3 The complexity of consultation and co-design in the context of local governance in pilot sites has been underestimated

Many NDIA and DSS staff demonstrated an understanding that undertaking genuine co-design with remote and Aboriginal and Torres Strait Islander Communities is complex. Several staff members were cognisant of the need to work according to appropriate Aboriginal and Torres Strait Islander cultural protocols, and to seek local authorisation for the project through local governance processes before undertaking community-wide consultation. Many commented on the need to develop trusting relationships, and felt that this was critical to the depth of engagement and effectiveness of co-design. Yet interviewees also reported the complexity of collaborating with Communities in the pilot sites due to divergent priorities amongst community members regarding disability services, and other local divisions that may exist in these Communities. Furthermore, community leaders and representatives may be different individuals to those with lived experience of the NDIS, as participants or caregivers. Some staff expressed uncertainty about how to engage diverse community groups in the co-design process.

Determining who is able to represent (segments of) the community and engaging appropriate representatives from across the community in seeking approval for the project and determining the co-design process may be highly complex. In Maningrida staff have understandably sought local authorisation from a single existing local representative body. However, as local governance in Maningrida involves a range of organisations, and may be shifting and impacted by the broader political dynamics of the Northern Territory, it has taken time to determine which body to work with. In Katanning, meanwhile, this does not appear to have been attempted. Although the Connecting Katanning Working Group has been established, it is primarily comprised of service providers and its purpose appears to be limited to information dissemination. The complexity of identifying community representatives and seeking their approval and involvement does not appear to be reflected in the Theory of Change or in original timeframes, which allocated 3 months to co-design activity (October – December 2023) (DSS 2023).

1.4 Limited scope for collaborative development of commissioning solutions

The co-design approach adopted in Katanning was described by interviewees as an iterative process of consultation and implementation activity in which the scope for community involvement in decision-making appears to be limited. We understand there is an intention to implement some market facilitation measures prior to undertaking specific consultation in order to demonstrate that the NDIA is genuine in its intent to address local issues, however the scope for community involvement in subsequent activity remains unclear. We have not yet been provided access to the

Agency's co-design plan for Maningrida and therefore are unable to assess the planned degree of community involvement in problem definition and in developing and determining responses in this site.

Across the interviews, there was a commonly held understanding among many staff that, even as part of a genuine co-design process, it is the responsibility of government to ideate and innovate solutions that properly address the needs of Communities. While potential solutions could be presented to community members for approval, Agency staff positioned themselves as responsible for developing solutions as the experts able to make an assessment of which commissioning options are viable. These views about the decision-making process were in part influenced by the in-depth knowledge of staff of the complex legislative and policy landscape and the knowledge and expertise required to navigate implementation. Staff expressed concern that 'blue sky' thinking by community members would lead to frustration should the government be unable to deliver on the community's needs within the environment in which they operate. Interviewees revealed that staff did not view co-design as a process of bringing the community members into these conversations about opportunities and constraints, such that the community might better input into the creative process.

1.5 Communication gaps that need to be addressed for effective co-design to take place

Interviewees also reported that activity to date in pilot sites has revealed the need to build foundational knowledge about the NDIS amongst community members before progressing to conversations about alternative ways that the Scheme might function (in terms of commissioning). This first step in building community capability to understand and engage with the Scheme is an essential step in creating possibilities for community members to meaningfully input into alternative commissioning approaches based on their own aspirations and goals. Staff also discussed instances of miscommunication that would also need to be addressed to enable community members to contribute to the co-design process. Several interviewees reported that miscommunication had occurred regarding the \$7.6M allocated to the pilots, which had led many community members to incorrectly believe that this sum would be invested in their Communities. Rather, this figure predominantly represents staffing and administrative costs, with providers to be commissioned from participants' plans.

2. Development and Implementation of Alternative Commissioning Approaches

2.1 Alternative commissioning measures appear to be having a positive impact in Katanning

Some market facilitation already implemented in Katanning appears to be having a positive impact. This includes the Connecting Katanning Expo held by the NDIA, in which service providers were given an opportunity to showcase their offerings to the community. The NDIA report that at the event, physiotherapy services were secured for 9 participants who had not previously had access. Commissioning activity has not yet been implemented in Maningrida.

2.2 Ambiguity and tension exist in the objectives of alternative commissioning proposals

The primary objective of the pilots is to address thin markets. However, guiding documents describe a range of objectives beyond this. The NDIS Review (2023) recommended alternative commissioning to address a range of market challenges, beyond the availability of providers, including the quality and cultural safety of services, and emphasised a need for place-based responses. According to the Theory of Change (DSS 2023), the expected impact of the pilots, in addition to improved access to supports, includes enhanced cultural capability; service delivery models that suit the needs of local Communities; developing strong partnerships with Aboriginal and Torres Strait Islander Communities, remote Communities and the disability sector; and achieving progress towards a strong and sustainable Aboriginal and Torres Strait Islander community-controlled disability sector. However, we also note that the objective described in the NDIA Project Plan (2024) is limited to developing and demonstrating a range of alternative commissioning strategies that can be replicated to support better service availability and address market gaps.

Tensions exist between pilot measures to address market gaps and the other objectives of the pilots; and this is further heightened by delays in milestone achievement. A number of interviewees saw the pilots as an opportunity to go beyond the Thin Markets Trials to collaboratively develop and test innovative models that address local needs and priorities. In particular, current reliance on external providers with fly-in/fly-out and drive-in/drive-out models and in some cases, on providers with models requiring participants to leave their Communities to access services, were highlighted by interviewees as potentially compromising the quality and cultural safety of services. One interviewee felt that place-based commissioning approaches to addressing these issues, and values-based commissioning approaches to assessing whether outcomes reflected Communities' priorities, were well aligned with the broader objectives of the pilots. Others commented that mechanisms are already established for direct commissioning and coordinated funding proposals, and that commissioning external providers through these approaches provided a more realistic means of addressing thin markets in the remaining timeframes of the pilots. Additionally, some staff reported that local providers may not currently have the capability or readiness to expand, implying that the project did not have the capacity to build capability or wait for provider readiness in the timeframes of the pilots. Due to these issues, and the time pressures in which the pilots are taking place, direct commissioning of external providers is being considered.

One interviewee also raised questions over whether place-based responses would be scalable. This individual felt that while locally-specific responses may reflect community needs and priorities, their specificity may limit their relevance to other contexts.

This lack of clarity over problem definition and the objectives of the project was particularly pertinent for staff involved in the Katanning site. While the primary intent of the pilots is to address thin markets, some interviewees felt that Katanning was not characterised by thin markets and that plan under-utilisation stemmed from information gaps between participants and providers. This has led to an approach that predominantly includes market facilitation measures.

2.3 In alternative commissioning proposals developed to date, Communities' perspectives have not been integrated

Interviewees discussed the development of alternative commissioning proposals during the pilots in response to Communities' needs. However, in interviews, staff generally defined local needs with reference to plan utilisation data, reports such as the Maningrida Deep Dive Report and the local knowledge of staff about Communities, rather than as emerging from community consultations or co-design processes. As the development of commissioning options is taking place at the same time as consultation, there appears to be limited capacity for Communities' perspectives to be included. Although the pilot is taking place in Katanning through iterative cycles of consultation and implementation activity, as discussed earlier it is not clear to what extent consultations relate to the pilots specifically. In Maningrida, it is also unclear whether opportunities existed in the workshop with Nja-Marléya Cultural Leaders and Justice Group for local issues to be considered in alternative commissioning proposals.

Round 2, June 2025

1. Implementation design and rationale

This section examines how alternative commissioning measures were selected and implemented across two fundamentally different contexts: Maningrida, where market-building through direct commissioning was considered to be required, and Katanning, where market facilitation was deemed sufficient. While both sites demonstrated strategic reasoning adapted to local contexts, the compressed timeframes fundamentally limited the innovation potential.

1.1 Alternative commissioning measure selection rationale has been premised on local needs, community preferences, implementation constraints and philosophies about market intervention

Maningrida: Direct commissioning in a constrained market as a market building strategy

Agency staff from both sites consistently positioned direct commissioning as an intervention of last resort, reserved for situations where market-based solutions were not viable. One interviewee articulated this philosophy: *"It's a question of how involved [the agency needs] to be [in] direct commissioning. I see it as a tool that you use when you can't see any other way to make that service viable [...] It's a market establishment mechanism as opposed to a forever mechanism."* A view existed amongst interviewees that Maningrida met these conditions.

In Maningrida, interviewees also described measure selection as significantly constrained by community preferences for local service delivery. One interviewee explained: *"the community leaders were very adamant that [...] things that could be done in community, by community"*. This position meant the NDIA felt limited to only consider commissioning services that genuinely required external expertise and could not be delivered by existing local capacity. Allied health services emerged as a seemingly logical choice for external specialist intervention, being one of the few service categories that both required specialised professional qualifications and showed clear gaps in plan utilisation data. However, this approach contrasts to the aspirations of many community members as reported earlier, of commissioning a local community-based provider within the pilot process.

The Maningrida allied health assistants measure was designed as a strategic two-phase approach prioritising local capacity building. As one staff member explained, *"the short-term goal objective was [...] there to address an immediate problem [...] But the long-term perspective was that as they are addressing the short term, they're building the long-term capability of the workforce."* This model envisioned allied health professionals initially providing close supervision to local assistants, and assistants gradually transitioning to greater local autonomy. It was also designed to reduce reliance on external providers over a long-term timeframe.

Katanning: Market facilitation as primary response

In Katanning, the selection of measures was described as adhering to a structured and sequential approach, beginning with the resolution of immediate access barriers and progressing toward the development of sustainable local capacity. Staff emphasised a philosophy that market facilitation should be the primary approach as viable markets existed. As one staff member explained: *"So what Katanning has been great for is an example of what good market facilitation work can do."*

Government doesn't always need to be really heavy-handed to get better results." Staff generally felt that sufficient numbers of providers existed in Katanning, but information gaps were present and NDIS participants and providers lacked connections. One staff member explained that NDIS plan utilisation data analysis revealed that "utilisation of funding ... was lower ... than it appeared to be ... at a nationally consistent level," but this was attributed to coordination problems rather than provider shortages. One interviewee characterised this as: "It's not always a thin market. It is about stimulating the market and connecting the market, and making the market more educated, and that's on both sides." Another interviewee explained that measures adopted in Katanning were designed to address the quality of NDIA engagement: "sometimes it's not about commissioning external services, but commissioning our services to be in there better or government services to be in there better."

The adoption of market facilitation measures in Katanning also emerged from an expansive interpretation of alternative commissioning amongst government officials working in this site. As one staff member explained: *"Everything we've done in Katanning has been related to the AC pilot. So, if it's an access clinic, it has to do with alternative commissioning. If it's a Connecting day, it's to do with alt-commissioning because you need to facilitate a whole range of events in that community to get as much information and data as possible about what's happening"*. This broad definitional approach in Katanning meant that activities undertaken within standard NDIA operations, such as access clinics and community engagement, were reframed as alternative commissioning measures. When asked about whether certain activities were routine NDIA work, the same individual stated that this work was being undertaken in response to community desires: *"It's only what Katanning wanted as part of the pilot. So, there's nothing really in here that is everyday stuff."*

The pilot was described by interviewees as providing both the funding and mandate for comprehensive community engagement approach that would not have occurred through standard operations. The engagement of a fly-in, fly-out service in Katanning to provide occupational therapy assessments for people applying for the NDIS and the facilitation of this provider on behalf of NDIS participants lacking access to physiotherapy provided a rapid response to urgent service gaps. These measures were positioned as temporary rather than permanent solutions. The employment platform measure was selected specifically in response to community feedback about administrative barriers preventing local participation in the disability workforce and challenges in becoming a registered NDIS provider. One staff member noted: *"that was feedback from the community. Like [if an individual] wanted to support someone in the community, but [...] they don't want to go through registration. They don't wanna go through ABNs [...] 'I wanna be able to just pick one person and work on two hours on a Thursday because that fits my roster'."*

1.2 Viability assessment of alternative commissioning measures through market building and market facilitation strategies

Maningrida: Building viable allied health services through consolidation

In Maningrida, staff determined that direct commissioning a single allied health provider would be more viable than the existing fragmented approach involving multiple providers. However, they also acknowledged that the success of direct commissioning in improving access to allied health therapies would depend on the quality and appropriateness of the services provided. As one

interviewee explained: *"We've got to build it over time [...] it will represent a significant advance in the quantum of services people are able to access out of their plans. But [...] it's heavily dependent on that provider being able to provide the service the right way."*

More generally, some staff commented that alternative commissioning (particularly direct commissioning, integrated commissioning and coordinated funding proposals) were not viable responses to certain service gaps due to insufficient scale. One staff member explained: *"So based on, [...] doing a model for all the therapy services [...] the scale of it just didn't add up in terms of is this going to be a viable sort of contract that has enough incentive built into it to make [...] a service provider sign on for it."* However, another staff member emphasised that viability assessments were not simply about assessing profitability for providers, and that providing privileged market access for the duration of the contract could also attract providers. This privileged access could potentially provide longer-term benefits to the provider if participants decided to continue with the provider after their commissioning contract ended and the market was opened to competitors. As one interviewee explained, direct commissioning provided access for providers to *"a continuous client base, so a guaranteed business over time."* The approach aimed to build long-term community relationships where providers would become accountable to local needs, and an avenue through which to *"build community relationships with providers that (the community) want, but at the same time, hold the providers accountable to the services that they deliver into community"*. This framing of accountability through budget expenditure decisions of individual participants contrasts with community feedback documented in earlier evaluation phases, where existing local providers were viewed as already accountable through established relationships and local governance structures.

Staff also acknowledged that alternative commissioning represented a strategic consolidation approach that might disadvantage some existing providers, recognising the inherent tension in market intervention strategies.

Katanning: Market facilitation and coordination approach

In Katanning, viability assessment followed a pragmatic approach, in which market facilitation measures thought to represent quick, implementable solutions were initially prioritised in order to generate momentum for the pilot. As one staff member noted: *"We said, let's just get some runs on the board [...] let's get some stuff happening so that people can see that we're actually trying to do something, and then we can build from there."* This approach prioritised market facilitation measures that could demonstrate visible agency activity to the community, rather than addressing specific identified service gaps.

1.3 Timeline pressures constrained co-design processes and shaped alternative commissioning measure selection

Prioritisation of less complex alternative commissioning measures in response to timeline constraints

Timeline constraints fundamentally shaped pilot implementation across both sites, leading to different strategic responses. Staff across both sites described needing to *"speed up work to get*

something done and money out the door". One interviewee observing: "Don't expect to see any outcomes by the end of the pilot given [the] timeframes."

Different responses were devised to address time pressures in each site. In Maningrida, timeline constraints led to the abandonment of the most ambitious community empowerment initiative. The community cooperative was originally designed as the centrepiece of local disability service decision-making and advocacy, intended to give community members increased control over provider selection and service delivery. As one interviewee explained, the cooperative would have meant *"the community run organisation [...] has control on who comes into their community, who delivers supports in the community [...] based on who they believe that is the right people."* The model was also designed to connect Maningrida to national disability advocacy networks, potentially creating *"a remote First Nations advocacy organisation"* that could play a consultative role in broader disability reforms. However, when timeline pressures mounted, this approach was rejected as too complex to implement within available timeframes. Regarding this decision, one interviewee reflected that a determination that this measure was *"too hard[...] really took out wind out the sails in terms of [...] the opportunity to really empower Maningrida as a community."*

In Katanning, the compressed timeframes were explicitly used to justify prioritising immediate action over extensive consultation. One staff member emphasised: *"the pilot for Katanning was only released last year in August...literally [we]had eight to nine months to do all this great work,"*

Compromised capacity for co-design

From the policy oversight perspective, timeline constraints fundamentally compromised the iterative community engagement that alternative commissioning required. Staff acknowledged that earlier commencement would have enabled proper consultation processes and consistency of approaches: *"If that had been months earlier, I think we would have been in a much better spot and probably would have had time to do the consultation and co-design processes in more detail."*

Implementation sequencing compromised in Katanning

Compressed timeframes prevented the optimal activity sequencing described by staff particularly affecting the logical progression from market analysis to the development of targeted interventions. One interviewee outlined their preferred approach for Katanning: *"if we had the two years, it would be [...] the first kind of year you would spend the time doing the market facilitation. Because once market facilitation is facilitated, then you would have the second year to [...] work through the gaps."* This sequencing would have allowed officials to identify genuine market failures before designing commissioning responses.

1.4 Difficulties in bringing together data-driven and community-driven decision-making approaches

DSS and NDIA staff articulated a clear philosophy of bringing together an understanding of local needs gained through analysis of plan utilisation data with community perspectives in developing alternative commissioning responses. One staff member explained how this was usually achieved through sequencing: *'I think what we usually try to get to is the idea that we use the data as the*

initial scoping thing to inform our scoping of options...but it should always be informed by then consultations with Communities about the qualitative assessment. Does that reflect people's perspectives? Is there something else going on here that we're not seeing in the data?'

While some interviewees discussed responding to community priorities by not proceeding with planned alternative commissioning measures, particularly in Katanning, there was a perspective that the integration of Agency-identified priorities and community perspectives had not been achieved effectively in either pilot site: *"Probably the bit that feels like we haven't quite nailed yet is the feeding back to the community on discussions on what the proposals might look like and how the community feels about that."* Instead, they noted that analysis of plan utilisation data and government reports (which included community perspectives) were the primary sources informing the development of alternative commissioning measures. One commented, *"the deep dive that was done by the Northern Territory Government was kind of the basis from a lot of our kind of early thinking on sort of what might work."*

This data-first sequencing led to different approaches across sites. In Katanning, staff used low plan utilisation rates to justify market facilitation measures, while in Maningrida, underspend data drove decisions about direct commissioning. The result was a tension between the stated philosophy of community-informed decision making and the practical reality of time-pressured implementation. As one staff member reflected: *"what we probably want to see more of was iterating that back with the community and having discussions about does that fit? Does that suit? Is there a different proposal that might work better?"*

Conclusion

The implementation design across both sites reveals how alternative commissioning was fundamentally shaped by philosophies hesitant to market intervention and practical implementation constraints. Although staff provided well-reasoned explanations for their choice of measures - emphasising market development in Maningrida and market facilitation in Katanning - tight timelines ultimately led them to abandon innovative strategies like community cooperatives in favour of more traditional approaches such as direct commissioning and market facilitation. The data-first approach, while pragmatic, compromised the stated commitment to community-driven co-design, suggesting that future alternative commissioning implementation must either allocate significantly more time for genuine community engagement or acknowledge the limitations of what can be achieved within typical government project timeframes.

2. Consultation, Engagement and Co-design Processes

This section examines how DSS and NDIA staff understood and undertook co-design processes across both pilot sites. Co-design was positioned as central to the pilots' Theory of Change, intended to ensure alternative commissioning measures reflected community preferences and priorities, and is an essential component of alternative commissioning in the NDIS Review recommendations. However, the analysis reveals significant gaps between aspirations and practical delivery, with implications for community empowerment and sustainability.

2.1 Variation in staff understanding of and support for co-design

As also illustrated in the first round of government staff interviews, interviewees articulated a range of understandings of co-design. One interviewee described co-design as transferring all decision-making and program design to Communities, stating:

So a proper co-design would mean we went out and said so, how's your NDIS experience? What do you want it to look like? And we would work with them to build the thing that is what they wanted it to look like.

Other interviewees had more nuanced perspectives on co-design, describing processes of dialogue and community input into program design. This included seeking feedback on measures that had already been developed. For example, one interviewee commented that:

What I do think, though, is there's one thing in listening, but there's another thing in engaging, actively engaging in that kind of listening. So, you know 'You told me this, so what do you think about this?' You know, and actually having that kind of, I don't know, it's not an intellectual conversation, but it's more of an actual constructive conversation of trying to find a middle ground with the community or with the individuals that are part of the trial.

Most interviewees were supportive of the use of co-design approaches, in the pilots and more generally, but not all. The interviewee above who described co-design as transferring all decision-making power to Communities felt that this approach was not feasible for government. They commented, *"given the timelines we work within we can't do that in a purest sense...because real co-design, you can't put a timeline on and you can't put a budget on."* Another interviewee also felt that co-design processes impeded action, commenting, *"People like to be kept informed and they like to give input but constant consultation and co-design gives people the willies because they want action"*. One staff member also felt that co-design was not necessary for market interventions that did not constrain the choices available to NDIS participants. They asserted:

I guess the other thing with Katanning is that because the interventions we used were really light touch we didn't feel we needed the same extent of authority because it was so much less invasive. It wasn't necessarily impacting people. People retained the option to disengage if they didn't want to play, and they had the option to be at the table directly through those community engagement events if they wanted to be there.

2.2 Insufficient processes to support consultation, engagement and co-design in practice

Advisory engagement model in Maningrida

In Maningrida the Agency adopted a structured advisory model. While consultations were held with key community members and other stakeholders, in the later stages Nja-Marléya Cultural Leaders and Justice Group were *"engaged [...] as community leadership reference group"* with a focus on *"building their knowledge, their capability, understanding, but also listening to what they're wanting, their voices."* However, staff members acknowledged that *"the consultation slash co-design component wasn't really there."*

While one staff member stated that two different (unnamed) traditional owner groups had provided support for the alternative commissioning measures adopted, another stated that the specific alternative commissioning measures *"weren't discussed [with traditional owners]. What was discussed informed the development of the model,"* rather than Communities being involved in

designing the interventions themselves. A third staff member held a similar perspective, stating, *"the co-design that the agency's taken away, it's like that deep consultation and then it's hearing what's been said and then developing the model. Not necessarily taking the model out to be discussed widely with interviewees."*

Information sharing in Katanning

In contrast to Maningrida, a broad community engagement process was adopted using an information-sharing approach in Katanning. Community consultation about the pilot was incorporated into other routine NDIA community engagement activities in the Katanning region, including through the Connecting Katanning Working Group and yarning circles with Noongar groups. One staff member for example described *"heaps of consultation"* across multiple forums. While community events, yarning circles, and working group meetings created multiple touchpoints, the focus remained on *"getting as much information and data as possible"* rather than sharing decision-making power. Another staff member described the approach in the following way: *"we have a working group with community, which is more of information sharing and getting their feedback"*. Agency staff did not describe this as a co-design process.

Staff with oversight of Katanning advocated against overly theoretical approaches:

[People] can get too academic in this stuff and that's why sometimes things fall out because [they] get too academic about it...sometimes [they] just need to look at that service delivery, human nature of how do you get what you need to achieve...sometimes these solutions are simple and easy and being just human about them.

In Katanning, staff described engagement processes as *"very much led by our First Nations community"*, in terms of providing direction for appropriate engagement opportunities. A consultative process involved, according to one interviewee, *"bringing offers to the table, but not being so concrete in our thinking that the offer had to go through,"* suggesting Communities could influence selection from predetermined options rather than define problems and solutions collaboratively. There were genuine instances where community perspectives were considered in the Agency's decision-making processes. Most notably, an early childhood commissioning proposal was abandoned despite data analysis suggesting this was a priority area, following community feedback. As one interviewee emphasised: *"There's been times where we've proposed things and they've come back to us and said, 'No, we don't need that [...] what we need is here'"*.

The breadth of activity in Katanning was used to justify labelling all engagement as pilot-related. When questioned about the extent to which this activity has included consultations regarding the pilot specifically, one staff member explained: *"Everything we've done in Katanning has been related to the AC pilot [...] because you need to facilitate a whole range of events in that community to get as much information and data as possible.* However, one staff member stated that some yarning circles had not specifically discussed the pilot, stating, *"Most of the Communities throughout Tambellup and Kojonup, the participants in the yarning circles haven't graduated primary school. So, we're very simple in how we talk about... We're just here to talk about NDIS. We're here to talk about someone with a disability. What sort of help or what sort of services do you need? How can we make things better for you?"* This approach illustrates assumptions about capacity rather than recognition of different knowledge systems, and the absence of an approach to build foundational knowledge in order to allow community members to engage with the pilot

process as occurred in Maningrida. It also raises questions about the extent to which the community more generally has been given opportunities to engage with the pilot process.

2.3 Challenges in undertaking consultation, engagement and co-design

Both sites faced significant constraints that limited genuine community involvement in the pilots, with some staff questioning whether their approaches truly constituted community-led decision-making. In particular, the compressed timeframes in which the pilots took place were acknowledged as posing a challenge to genuine engagement. One staff member, for example, noted in relation to yarnning circles in Katanning: *"You can't walk into one yarnning circle and just go, hey, I'm here [...] You've just got to go to like two or three before you even get a chance to actually speak and put your voice across and just listen."* Some interviewees also acknowledged that consultation and engagement processes were not reflective of a co-design approach. One interviewee admitted: *"I think where we've let ourselves down a little bit in terms of achieving the intent of the measure was around the co-design, probably not being as much in partnership with community as it probably should have been."*

In Maningrida, interviewees acknowledged that the attempt to establish an advisory process should have commenced much earlier. The complexities of engaging with appropriate cultural governance structures were particularly challenging and required time. One interviewee recognised: *"I'm acutely aware of the challenges... in terms of identifying the right kind of cultural leadership group in Maningrida in particular to work with. I think it's taken a bit of time to sort that out, to get that right."* The same interviewee felt that had this process occurred in both sites earlier, a much greater level of local decision-making would have been possible, commenting, *"[if the NDIA had] established a relationship with the right community leadership groups in both Communities earlier on, we would have had more time to kind of do that iteration back and forth of listening to what the needs are, developing something with the community and testing back."* While this demonstrates some recognition of the importance of engaging with local decision-making structures, it also reveals how navigating local governance complexity needs to be a design consideration requiring specific approaches to partnership and decision-making and a time allocation.

2.4 A need to build the foundational knowledge of Communities and use appropriate communication methods so that they can engage with alternative commissioning

Staff in both sites highlighted the need for foundational community knowledge about the NDIS, the Agency and commissioning processes to support meaningful engagement taking place. One staff member, for example, commented that *"the agency [...] needs to have their eyes open to the levels of knowledge and understanding of the NDIS by community members. [...] there needs to be significant investment in community to build their knowledge and understanding of the NDIS."*

Staff recognised language differences as significant obstacles to meaningful engagement. In Katanning, which has high cultural and linguistic diversity, one interviewee noted that *"the top five languages in Katanning are not English. But every government agency goes in there and speaks English."* This recognition led to some responsive adjustments, with the team including *"someone on board with us in a team leader role that speaks Malay and Chinese [...] that could sort of be involved in [...] community that I myself potentially could not."* Similarly in Maningrida, the Agency

responded to calls from the Nja-Marléya Cultural Leaders and Justice Group for more information about the NDIS, commissioning and the pilot project by agreeing to hold a community information day. However, a death in the community required this to be postponed, with the event now planned for August 2025, after the pilot project concludes. These adjustments illustrate responsiveness; however, they were largely reactive and focused on individual staff capacity rather than systematic approaches to culturally appropriate engagement methodologies.

2.5 Varying relationships with NDIS providers

Maningrida: Competitive tensions

Interviewees reported that in Maningrida, some providers expressed resistance to pilot implementation approaches, with one describing some providers as "*stropy*" about their exclusion from access clinics. One staff member described anticipating that providers would be "*annoyed about direct commissioning another provider for allied health.*" Another interviewee acknowledged the provider relationship challenges of direct commissioning, and that this could have been better managed, but felt relationships remained workable: "*I think we could have done it better than what we did [...] the relationships, I think with leadership, I think they're reasonable. I don't think they are unamicable.*" Interviewees illustrated how alternative commissioning can potentially create competitive tensions when existing providers are excluded.

Katanning: Market stimulation and provider satisfaction

Conversely, in Katanning, service providers were described as responding much more positively, with government staff noting they were "*loving it*" because the pilot has generated additional business opportunities for them. This difference suggests that market facilitation approaches that expand opportunities for existing service providers may contain different considerations regarding provider relationships than direct commissioning approaches that potentially compete with established services. The contrasting provider responses highlight how alternative commissioning can either complement existing business models or create uncertainty and disadvantages.

Conclusion

The analysis reveals a fundamental disconnect between the pilots' co-design aspirations and practice. While staff demonstrated sophisticated understanding of co-design principles, practical constraints led to primarily consultative approaches with limited community decision-making power. The most significant finding is that Communities were largely positioned as recipients of information and reviewers of pre-developed options, rather than equal partners in problem definition and solution development. While in Maningrida, there was some attempt to build knowledge of the NDIS and alternative commissioning so that the Nja-Marléya Cultural Leaders and Justice Group could meaningfully engage with the process, a similar process does not appear to have been attempted in Katanning. Rather, a lack of foundational NDIS knowledge amongst some Aboriginal Community members in Katanning was argued to prevent their involvement in pilot processes, and as requiring consultations to be limited to general NDIS experiences, without discussion of the pilot. This pattern occurred despite genuine instances of community influence, such as the abandonment of an early childhood initiative in Katanning based on community

feedback. The implications of a lack of community involvement in the pilot, however, extend beyond process fidelity to questions of sustainability. Measures developed without genuine community ownership may face implementation challenges as pilots transition to business-as-usual operations.

3. Organisational and systems factors

This section examines the organisational dynamics and systems factors that shaped alternative commissioning pilot implementation across both sites. The analysis explores how internal NDIA structures and changes, staffing decisions, and inter-agency coordination affected the delivery of community-driven approaches.

3.1 Organisational dynamics and relationships impacted on project governance and relationships in Communities

The most significant organisational issue discussed by interviewees as impacting the pilots was the internal uncertainty that arose over the internal governance of the pilots in 2024 and the eventual transfer of the pilots from the Market Stewardship Branch to the National Remote Services Branch in September 2024. This created substantial disruption and loss of strategic focus that fundamentally shaped implementation possibilities. With respect to Maningrida, interviewees described how the transition between branches fundamentally impacted project continuity and directly contributed to the sequential approach documented in the co-design analysis. One staff member explained: *"the swapping between different teams and different project managers, I think, has impacted on the project. So, I think that there's probably [...] should have been more engagement with families [...] and interviewees."* This disruption helps explain why some staff described having *"very limited interaction with interviewees"* despite being responsible for developing measures to address issues in their Communities.

Staff interviewed highlighted the critical importance of having team members with appropriate local knowledge and community connections. One staff member noted the importance in Maningrida of: *"getting the right people to manage it, people that are from the Northern Territory that understands the community, that understands logistics, that understand the cultural, the environment."* Initially, when the project was governed by the Market Stewardship Branch, some key staff were located in different States and Territories to the pilot sites; and the transfer to the National Remote Services Branch saw key staff based in greater proximity to the project sites. However, others saw the discontinuity in staff working in each site as having a negative impact on the retention of local knowledge and relationships.

The transition between NDIA branches resulted in substantial knowledge gaps that contributed to the pattern identified in section 2.2, where alternative commissioning measures were developed in advance of community consultation rather than through collaborative processes. One interviewee acknowledged: *"So, yeah, there are bits that I wasn't around for as well, and that I can't speak to."*

Another interviewee described how organisational silos had fundamentally undermined the pilots' potential, providing crucial context for understanding why the pilots fell short of their transformative aspirations: *"it's been quite disheartening [...] This opportunity, there was so much, it could have done so much [...] it's such a large organisation, but it's a siloed organisation. And*

because it's so a siloed organisation, the ramifications [...] has been demonstrated through this evaluation." These knowledge silos help explain the disconnects between different understandings of the pilots' success, as evidenced by staff describing 'heaps of consultation' while others acknowledging 'the consultation slash co-design component wasn't really there', suggesting inadequate feedback mechanisms within and across the NDIA boundaries.

3.2 Inter-agency communication and collaboration opportunities and challenges

Interviewees identified significant barriers to effective inter-agency collaboration that undermined the effectiveness of pilot processes and contributed to difficulties in bringing together data-driven and community-driven approaches identified in section 1.4. One interviewee explained: *"We've probably not had quite as open an exchange of information as we would have liked on a lot of the way the project has kind of panned out...It's not always been clear how the NDIA has engaged with the suggestions and the like that have been put forward in that process."* Staff described how inter-agency relationships could have been more productive if approached as genuine partnerships. One interviewee reflected: *"So we would have sort of liked to have had a more kind of...joint process in developing options that we're going to put back to the community for consultation. I think there's probably something there where the Agency and the Department have slightly different skill sets where, working together, we could have done that a little bit more effectively."* The staff member identified fundamental cultural differences between NDIA and DSS: *"There's probably a bit of a cultural difference in terms of the focus on the operational implementation side of things and one Agency's sort of more policy driven role. I think, where we're going to need to get to next, is how we then join the operational side of this to the market stewardship arrangement...because I think at the moment the operational side of things and the policy side of things are a little bit too separate and needs to be brought together to deliver appropriately."*

Despite challenges, there were also some positive examples of inter-agency coordination, particularly regarding Katanning. When community consultation raised issues beyond NDIA's remit, staff demonstrated flexibility by engaging relevant State Government agencies. One interviewee explained: *"we had to be the lynchpin that linked everyone else back together [...] the community seeing government agencies work together is something that the alt commissioning's brought as well."* Staff reported positive feedback from State Government partners regarding Katanning outcomes: *"Some of the feedback we've had recently from our WA Government counterparts is actually really positive in terms of the increase in sort of utilisation rates across Katanning and then there are reports about better engagement and information available etc. So, we are hearing quite positive things which are possibly less focused on the actual alternative commissioning measures."* This flexibility suggests that when organisational barriers are overcome, alternative commissioning can facilitate broader government coordination that extends beyond NDIS service gaps to address systemic community needs.

Conclusion

The organisational factors analysis reveals that internal NDIA dynamics significantly influenced the pilots' implementation approaches, providing important context for understanding the in-practice challenges documented throughout this evaluation. The transfer between NDIA branches created substantial disruption and knowledge silos within the NDIA that affected both community

engagement and measure development processes. Additionally, inter-agency communication barriers between the NDIA and DSS limited the potential for effective partnership approaches and created barriers that affected both community engagement and measure development processes, though positive examples of coordination in WA with state government departments demonstrates the potential when these barriers are overcome.

Future alternative commissioning efforts may benefit from early consideration of organisational readiness and sustained leadership commitment to partnership approaches and improved inter-agency coordination mechanisms. Addressing these systemic factors alongside improved project management and community engagement techniques could enhance the potential for alternative commissioning to achieve its stated objective of community-driven service development.

4. Outcomes and effectiveness assessment

This section examines the assessments of DSS and NDIA staff of pilot effectiveness across both sites, revealing outcomes that extended well beyond traditional service delivery metrics to encompass community relationships, organisational learning, and system understanding. The analysis explores how the implementation constraints, co-design failures, and organisational challenges documented in sections 1-3 shaped what was ultimately achievable.

4.1 Effectiveness assessment and gaps

Implementation delays prevent assessment in Maningrida

Staff noted that assessing effectiveness in Maningrida remained premature, as direct commissioning measures were still being implemented. Compressed timeframes and delayed implementation prevented assessment of outcomes iterative community feedback on measure effectiveness.

Improved NDIS access and local relationships as key outcomes in Katanning

In Katanning, the pilot achieved tangible outcomes regarding NDIS access including establishing a NDIS access point, securing regular fortnightly presence by the Local Area Coordination service, and positioning Katanning on the NDIA's mobile service centre route. Local employment through the engagement of an employment platform was being established at the time of writing. Interviewees anticipated success in engaging more community members in the local disability workforce, and as a result, a better quality of local services.

Reputational transformation and improved community understanding of NDIS mechanisms were described as key successes in Katanning. As one interviewee noted: "*So feedback has been that NDIS [...] reputational brand and community has increased astronomically through this, but more importantly, the understanding of how it all works and what the mechanisms are [...] Local people can work for the NDIA. You can go to an access point in Katanning and get help [...] it's not a call centre number.*" One staff member contended that alternative commissioning was generating benefits for the community, not only by addressing the availability of NDIS providers but also by enabling greater NDIA presence: "*I think from alternative commissioning, sometimes it's not about*

commissioning external services, but commissioning our services to be in there better [...] It's around how do we connect the dots for everyone in the community?"

Interviewees also identified that some community appreciation stemmed from basic service information rather than alternative commissioning measures specifically. In Katanning, one interviewee noted that *"one end of the town doesn't know what the other end of town is doing,"* with community members expressing appreciation for learning about existing services: *"We got a lot of benefit and people just going, I never knew that was there. Thank you for bringing that to our attention."* This finding suggests that alternative commissioning pilots may generate value beyond their intended scope by addressing fundamental service coordination gaps. However, it also raises questions about whether reported community satisfaction reflects appreciation for basic information sharing rather than endorsement of alternative commissioning approaches specifically. These tangible outcomes demonstrate how market facilitation can achieve concrete results while building community confidence in government presence and responsiveness, aligning with the market facilitation rationale documented in section 1.1.

Self-reported success metrics and verification challenges in Katanning

Staff with oversight of Katanning expressed strong confidence in their achievements, reporting substantial increases in NDIS participation rates in the Katanning region: *"75 per cent rise in CALD participants through our work, and we had a 17 per cent rise in First Nations participants in our work. So, I think that's a really shows significantly when you go in there what you can actually achieve'.* The same interviewee summarised the achievements in Katanning as being: *"a huge success and it's not perfect, but it definitely has...if you think of (NDIS plan) utilisation increase, that means people are getting supports now."*

However, another staff member identified ongoing data collection challenges that limited comprehensive effectiveness assessment: *"One of the challenges we've got at the moment, too, is just having to think about our ability to kind of capture workforce data from NDIS providers and the like is probably not as good as we'd like. And so, we're having to rethink about what are ways we can kind of get some better information around that."*

Cross-site learning: Organisational capability development

One interviewee observed that the pilots addressed internal needs associated with the development of a national remote workforce: *"As an Agency, that's been one of the [...] best things out of this project because it's been able to mobilise a workforce that didn't understand before what being in community and working in community would look like [...] it's been a really good proof of concept."* This organisational capability development represents a significant outcome beyond direct service delivery, demonstrating how alternative commissioning can build internal government capacity for community-based work despite the organisational challenges documented in section 3.1. However, this learning occurred despite, rather than because of, the pilots' design, suggesting that future initiatives could achieve greater impact with better organisational preparation from the outset.

Interviewees also recognised that broader engagement activities delivered significant value beyond specific alternative commissioning measures, with one commenting, *"So I think that stuff's been*

really positive for us. And even if that's not the alternative commissioning measures themselves, the stuff that is wrapped around that seems to be having a really positive impact. It's probably a good lesson for us to not just focus on the commissioning measures and think about everything else that kind of goes with it support that as well." This finding connects to the comprehensive engagement approach documented in section 2.2, where all activities in Katanning were framed as alternative commissioning-related. While this suggests value in broad community engagement, it also reveals how the pilots' actual benefits diverged significantly from their intended alternative commissioning objectives.

4.2 Sustainability assessment

Market transition strategy limitations in Maningrida

In Maningrida, direct commissioning was designed as a market-building strategy rather than a permanent intervention. As discussed above, interviewees felt that after the three-year contract, the provider ideally would have established connections in the community and the market could operate as usual. Staff noted: *"Allied health direct commission and allied health assistants' package: both designed for long term sustainability: provider will face competition after the contract ends so has incentive to deliver a good quality service."*

Business-as-usual integration challenges in Katanning

Interviewees expressed confidence in the sustainability of core measures in Katanning because they integrated with NDIA business-as-usual operations rather than requiring ongoing special funding. As one interviewee explained: *"the stuff we put into Katanning, I think, should have no problem with the (employment) platform and the support workers, the access and agent point being there to support people because they're all things that'll form part of BAU."*

Regarding the Agency's plans for ongoing engagement in Katanning, however, staff identified ongoing resource needs that extend beyond service contracts: *"There's a bit piece of work that needs to be done [...] in terms of those interactions [...] we've got to be mindful about the resourcing and what their expected jobs were meant to be."* This highlights the ongoing investment required to maintain relationships and local capacity beyond the formal conclusion of pilot activities.

Conclusion

Effectiveness assessment was limited across both sites, as key measures in both sites were still in early stages of implementation during the interview period. The effectiveness assessment reveals some early outcomes across pilot sites, with positive outcomes that differed from the specific objectives alternative commissioning measures. While staff in Katanning reported positive outcomes including substantial increases in NDIS participation rates and improved community understanding of NDIS mechanisms, much of their reported community appreciation stemmed from basic service information rather than alternative commissioning measures specifically. Both sites generated valuable organisational learning, particularly regarding workforce development for community-based engagement.

The sustainability challenges identified across both sites reveal important considerations for future alternative commissioning efforts. In Maningrida, the market transition strategy relies on assumptions that the directly commissioned provider will establish community connections and face competition after the three-year contract ends. In Katanning, while staff expressed confidence that measures would integrate with their business-as-usual operations, they also identified ongoing resource needs for maintaining relationships and local capacity beyond formal pilot activities.

5. Integration with existing systems and services

This section examines staff perspectives on integrating alternative commissioning measures within existing systems and ensuring their long-term sustainability beyond the pilot timeframes. The analysis explores how measures could transition to business-as-usual operations, the resource requirements for scaling alternative commissioning approaches, and opportunities for cross-sector collaboration.

5.1 Opportunities and challenges in the transition of alternative commissioning into business-as-usual

DSS and NDIA staff felt that alternative commissioning measures would be best integrated with existing service systems through business-as-usual operations in both sites. As one interviewee noted, the pilots are occurring within the context of the development of a NDIS remote service delivery model which involves *"having staff get out into Communities generally,"* suggesting that integration would naturally develop through sustained presence rather than pilot-specific activities.

However, staff acknowledged significant challenges in achieving seamless integration. The pilot activities revealed existing coordination gaps between different service systems that would need to be addressed for effective integration. Staff noted that successful integration required not just a NDIA presence, but active coordination with State and Territory Government services, health systems, and local community organisations.

Staff acknowledged that market facilitation measures could readily transition to business-as-usual operations. However, concerns were raised about the adequacy of transition planning, with one interviewee noting that *"the Agency hasn't properly considered BAU transition"* despite plans to continue work in both sites beyond 30 June 2025.

5.2 Further work needed to provide guidance on market monitoring and interventions

Staff emphasised that scaling up alternative commissioning requires further developing the Agency's capacity to identify market failure and thin markets. One interviewee, for example, discussed the need for adequate data to support identification of market issues and subsequently consult with Communities about addressing them, asserting:

Sustainable long-term is, I think, you're going back to that data, right? So, they're having access to actually identify where the market failures are happening. And it's like an evidence base for that. And it is that starting point to go and have those consultations. And then the resourcing for NDIS staff members to go and consult with community because [...]

it wants it to be community-led and driven through local governance structures, moving towards community control.

Another interviewee described a need to develop alerts and automation so that this could occur within routine business:

It's sort of where we'd like to see the alternative commissioning approach get to down the track is this is part of the toolkit. We have to kind of get a clear idea about when we say our individualised plan isn't working in this location or for this cohort of people. What do we need to do differently? Let's start a process to gather the information, develop something, iterate back with the event. How we kind of do that in a way that doesn't require a decision of government and allocations of additional funds to support that. Can we just do that within our normal business as usual processes and what other government structures we need to set up to support.

A third staff member contended that work on developing market interventions needed to consider different contexts:

So (alternative commissioning) has all these really sort of [...] these ideals of a starting point and how it's meant to be done, but it's that groundwork underneath to get it to that point. That's where the investment needs to be, that resourcing needs to be. And [...] that's going to differ depending on the situations.

Interviewees also identified the need to develop guidance on market interventions, with one observing:

There's definitely some guidance that can be written up to help direct people to when it's appropriate to use [...] So it's like, OK, well, when do we start using these different tools? [...] Some case studies, how, when, what are the key signs we're looking for for this market failure [...] those real life examples are really helpful.

Staff articulated a need for the ongoing involvement of policy agencies to support this:

When we transition alternative commissioning to being more of a BAU arrangement...there should be a role for policy agencies in terms of when we identify that there's a need for activating a policy intervention or setting up a new programme...Part of any co-design process we're iterating back to Communities to have discussions about that...rather than relying on...third-hand information from the NDIA.

Some interviewees emphasised the need for a comprehensive evaluation of future alternative commissioning initiatives, noting that *"qualitative data as well as plan utilisation will be needed in future to assess service quality, Communities' experience of services."* This need for systematic guidance illustrates that alternative commissioning as a suite of measures within the NDIS remains in developmental stages.

5.3 Resource requirements for future market intervention

Some interviewees acknowledged resource constraints would significantly affect scaling decisions, with one stating, *"We don't have an infinite bucket of money, so it's that sort of question about where is it best used and where do we get bang-for-buck?"* This resource reality connects to the

emphasis on data-driven identification of intervention needs and the importance of building systematic approaches rather than resource-intensive bespoke responses for every community.

Staff with oversight of the Katanning pilot positioned their approach as highly resource-efficient and easily replicable: "*[This can be done] with not a lot of money, [...] some travel budget, [...] a little bit of money to be able to do events, but it's quite sustainable...[it's about] taking the Agency to the people.*" However, our analysis suggests that meaningful engagement requires more substantial investment in relationship-building and cultural competency development than initially anticipated.

5.4 Cross-sector integration opportunities

Some interviewees identified opportunities for broader integration across care sectors, including through "*pricing harmonisation work across the care sector*" which offered "*potential for integration and combined regulation*" across NDIS, aged care and veterans affairs services and supports. This regulatory harmonisation could reduce administrative complexity for providers operating across multiple sectors.

5.5 Intergovernmental collaboration opportunities

The Katanning pilot demonstrated positive potential for intergovernmental collaboration, with staff noting how bringing together "*mental health and people like that to facilitate [...] the community seeing government agencies work together*" became a valued outcome in itself. This suggests that alternative commissioning could serve as a platform for broader service integration initiatives.

Conclusion

This integration and sustainability analysis reveals that alternative commissioning remains an under-developed set of interventions. Further work to establish the range of market interventions available to the agency, in addition to pilot testing and evaluation to establish their effectiveness and appropriateness in different contexts, is needed.

Summary

Two rounds of interviews were undertaken with DSS and NDIS staff in order to generate an understanding of the policy and operational context, to inform findings and recommendations.

Interviewees expressed a sincere commitment to addressing thin markets and service inequities, however our analysis highlights substantial challenges in undertaking co-design and developing NDIS market interventions in remote and regional Communities. Key challenges include the substantial commitment and expertise required for co-design and navigating the dynamics of local Communities; internal dynamics and culture; governance and staffing changes in the context of work that requires relationship development; and viability limitations to alternative commissioning. Our analysis further supports the findings of the evaluation of NDIS co-design

projects, that organisational systems and processes and internal decision-making may not be well oriented to supporting co-design (Clear Horizon 2025).

The wide variation in staff perspectives elicited in interviews is particularly notable. Staff diverged considerably in their views on co-design. Those who saw co-design as transferring all decision-making to Communities and as impeding action were less supportive and felt co-design was ultimately as unrealistic. Others who defined co-design as involving dialogue and shared decision-making felt that these processes were important in ensuring that alternative commissioning measures were both appropriate and effective. These findings suggest that these fundamental differences in conceptualisation and assessment of co-design may continue to pose challenges to undertaking co-design in future.

Staff also diverged in their assessments of the successfulness the pilots. Those who felt that the pilots were generally successful cited achievements that differed from the stated objectives of the pilots, including NDIA workforce mobilisation and reputational enhancement, as well as the success of market facilitation measures in Katanning in disseminating information and connecting providers and participants. Others who were less optimistic about pilot outcomes were concerned that robust co-design had not been achieved and that the alternative measures selected for implementation were not sufficiently innovative and had been piloted previously. These findings suggest some tensions between pilot objectives of building the evidence base for alternative commissioning and addressing more immediate imperatives in the pilot sites and within the Agency.

These considerable policy and operational challenges provide an insight into the approaches adopted and alternative commissioning measures implemented in the pilot sites, with implications for future outcomes. Our findings from analysis of DSS and NDIA interviews also reveal organisational opportunities and constraints, helping inform our recommendations for future alternative commissioning.

Discussion, Findings and Recommendations

Discussion

In this section we discuss key outcomes from the pilots, how they emerged, and their implications; findings; and recommendations for future alternative commissioning. See Table 2 for our responses to the research questions.

Some community consultation occurred in both sites, however mechanisms for community engagement did not reflect a co-design approach. We are unable to make a finding regarding the extensiveness and quality of community consultations.

Co-design is distinct from consultation. In Arnstein's (2019) widely cited ladder of citizen participation, consultation can be a step towards full participation, however many more steps are needed to achieve Community control. Consultation typically involves seeking Community input on predetermined options or proposals, while co-design involves Communities as equal partners in defining problems, developing solutions, and making decisions about implementation.

Internal changes within the NDIA contributed to significant delays in both sites, leading to compressed timeframes that were insufficient to navigate the complexities of co-design. Significant delays and changes in project governance, approach and staff in both sites posed difficulties in the task of building local relationships. Compressed timeframes were also produced in Maningrida by the time taken by the Agency to stand up teams and the postponement of some travel due to events in the community. The Ministerial announcement of Katanning as the second pilot site on 30 July 2024, meanwhile, prevented Agency staff from commencing work in the Katanning Community earlier. Both pilot sites are diverse Communities and local governance in each location is complex, requiring time to be allocated to the task of devising appropriate consultation and co-design processes, including determining which Community members and groups to partner with.

The Agency provided a detailed list of extensive local consultation and engagement activity in both sites in response to our request (Appendices 2 and 3), however it is not clear to what extent this activity relates specifically to the pilots. Interviews with DSS and NDIA staff explored local consultation, eliciting some conflicting information. Further interviews with Community members, NDIS providers and other stakeholders revealed strong sentiments that local consultations had not been sufficient in both sites. We are therefore unable to make findings regarding the extensiveness and quality of consultation processes.

In Maningrida, some Community consultation occurred with the Dukúrrdji clan, the traditional owners of the Country on which the town is situated, and with local NDIS providers in earlier phases of the pilot. However, this was not sustained. In February 2025, an advisory process was established with Nja-Marléya Cultural Leaders and Justice Group, in which the Directors comprise Community leaders representing all major language groups in the region. Over the three workshops that the Agency held with the Group over March – April 2025, Community leaders had opportunities to discuss their experiences of the NDIS and access gaps, and were provided detailed presentations about alternative commissioning and the pilots. In response to the Group's concerns about a lack of understanding of the NDIS and alternative commissioning in Maningrida, and

among Directors themselves, a community education event was planned for in May 2025, but later postponed until August 2025 following the death of a significant Community member.

However, the Agency was already in advanced stages of developing alternative commissioning proposals for Maningrida when the workshops with Nja-Marléya commenced in March 2025. The Agency's Project Plan (NDIA 2024: 6), for example, finalised in late 2024 prior the commencement of the advisory process, specified the completion of a direct commissioning framework for allied health therapy services and procurement to be undertaken by the end of March 2025. The engagement process with Nja-Marléya commenced too late to allow Community perspectives to meaningfully shape alternative commissioning measures.

In Katanning, the pilot was integrated within the Agency's broader activities in the region. Substantial consultation and engagement occurred with the community regarding this broader activity, however the extent to which this encompassed consultation regarding the pilot remains unclear. Initially, there was some Community consultation specifically regarding the pilot, however it is unclear whether this was sustained.

The Connecting Katanning Working Group, comprising NDIS providers and other local service providers whose clients include NDIS participants, was convened by the Agency as part of the pilot process. Working Group members described a shift in the Agency's methods from a more consultative, collaborative approach initially to one premised on disseminating information about NDIA activities. No dedicated groups were convened for NDIS participants, caregivers or other community members to participate in the development of alternative commissioning measures.

Interviews with Agency staff show that the development of alternative commissioning measures followed a data-first approach, with analysis of NDIS plan utilisation data and policy documents such as the Northern Territory Government's Maningrida Deep Dive Report (2023) being used to understand access gaps and identify potential alternative commissioning responses prior to Community engagement.

Due to a lack of avenues for Communities in both sites to be involved in decisions regarding which alternative commissioning measures would be implemented and their subsequent design, Community consultation and engagement activity did not reflect a co-design approach. The pilots therefore significantly diverged from the Theory of Change (Department of Social Services 2023), in which a co-design process is central.

The lack of opportunities for co-design and local decision-making did not reflect Communities' expectations of the pilot process in either site

In both sites, we have documented the practical ideas and responses to NDIS access gaps of community members. The place-based responses of community members, informed by their local knowledge, their perspectives on local issues and in many cases involving cultural safety considerations, indicate these Communities' capacities and willingness to be involved in developing alternative commissioning measures.

In Maningrida, the time and effort taken by the Agency to identify a local governance body comprising key Community representatives was largely viewed as a positive step, although some felt other stakeholders should have been more involved. Nja-Marléya Directors involved in the workshops held by the Agency described the objectives of the pilots, of addressing NDIS access

gaps, as resonating with their concerns about local access to services and supports. They appreciated the opportunity to share their experiences of the NDIS with Agency staff, and described feeling heard in workshops. However, Directors almost unanimously felt that the workshops were too rushed and that sufficient time and information had not been provided for them to fully engage in the process and provide informed advice. Other community leaders also articulated unmet expectations of opportunities for involvement in the pilot process and of receiving regular updates.

In Katanning, most of the people living with a disability and the caregivers who we interviewed were not aware of the pilot and therefore unable to comment on the process, as well as some other local stakeholders. However, Community members described a need for the Agency to adopt a grassroots, Community-based approach in partnership with the Community to address NDIS access gaps. Amongst local service providers and other stakeholders involved in the Connecting Katanning Working Group, a growing scepticism emerged over the shift away from an initial consultative, collaborative approach. Several described uncertainty over whether advice and feedback they had provided had been considered in the development of alternative commissioning measures.

The engagement processes adopted by the Agency therefore did not reflect Communities' expectations of involvement in the pilot in either site.

In both sites, Communities contend with a lack of accessible, culturally appropriate information about the NDIS and of alternative commissioning; and this impacted on the capacity of community members in Maningrida to provide meaningful advice about alternative commissioning measures when they had the opportunity to do so

We documented a need for accessible, culturally appropriate information about the NDIS, alternative commissioning and the pilots in both pilot sites. Community members described needs to better understand the Scheme and how it works, the commissioning cycle, and standard and alternative commissioning. The market-based philosophy of the NDIS did not appear to be well understood in particular. This framework differs from that of most other health and social policy sectors, and competition amongst providers may not be well reflected in the way the Scheme operates in practice in some thin markets. This need was compounded by the absence of a full-time NDIA presence in both Communities and a lack of staff drawn from within the local Communities.

As noted above, in Maningrida, Nja-Marléya Directors described this lack of information as impeding them from providing informed perspectives and advice to the pilot. In response, the NDIA has planned a community information event to build local knowledge in August 2025 after it was postponed in May 2025. However this event, occurring outside of the pilot, is too late to impact on the pilot process and would have been far more useful had it occurred at the beginning of the pilot.

A series of events were also held in Katanning as market facilitation measures and to build local knowledge of the NDIS. While some Community members described appreciating this opportunity, others were unable to access the information they sought; and some Aboriginal Community members described feeling excluded from these events.

It is not clear the extent to which Community consultations in Katanning provided opportunities for Community members to build their knowledge of alternative commissioning and the pilots. Concerningly, some Agency staff reported in interviews that they perceived some Aboriginal Community members in Katanning to be lacking the level of education required to engage with the pilots and the concept of alternative commissioning. Rather than seeking to build knowledge, as was attempted in Maningrida, staff did not discuss these topics, only exploring NDIS experiences.

Community members suggested providing information about the NDIS in accessible, culturally appropriate formats through the use of diagrams and pictorial prompts, by breaking down complex concepts such as 'commissioning', 'alternative commissioning' and 'procurement' more, and by engaging local community members as cross-cultural facilitators and interpreters.

A broad range of issues are impacting on NDIS access in both sites, beyond thin markets, with potential to impact on alternative commissioning measures being implemented

In both Katanning and Maningrida, community members, NDIS service providers and other local stakeholders consistently identified access barriers that extend well beyond the issue of insufficient numbers of providers. These included extensive difficulties navigating NDIS assessment processes; problems with plan funding levels and support mixes; and inappropriate service provision models among some non-community-based NDIS providers. A lack of basic knowledge about the NDIS and how the Scheme operates, discussed above, is further compounded by a lack of access to consistent information amongst some about where participants' budgets are being spent, particularly when their support coordinators are not based in the community. Many described an inadequate flow of information from the NDIA to participants and people undergoing assessment and their families.

Additional access barriers existed for Aboriginal and culturally and linguistically diverse Community members. In the Katanning region, some Aboriginal Community members described anticipated racism in service providers, and felt that this could deter some people from accessing disability services and support. Specific forms of disability stigma were also described amongst culturally and linguistically diverse Communities in Katanning and in the Aboriginal Community of Maningrida, with some reporting that fear of judgement could lead people to avoid seeking services and supports. While many of these issues exist beyond the scope of the pilots, they may have implications for the effectiveness of alternative commissioning measures.

The objectives of the pilots and the scope of alternative commissioning were not well defined, posing challenges to the rigorous development of alternative commissioning measures and complicating the Agency's capacity to respond to NDIS access gaps in future

The pilots have a range of objectives in addition to addressing thin markets, which include responses to some other NDIS access gaps. The NDIS Review (2023) recommended alternative commissioning to address a range of market challenges, including the availability of providers and the quality and cultural safety of services; and emphasised a need for place-based responses. According to the program's Theory of Change (DSS 2023), the expected outcomes of the pilots, in addition to improved access to supports, include enhanced cultural capability; service delivery models that suit the needs of local Communities; the development of strong partnerships with Aboriginal and Torres Strait Islander Communities, remote Communities and the disability sector;

and progress towards a strong and sustainable Aboriginal and Torres Strait Islander Community-controlled disability sector. However, we also note that the objective of the pilots described in the NDIA Project Plan (2024) is limited to developing and demonstrating a range of alternative commissioning strategies that can be replicated to support better service availability and address market gaps.

Workforce measures being implemented in both sites have the potential to address some of these broader NDIS access issues and cultural safety considerations. However, cultural safety, service quality and place-based responses were not described by Agency staff in interviews as key considerations in the development of other key measures in each site (direct commissioning in Maningrida; market facilitation in Katanning). As discussed further below, the measures being implemented may not address these objectives sufficiently.

There was also a lack of clarity in the pilots over the scope of alternative commissioning as a tool for market intervention. The NDIS Review (2023: 10) defined alternative commissioning as comprising the following:

Direct commissioning: is where supports are directly purchased on behalf of a group of participants. Supports can be purchased from non-government or government providers – who should ideally be separate from the funding body to ensure a level playing field.

Integrated commissioning: involves selecting a provider to provide supports across multiple services types for a defined area. What services types are commissioned and how they are delivered is based on identified community needs.

Community commissioning: is where Communities are empowered, or use cooperative approaches, to lead the commissioning process. Communities, rather than governments, determine the services and providers that best meet their needs. Community commissioning may be implemented using direct or integrated commissioning.

The Thin Market Trials, moreover, made the following findings (NDIA 2023: p. ix):

Coordinated strategic macro-level market facilitation within the NDIA and local level market facilitation alongside the role of various market intermediaries should operate as business as usual, rather than as a distinct intervention in thin markets.

Where a targeted local-level intervention is necessary, a coordinated funding proposal should be the first option if there is sufficient support coordinator or participant capacity, and it is viable for a provider under the existing NDIS Pricing Arrangements and Price Limits.

Direct commissioning should be considered if the above market conditions are unfavourable.

Despite this, in some Agency material associated with the pilot, alternative commissioning is defined as including market facilitation. The project plan, for example, states that “alternative commissioning responses can include market facilitation, market interventions, sector development and workforce initiatives” (NDIA 2024: 3). In the Katanning site, no direct commissioning, integrated commissioning or community commissioning initiatives were implemented.

Alternative commissioning measures implemented in both sites have the potential to address some of the priorities of each Community. However, measure design may not well reflect Communities' needs and preferences, and may not sufficiently address cultural safety, quality and place-based pilot objectives, with potential for unintended negative consequences

In Maningrida, a direct commissioning proposal for child and adult allied health services has the potential to address a need for school-based supports, as identified by the Community, if integrated with the school. However, the commissioning of a provider based outside the community does not reflect strong Community desires to invest in local providers based in the Community and risks compromising existing coordination and cooperation among providers

Plans to commission an external provider are in conflict with a strong desire within the community to support the three main existing NDIS providers with resident staff in the community. Community members we spoke to were generally satisfied with these providers and described their services and supports as accessible. In particular, many saw Mala'la Health Service, the local Aboriginal community-controlled health organisation, which has a board comprised of local leaders and is an existing NDIS provider, as the natural partner in the pilot process. Strong opposition exists in the community to new external NDIS providers entering, and traditional owners have previously stated that they may refuse permits to new providers. This reflects previous experiences of sharp (unethical or inappropriate) practices by some external providers and difficulties in imposing accountability on them; as well as ongoing difficulties accessing information and support from providers without a full-time presence in the Community; and may pose risks to the contract. Some Community members also aspired to develop their own small businesses as registered NDIS providers.

Additionally, the large degree of current cooperation and coordination amongst existing Community-based NDIS providers is valued by the Community and is already addressing some market gaps and access issues. Some allied health professionals connected to local Community-based providers have developed relationships with the Community over many years that are valued by participants and caregivers, and their capacity to continue doing this work is now unclear.

A training and employment package for allied health assistants in Maningrida provides an opportunity to address the Community's desire for employment opportunities in the disability workforce, however the planned scope of practice may not fully reflect Community wishes

Community members have called for the employment of Bininj as advocates in local disability services and NDIS support roles. This was considered a means to address local needs for cross-cultural brokerage and advocacy, by providing access to language interpretation and local knowledge; and for promoting culturally safe and resonant practices amongst providers and NDIA staff. It was also considered an opportunity for the generation of local employment, in which community workers would be positioned as working in partnership with health professionals and other disability workers. This need may be addressed to some extent by the Agency's plans to engage a Remote Community Connector in Maningrida. The proposed allied health assistants package also provides local training and employment opportunities, however these roles are currently positioned as assistants to allied health professionals, rather than partners. Further consideration could be given to the scope of practice of these roles, including a potential

orientation around advocacy, cross-cultural brokerage and interpreting; and for these roles to be engaged as partners to allied health professionals in a two-way knowledge exchange.

Significant support and supervision may be needed for these trainee roles, as is provided for qualified allied health assistants elsewhere, and it is unclear how this will be achieved by allied health professionals not based in the Community full-time.

In Katanning, market facilitation Community events have assisted some community members with NDIS access, however some Aboriginal Community members have not felt welcome, respected or appropriately informed at these events

Community events held by the Agency have aimed to address some priority needs described by Community members for better NDIS access. Some community members reported that these events were helpful in progressing NDIS assessment and appreciated this opportunity. However, some Aboriginal Community members have described negative experiences at these events due to venue choice, interactions with NDIA staff, and inadequate information about the purpose of the events. While we understand that consultation with a key local Aboriginal organisation was undertaken about the venue, several Aboriginal Community members described feeling excluded at these events. Due to sensitivities in the Katanning region, seemingly innocuous aspects such as venue choice and the degree to which NDIA and provider staff were welcoming had unintended exclusionary impacts. There is some evidence that other Aboriginal Community members may have been deterred from attending; and that those who did attend may have been deterred from attending further events.

Further market facilitation activity to engage a physiotherapy provider in Katanning has granted access to some participants previously not receiving this service, however the fly-in, fly-out provider models pose challenges for some families

The NDIA reported facilitating access to physiotherapy services for nine participants with unspent physiotherapy funds by engaging a provider on their behalf. Under this arrangement, the provider's travel costs were to be shared amongst the nine participants, significantly reducing the individual financial impact on their NDIS budgets. However, most participants ultimately did not take up the opportunity, citing the provider's costs as being too high.

The engaged provider operates on a fly-in, fly-out model, which presents accessibility challenges. Due to the very expensive prices charged by the provider, their limited presence in the community and inflexible scheduling, some participants described being unable to benefit from their services.

A recent workforce measure has the potential to address the Community's desire to engage Aboriginal and culturally and linguistically diverse Community members in cross-cultural brokerage roles.

Additional access barriers exist for some Aboriginal and other culturally and linguistically diverse community members; and the Community has called for cross-cultural brokerage roles. Although implemented outside of evaluation data collection timeframes, this measure has the potential to address this need, contingent on the scope of roles.



Responses to Research Questions

Table 2: Responses to research questions

<i>Co-design phase</i>	
<p>In each site, what did the co-design process comprise, what costs and resources were sustained, how were Communities and stakeholders involved?</p>	<p>Some Community consultation occurred in both sites, however mechanisms for community engagement did not reflect a co-design approach. We are unable to make a finding regarding the extensiveness and quality of consultations due to conflicting information. In Maningrida, some initial Community consultation occurred with traditional owners and other stakeholders, although the extent of this is unclear and early engagement was not sustained. An advisory process was established with Nja-Marléya Cultural Leaders and Justice Group, in which the Directors comprise community leaders representing all major language groups in the region. However, the engagement process with Nja-Marléya commenced too late to allow community perspectives to meaningfully shape alternative commissioning measures. The Agency was already in advanced stages of developing alternative commissioning proposals for Maningrida when the workshops with Nja-Marléya commenced in March 2025. In Katanning, the pilot was integrated within the Agency’s broader activities in the region. Substantial consultation and engagement occurred with the community regarding this broader activity, however the extent to which this encompassed consultation regarding the pilot remains unclear. Initially, there was some community consultation specifically regarding the pilot, however it is unclear whether this was sustained. The Connecting Katanning Working Group, comprising NDIS providers and other local service providers, was convened by the Agency as part of the pilot process. No dedicated groups were convened for NDIS participants, caregivers or other community members to participate in the development of alternative commissioning measures.</p>

<p>How did those involved experience the co-design process?</p>	<p>The lack of opportunities for co-design and local decision-making did not reflect Communities' expectations of the pilot process in either site. In Maningrida, the time and effort taken by the Agency to identify a local governance body comprising key representatives was largely viewed as a positive step within the Community. However, Nja-Marléya Directors almost unanimously felt that the workshops were too rushed and did not allow sufficient time and information for them to provide informed advice. Other Community leaders and stakeholders also articulated unmet expectations of opportunities for involvement in the pilot process. In Katanning, most of the people living with a disability and the caregivers who we interviewed were not aware of the pilot and therefore unable to comment on the process, as well as some other local stakeholders. However, Community members described a need for the Agency to adopt a grassroots, Community-based approach in partnership with the Community to address NDIS access gaps. Amongst local service providers and other stakeholders involved in the Connecting Katanning Working Group, a growing scepticism emerged over the shift away from an initial consultative, collaborative approach to one premised on information dissemination. Several described uncertainty over whether advice and feedback they had provided had been considered in the development of alternative commissioning measures.</p>
<p>What is the program design, what is the relationship between the intended inputs, activities, outputs and short, medium and long-term outcomes, and what are the key assumptions underpinning these?</p>	<p>The Theory of Change describes aims to improve the availability, cultural safety and appropriateness of services and supports in the pilot sites through a commissioning cycle comprising:</p> <ol style="list-style-type: none"> 1. Understanding community strengths and needs; 2. Exploring and designing bottom-up solutions based on local needs and priorities; 3. Implementing the approach; 4. Ongoing monitoring, evaluation and improvement. <p>In Maningrida, direct commissioning of allied health therapies for children and adults was undertaken as a market-building strategy. Direct commissioning was positioned as an intervention of last resort, reserved for situations where market-based solutions were not viable. A view existed amongst key Agency staff that Maningrida met these conditions. An allied health assistants training and employment package was designed as a strategic approach to generate local capacity building, with the objective of increasing Community control over a long-term timeframe.</p>

	<p>In Katanning, market facilitation was adopted as the primary response, as there was a view within the Agency that viable markets existed. Market facilitation measures have included a series of events held in the Community designed to disseminate information about the NDIS, assist Community members with NDIS assessment processes, and to connect NDIS participants and providers. Other market facilitation measures include instances in which the Agency has engaged a provider to enable access to specific services and supports for groups of participants who have previously lacked access. The engagement of an employment platform to provide opportunities for Community members in the disability workforce was also designed to build local workforce capacity and address cultural safety of providers.</p>
<p>Are the governance arrangements in line with the Closing the Gap requirements and have they enabled key principles e.g. community needs-based and local decision-making on the ground, to be realised?</p>	<p>The Agency adopted a data-first approach to assessing Community needs, comprised of analysis of NDIS plan utilisation data and policy documents such as the Northern Territory Government’s Maningrida Deep Dive Report (2023) prior to developing alternative commissioning proposals that could be discussed with Communities. It is unclear to what extent these proposals were discussed with Communities, however there is some evidence that in Katanning, the Agency did not proceed with a direct commissioning proposal in response to Community feedback. As noted above, consultation and co-design processes provided insufficient opportunity for local decision-making in both sites.</p>
<p>To what extent have relationships been built that have potential to continue after the project?</p>	<p>Changes in the project governance, approach and staffing impacted on local relationships. While Community members expressed appreciation for the engagement opportunity in Maningrida, and Katanning residents described appreciation for the Agency’s increased presence in the region, responses to the processes and outcomes were mixed.</p>
<p>In what ways did the co-design process reflect Communities’ expectations of cultural safety, social inclusion and local decision-making?</p>	<p>As noted above, pilot processes did not reflect a co-design approach and Communities’ expectations regarding local decision-making were not met.</p>
<p>Implementation phase</p>	
<p><i>Appropriateness</i></p>	

<p>In each location, how did Communities experience the implementation processes?</p>	<p>Due to late implementation, several limitations exist in our capacity to assess implementation appropriateness. Alternative commissioning measures implemented in both sites have the potential to address some of the priorities of each Community. However, measure design may not well reflect Communities' needs and preferences.</p> <p>In Maningrida, direct commissioning of child allied health services has the potential to address one priority identified by Community members, of the need for school-based supports, if services are integrated with the school. However, the commissioning of a provider based outside the Community does not reflect strong Community desires to invest in local providers based in the community, including Aboriginal Community-controlled organisations; and traditional owners have stated that they may refuse permits to new external providers, posing risks for the contract. Some allied health professionals connected to existing Community-based providers have developed relationships with the Community over many years, and their capacity to continue doing this work is now unclear. These arrangements have the potential to compromise the local collaboration and coordination of services and supports that local Community-based providers have established.</p> <p>A training and employment package for allied health assistants provides an opportunity to address the Community's desire for employment opportunities through the NDIS. However, the planned scope of practice may not fully reflect the Community's wishes for advocacy and cross-cultural facilitation roles, and could be adjusted to reflect a two-way knowledge exchange model that community leaders advocate for.</p> <p>In Katanning, market facilitation community events have assisted some community members to progress NDIS assessments, and have connected some NDIS participants with providers. However, some Aboriginal Community members have not felt welcome, respected or appropriately informed at these events. While we understand that consultation with a key local Aboriginal organisation was undertaken about the venue, several Aboriginal Community members described feeling excluded at these events. There is some evidence that other Aboriginal Community members may have been deterred from attending; and that those who did attend may have been deterred from attending further events. Several NDIS participants for whom the Agency engaged a fly-in, fly-out physiotherapy provider did not take up this opportunity due to the high costs of services, including the provider's travel costs.</p>
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<p>To what extent did the implementation processes reflect Communities' expectations of cultural safety, social inclusion and local decision-making?</p>	<p>Due to late implementation, several limitations exist in our capacity to assess implementation appropriateness. As discussed above, implementation of alternative commissioning measures may not sufficiently address local expectations of cultural safety, social inclusion and local decision-making.</p>
<p>To what extent did outcomes reflect Communities' expectations of cultural safety, social inclusion and local decision-making?</p>	<p>Due to late implementation, we are unable to respond to this research question</p>
<p><i>Effectiveness</i></p>	
<p>What outcomes have been observed to date for individual NDIS participants as well as the broader service delivery system in each location?</p>	<p>Due to late implementation, several limitations exist in our capacity to assess implementation effectiveness. In Katanning the Agency facilitated access to physiotherapy services for nine participants who previously lacked access, by engaging a fly-in, fly-out provider on their behalf. However, several participants ultimately did not take up the opportunity, citing the provider's costs as still being too high. Assessment of the effectiveness of other outcomes requires greater exposure time.</p>
<p>In each location was the program implemented as planned? What changes and modifications took place over the course of its development and delivery, what improvements or regressions occurred, and why?</p>	<p>Due to late implementation, we are unable to respond to this research question</p>
<p>To what extent are the program's outputs being achieved? What factors have affected those outcomes (positive and negative)? What are the factors most critical</p>	<p>Due to late implementation, we are unable to respond to this research question</p>

to the achievement of a successful program?	
Is the commissioning approach contributing to developing effective solutions to the challenges that have been identified in each location?	Due to late implementation, several limitations exist in our capacity to assess implementation effectiveness. However, we have identified several ways in which the measures being implemented do not address Communities' perspectives on key local challenges and needs.
What, if any, lessons can be drawn from the program to improve the efficiency or effectiveness of future programs? (Eg: What went well? What didn't go well? What can be improved? How can we improve?)	<p>Our evaluation illustrates some of the potential benefits place-based and Community-driven approaches to commissioning. In Maningrida, for example, existing relationships between local providers are already addressing NDIS access gaps and some thin market issues through coordination and cooperation rather than competition. Our evaluation also demonstrated that meaningful involvement of local Communities in developing and designing specific alternative commissioning measures could have led to improved measure design. Undertaking robust co-design requires a bespoke methodology to support key co-design components, and adequate time. Cultural safety must be embedded throughout commissioning processes.</p> <p>Direct commissioning and coordinated funding proposals may not be viable responses to some thin markets, particularly in smaller Communities that lack economies of scale. Integrated commissioning to bundle NDIS and aged care services and supports may have greater viability. Opportunities exist to further develop, pilot test and evaluate the suite of market interventions available to address market gaps, as well as cultural safety, quality and place-based response objectives. In future alternative commissioning, the Agency should seek to commission or auspice through local Community-based providers in the first instance, and in particular, Aboriginal and Torres Strait Islander Community-controlled providers in Communities with Aboriginal and Torres Strait Islander populations.</p>
<i>Efficiency</i>	
Is the pilot being implemented efficiently?	Implementation of alternative commissioning measures has been substantially delayed, with key measures commencing implementation in May and June 2025.
Is the implementation proving feasible? Is the program	Due to late implementation, several limitations exist in our capacity to assess implementation efficiency. Market facilitation community events held in Maningrida have provided a feasible, easily achievable response. We find

<p>adequately resourced to enable the achievement of desired outcomes? In what ways are workforce and governance issues (if any) impacting on feasibility and efficiency?</p>	<p>that no further pilot testing of routine market facilitation activity is needed, however special initiatives may need further development and co-design, testing and evaluation. We are unable to assess feasibility of other measures.</p>
<p>What factors are likely to promote or inhibit the long-term sustainability of the pilot?</p>	<p>Due to late implementation, several limitations exist in our capacity to assess implementation efficiency. A direct commissioning contract for child and adult allied health services with an external provider in Maningrida, meanwhile, has the potential to address a service gap identified by the Community, but could potentially also compromise the local coordination and collaboration established by local community-based providers and defund their services. However, incentives exist for this provider to build relationships with the Maningrida Community over the timeframes of the contract, in order to maintain its participant base after the contract ends. A training and employment package for allied health assistants provides an opportunity to address the Community's desire for employment opportunities through the NDIS. However, significant support and supervision may be needed for these trainee roles, as is provided for allied health assistants elsewhere, and it is unclear how this will be achieved by allied health professionals not based in the Community.</p> <p>In Katanning, ongoing engagement is planned beyond the pilot timeframes, however it is unclear whether the resources exist to maintain the Agency's current level of engagement.</p>



Findings

1. Embedding the NDIS philosophy of choice and control in alternative commissioning measures requires robust co-design and genuine Community decision-making power

Thin markets have the potential to limit NDIS participants' choice and control over providers and the services and supports they receive. Recognising this fundamental challenge, the NDIS Review (2023: 35) recommended working in partnership with Aboriginal and Torres Strait Islander representatives and remote Communities to roll out alternative commissioning approaches. Importantly, the NDIS Review (2023: 9-11) envisioned the potential for choice and control to be exercised in locations where participants do not have the opportunity to select from wide range of providers through "place-based" and "community-driven" approaches and market contestability. This represents a sophisticated understanding that choice and control can be exercised collectively through Community decision-making, not only individually through provider selection.

Place-based and Community-driven approaches are especially important in Aboriginal and Torres Strait Islander Communities. These cultures are collectivist in nature, with established processes for consensus-based decision-making. Historical experiences of limited choice and control in daily life have contributed to intergenerational trauma. These experiences continue to shape feelings of mistrust toward government among some Community members (Dudgeon, et al., 2010).

In Australia, successful Community-led models are exemplified by Aboriginal Community Controlled Health Organisations (ACCHOs). ACCHOs operate through boards comprising local Aboriginal leaders and representatives, ensuring services are locally led, grounded in culturally safe practice, and responsive to community-defined needs and strengths (Harfield et al., 2018).

Our evaluation illustrates some of the potential benefits place-based and community-driven approaches to commissioning. In Maningrida, existing relationships between local providers are already addressing NDIS access gaps and some thin market issues through coordination and cooperation rather than competition. As one provider noted, there's "*probably no other place where different providers work so closely together*" - they shared transport, covered for absent staff, coordinated specialist visits and avoided unnecessarily billing participants for travel costs. One interviewee described this collaboration as "*already doing alternative commissioning*," demonstrating how place-based responses can emerge when providers are locally embedded, accountable to the Community and employ Community members. Our evaluation has also demonstrated that meaningful involvement of local Communities in developing and designing specific alternative commissioning measures could have led to improved measure design.

Local decision-making in commissioning services reflects established best practice. Boer et al.'s (2025) comprehensive review found that successful commissioning is driven by relationships between all actors - funders, commissioning agencies, service providers, and Communities. Their relational model comprises six key attributes: responsive, resourced, collaborative, equitable, innovative, and self-determined commissioning.

Alternative commissioning therefore provides an opportunity to envision the NDIS philosophy of choice and control through place-based, collaborative approaches that enable genuine Community participation in decision-making. The future development of specific alternative commissioning

measures should therefore take place through co-design approaches in which Communities are given genuine opportunities to participate in identifying thin market issues and other gaps in the accessibility services and supports; the development and design of commissioning measures; and their implementation and evaluation.

2. Undertaking robust co-design requires a bespoke methodology to support key co-design components, and adequate time

As is commonly demonstrated in the literature, co-design approaches are often misunderstood and challenging to implement in practice (Moll et al. 2020). Co-design involves collaborative processes where stakeholders actively participate in the design and decision-making, which can be complex due to varying perspectives, needs, and expectations. A wide range of approaches to co-design exist as co-design methods need to be adapted to the aims and objectives of a particular project or initiative, and must be deployed in appropriate, culturally safe ways for the Communities involved (Greenhalgh et al., 2019).

Our evaluation reveals the practical consequences of inadequate co-design methodologies. While alternative commissioning measures implemented in the course of the pilots have addressed some of the priorities of the Communities in pilot sites, a range of issues associated with the design of these initiatives has impacted on effectiveness and cultural safety. For example, NDIA community events held in Katanning revealed the importance of culturally appropriate, welcoming venues and communication approaches for the local Aboriginal Community. A direct commissioning contract for child and adult allied health services with an external provider in Maningrida, meanwhile, has the potential to address a service gap identified by the Community, but could potentially also compromise the local coordination and collaboration established by local Community-based providers.

Co-design methodologies that emphasise a depth of engagement and smaller group processes over large consultations show the strongest evidence of success and appropriateness (Greenhalgh et al., 2019; Palmer et al., 2019). Community-led commissioning requires genuine power-sharing throughout the design process, with Communities involved in real decision-making authority rather than consultative or advisory roles (Arnstein 2019; Cornwall 2008). Grounding co-design methods in locally culturally safe and resonant practice is also essential, particularly for Aboriginal and Torres Strait Islander Communities (Sherwood & Edwards, 2006; Dudgeon et al., 2010). Our synthesis of published literature on co-design approaches and the findings of our evaluation suggest that the future co-design of alternative commissioning initiatives should develop processes to address the following key components of co-design:

- Educating Communities about the NDIS, the NDIA, the commissioning process, alternative commissioning models, and the current initiative, building on existing local knowledge, lived experience, and culturally relevant concepts as a foundation and using culturally safe and resonant, accessible communication approaches.
- Consultation with Communities in appropriate forums in which Community members are actively encouraged to share their experiences of the NDIS and local needs; and in which and the Agency's perspective on local needs (e.g. areas of plan under-utilisation) are also communicated.

- Further consultation with Communities to determine which sections of the Community should be involved in the co-design process and how.
- Working with the key Community members or groups identified in earlier consultation processes to discuss the scope, opportunities and constraints of alternative commissioning and seek their input into which specific alternative commissioning measures that could address identified local needs as well as the Agency's objectives and how these measures could appropriately be designed.
- Involving key Community members in the implementation and evaluation processes, ensuring their perspectives on the outcomes and effectiveness of the initiative are elicited and included in the overall evaluation.

As the above steps illustrate, robust co-design is an intensive process that requires a substantial time allocation. We would recommend allocating 12 – 18 months for future co-design of alternative commissioning measures. Engaging a local Community member with cross-cultural facilitation skills who has an understanding of Community dynamics is likely to assist in navigating these processes, particularly in the early stages but also throughout, and with managing the risk of delays.

It is also noted that there will be circumstances of genuine market failure in which emergency market interventions may be required in a more-timely manner, in which co-design may not be possible. However, these should ideally provide short-term solutions, with co-design of longer-term responses also taking place.

3. Cultural safety must be embedded throughout commissioning processes

Cultural safety extends beyond cultural awareness or competence to encompass power differentials, institutional discrimination, and the need for services to be determined by those who receive them. In commissioning contexts, cultural safety requires that Communities have genuine control over how services are designed, delivered, and evaluated, with particular attention to addressing historical trauma and ongoing colonisation impacts (Curtis et al., 2019, Panaretto, et al., 2014; Sherwood & Edwards, 2006.)

Our evaluation documented several specific barriers to NDIS access and engagement amongst Aboriginal and culturally and linguistically diverse Communities in both pilot sites that relate to experiences of racism and different worldviews to those of the dominant culture. In Katanning, Aboriginal Community members described experiences of "*shame*" when seeking NDIS assessment, connected to anticipated racism and feelings of extreme unease in settings dominated by non-Indigenous people and norms. Similar barriers existed for culturally and linguistically diverse Communities in the Katanning region, where disability stigma and distrust of government services created additional access challenges.

Considerations for culturally safe commissioning

Our synthesis of the evaluation outcomes and published literature on culturally safe approaches suggests that culturally safe commissioning requires these fundamental elements:

- Community governance: Commissioning decisions should involve genuine Community control through appropriate governance structures, involving Aboriginal Community-controlled organisations where present.
- Cultural protocols: All commissioning processes should actively respect and follow local cultural protocols, including appropriate consultation processes that engage with local governance structures such as traditional owners, clan groups, and Community representatives.
- Trauma-informed approaches: Recognition that historical trauma and ongoing experiences of racism and discrimination affect Community engagement with government services, requiring trauma-informed design and delivery approaches (Dudgeon et al., 2010; Sherwood & Edwards, 2006).
- Cultural competence in implementation: Commissioned services should employ Community members in key roles who understand local protocols and can provide cross-cultural facilitation, as evidenced by successful local providers in Maningrida (see also Panaretto et al., 2014; Harfield et al., 2018).
- Accessible settings and processes: As demonstrated in Katanning, physical venues and communication methods must be accessible and welcoming, avoiding settings that inadvertently exclude marginalised groups. Other disability-specific accessibility considerations may include physical accessibility, lighting, the use of audio and visual material, interpreting and captioning, and duration.
- Language and communication: As illustrated by our findings in Maningrida, Aboriginal and Torres Strait Islander language interpreters should be engaged where needed. Content should avoid jargon and culturally appropriate facilitation approaches should be used, potentially including visual aids if appropriate and disability-accessible.
- Accountability mechanisms: Clear processes for Community feedback, complaint resolution, and ongoing quality assurance that enable Communities to hold commissioned services accountable are needed (Curtis et al., 2019).
- Integration with local cultural practices and responsibilities: Commissioned services should integrate with and support local cultural practices, such being present on Country, remaining connected with family, fulfilling kinship obligations; and should uphold and value Aboriginal and Torres Strait Islander knowledge systems (Panaretto et al., 2014).

4. Opportunities exist to further develop, pilot test and evaluate the suite of market interventions available to address market gaps, as well as cultural safety, quality and place-based response objectives. There may be potential to integrate some future initiatives across the NDIS and aged care sectors. A rigorous approach is needed to assess the nature of thin markets and other access gaps using quantitative and qualitative data prior to the co-design of new approaches.

As the Thin Markets Trials (2023) found, many market facilitation activities such as providing information to NDIS participants and improving connections between participants and providers could reasonably be understood to comprise business as usual as the Agency develops its role as market steward. We concur that no further resources should be used to pilot test routine market facilitation activity.

However, the findings of this evaluation suggest that other, more substantial market interventions that represent special initiatives, including interventions not captured by the NDIS Review's (2023:10) description of market tools, could potentially be considered in future to address thin markets. This would reflect the broader intent of the NDIS Review (2023: 3), which encouraged the development of a wider range of market interventions.

Our findings suggest that new market interventions in remote, regional and Aboriginal and Torres Strait Islander Communities could potentially include:

- A community cooperative proposed by government agencies in the pilot process as an advocacy and coordination hub, but not pursued in the course of the pilots due to timeframe pressures
- Further disability workforce development measures
- The consolidation of support coordination into good quality, existing local providers, potentially through direct commissioning or by facilitating cooperation amongst local providers, possibly via an opt-out model to preserve choice and control.
- Support and grants for Aboriginal and Torres Strait Islander people and organisations to develop businesses as registered NDIS providers
- Incentives and/or facilitation mechanisms for local NDIS providers to coordinate and collaborate the delivery of services and supports, e.g. financial incentives, privileged market access, forums and/or incentives to bring together providers and community members to develop a local area plan, etc.

New market interventions will require further co-design and development, feasibility assessment, pilot testing and evaluation. There may be potential to integrate some of these interventions, and to collaboratively develop, pilot test and evaluate them, across the NDIS and aged care sectors. Innovative models that reduce disability stigma by avoiding the need to badge services and supports as targeting only people living with a disability through a cross-sector approach could also be explored.

5. Direct commissioning and coordinated funding proposals may not be viable responses to some thin markets, particularly in smaller Communities that lack economies of scale. Integrated commissioning may have greater viability. In particular, the potential for integrated commissioning of NDIS and aged care services and supports should be further explored.

As the NDIS Review (2023: 3) acknowledged, increased price loadings and more flexible pricing arrangements across the gradient of remoteness have not been sufficient to address some persistent thin markets. Direct, integrated or Community commissioning provides another mechanism to attracting providers to a local market. Direct and Community commissioning approaches are viable where funds for a particular service or support across a Community or region are of a scale that would provide sufficient revenue to a provider to enter a market. In smaller Communities, as are common across remote and regional locations, and/or when the demand of specific services and supports within a Community is low, however, markets may continue to provide insufficient viability and security of demand for providers through direct or community commissioning arrangements. For example, one provider in Maningrida reported that they would require approximately 15 participants in a single Community to provide a specific therapy. It is also

important to note that Maningrida, as the largest remote Aboriginal Community in the Northern Territory, may not necessarily be representative of these issues in other Communities also classified as MMM7.

However, integrated commissioning of services and supports could potentially provide a potential avenue to generate greater economies of scale, and to enhance viability and security of demand for providers. In particular, integrated commissioning across the NDIS and aged care sectors could improve viability of alternative commissioning, with the potential for Communities and local providers to develop place-based responses. This could be explored with providers already delivering both NDIS and aged care services and supports.

6. In future alternative commissioning, the Agency should seek to commission or auspice through local Community-based providers in the first instance, and in particular, Aboriginal and Torres Strait Islander Community-controlled providers in Communities with Aboriginal and Torres Strait Islander populations

Fly-in, fly-out providers may be able to address genuine instances of market failure, when no other providers exist. However, commissioning an external provider with a fly-in, fly-out service delivery model in which high travel costs are dispersed amongst participants' budgets may not necessarily offset the overall costs of this model to participants sufficiently. Other considerations in commissioning external providers include their capacity for locally meaningful culturally safe practice and for coordinating services and supports with other local providers and stakeholders such as local schools.

The Agency should therefore seek to commission or auspice through local Community-based providers in the first instance, and in particular Aboriginal and Torres Strait Islander Community-controlled providers in Communities with Aboriginal and Torres Strait Islander populations. While it may not be viable for some professionals engaged by these providers to reside permanently in Communities, such as medical specialists, the presence of resident staff drawn from local Communities and mechanisms for Community control may still better address some of these commissioning considerations.

7. Infrastructure upgrades may be required in regional and remote Communities to enable the expansion of existing Community-based providers and to attract new providers

We documented infrastructure gaps in both pilot sites. A critical shortage of staff accommodation in Maningrida in particular is impacting on the capacity of many local organisations (including NDIS providers as well as others) to expand their current operations. Some local organisations reported that existing staff are living in crowded conditions; and several organisations are restricted to recruiting staff who do not have families. Some organisations are adopting some degree of fly-in, fly-out staffing and/or are accommodating staff in visitors' accommodation (demountables) designed for short-term visits at substantial cost. Similar infrastructure needs persist across many remote Aboriginal and Torres Strait Islander Communities. Although this matter is beyond the scope of alternative commissioning, it is also an important consideration in the commissioning cycle. Inadequate infrastructure may impact on the Agency's capacity to commission local providers and on the capacity of new local providers to establish themselves.

Community leaders were highly aware of the pressures on existing housing for service providers in Maningrida. This in turn perpetuates the fly-in, fly-out service provision model that Community leaders have spoken against repeatedly.

8. Further evaluation is needed to assess the outcomes of the alternative commissioning pilots and the implications for scaling up alternative commissioning measures using robust quantitative and qualitative methods

As discussed above, we are unable to fully evaluate the implementation and outcomes of the pilots within the evaluation timeframes due to delays in project implementation. Further evaluation to more fully assess implementation and outcomes is needed. Six months would provide sufficient exposure time to assess outcomes. We recommend the use of both qualitative and quantitative methods to assess implementation processes, the extent to which the pilots achieved their aims, the factors that contributed to outcomes and Community responses in order to support the scale-up of findings.

Future evaluation should include Community-determined metrics of success alongside conventional metrics, recognising that cultural safety and Community satisfaction may be equally important indicators of commissioning effectiveness as plan utilisation rates. Future evaluation must specifically assess cultural safety outcomes, including Community perceptions of service appropriateness, experiences of racism or discrimination, and accessibility of initiatives and processes.

In particular, we emphasise the importance of rigorous qualitative methods, such as interviews and focus group discussions, to undertake these assessments and to generate a robust understanding of the appropriateness and effectiveness of the pilots. While plan utilisation and provider concentration are important measures of access to supports, as this report has shown, they are inadequate as sole measures as they may be misleading. For example, these datasets do not document instances in which participants do not attend appointments but are still billed, or where sharp practices may be occurring. These data sets, furthermore, do not provide any assessment of the quality or cultural safety of services, Communities' responses to the pilots or unintended consequences.

Recommendations

The following recommendations emerge directly from our evaluation and are informed by the experiences and perspectives of Community members, NDIS providers, and other local stakeholders, as well as analysis of pilot implementation processes and outcomes. These recommendations collectively aim to address thin markets and other access gaps through alternative commissioning approaches that centre Community control, cultural safety and place-based responses.

Process and Co-design

Recommendation 1: Foster robust co-design methodologies in future alternative commissioning

The future development of alternative commissioning measures should adopt bespoke co-design approaches. These should emphasise Community education, collaborative problem-framing and decision-making through a depth of engagement; and structures to support Community representatives' involvement in measure selection, design, implementation and evaluation.

Recommendation 2: Allocate adequate timeframes for co-design

The future development of alternative commissioning measures should allocate 12-18 months for co-design activity.

Recommendation 3: Embed cultural safety throughout alternative commissioning measures processes

Alternative commissioning measures and processes should incorporate cultural safety requirements that address Community governance, respect for cultural protocols, trauma-informed approaches, cultural competence, accessibility, language and communication, accountability and local cultural practices.

Commissioning Models

Recommendation 4: Conduct a comprehensive needs assessment of thin and failed markets before co-designing market interventions.

Both quantitative and qualitative methods should be used to assess needs as well as opportunities and strengths in a Community.

Recommendation 5: Further develop and pilot test market interventions

A wider range of market interventions should be co-designed, developed and pilot tested to explore viability parameters and outcomes. These could potentially include community cooperatives, workforce and provider development initiatives, the local consolidation of support coordination, and incentives and/or support for local cooperation and coordination among providers.

Recommendation 6: Prioritise community-based and community-controlled providers

In future alternative commissioning, the Agency should seek to commission local Community-based providers where these providers are supported by local Communities and co-design groups as first preference, and in particular, Community-controlled providers in Communities with Aboriginal populations.

Recommendation 7: Develop and pilot test integrated place-based cross-sector commissioning

Alternative commissioning viability parameters could be further explored by co-designing, developing and pilot testing place-based commissioning measures that integrate NDIS and aged care services.

Recommendation 8: Address infrastructure gaps

Intergovernmental cooperation amongst agencies should identify and address critical infrastructure gaps (such as staff accommodation) preventing local provider establishment, particularly in remote Communities.

Evaluation and Monitoring

Recommendation 9: Conduct a comprehensive outcome evaluation of the alternative commissioning pilots

A 6-month post-implementation evaluation using both quantitative and qualitative methods to assess implementation, pilot outcomes and Community responses should be commissioned in order to inform scale-up decisions.

Recommendation 10: Evaluate future alternative commissioning measures

The processes and outcomes of alternative commissioning measures developed in future should be rigorously evaluated using methodologies that centre Communities' involvement and responses as well as other outcomes using both quantitative and qualitative methods to inform future scale-up.

Conclusion

The NDIS alternative commissioning pilots provided an opportunity to address equitable access to disability services and supports in remote and Aboriginal and Torres Strait Islander Communities, by developing government agencies' capacities to respond to thin markets and market failure in effective, appropriate and culturally safe ways. They represented a response to a key recommendation of the NDIS Review (2023), to develop place-based and community-driven responses through innovative commissioning measures and co-design approaches, by building the evidence base to support this. The pilots also provided an opportunity to address real world NDIS market gaps in the pilot sites, Maningrida and Katanning.

Reflective of a place-based, community-driven initiative, our evaluation aimed to assess the appropriateness, effectiveness and efficiency of co-design and implementation processes and outcomes. Our methodology centred the perspectives and responses of local Communities, including people living with a disability, caregivers, community leaders and traditional owners, NDIS providers and other local stakeholders, in assessing program processes and outcomes. Our study design triangulated these with other data sources, such as NDIS plan utilisation and provider concentration data and interviews with key Agency staff, in order to build a robust analysis.

Our evaluation suggests the pilot measures have potential for some positive outcomes in the pilot sites, while also indicating that the measures being implemented may not fully reflect Communities' aspirations and needs. We have provided some evidence suggesting that the engagement of an employment platform in Katanning has the potential to address community aspirations for cross-cultural brokers to be engaged in the disability sector to support Aboriginal and culturally and linguistically diverse NDIS participants. Market facilitation measures designed to better enable NDIS assessment and to connect participants to providers in Katanning had the potential to address some of the community's priorities for better NDIS access. However, we have also documented ways in which the potential benefits of these measures were not fully realised, particularly for local Aboriginal community members, some of whom felt excluded from these events. Our data also suggests that planned direct commissioning of an external provider in Maningrida does not reflect the community's strong preference for investing in existing community-based providers and has the potential to compromise local collaboration and cooperation among providers. While the allied health assistants package may provide local employment opportunities, a priority for the community, the planned scope of practice may not fully reflect the community's aspirations for these roles, and it is unclear how these supervision-intensive positions will be supported. The pilots did not meet expectations of local decision-making in both Communities, and these findings underscore the importance of community involvement in measure design.

Due to delays in milestone achievement and compressed timeframes, pilot processes departed substantially from the Theory of Change (2023) in both sites, impacting on the potential to contribute to the alternative commissioning evidence base. Community consultation and engagement were not reflective of a co-design approach and did not facilitate community-driven responses. Some innovative workforce measures were developed in both sites. Other measures, such as direct commissioning and market facilitation, did not significantly depart from alternative commissioning responses previously tested in the Thin Markets Trials (2023). The pilots therefore contain some potential to build the existing evidence base for alternative commissioning, as well as the evidence supporting commissioning processes. The late implementation of alternative

commissioning measures, in some cases after our data collection cutoff and, in the case of Maningrida, following the finalisation of this report, however, limits our capacity to assess outcomes and implications for future alternative commissioning at this time.

The pilots have, however, generated some evidence to support future approaches to community-driven commissioning. Through our community-centred evaluation approach, we have documented key considerations and processes in the use of co-design methods in the context of addressing market gaps. We have also identified processes needed to support culturally safe commissioning responses. We hope that this will support community-driven, place-based responses to thin markets and market failure going forward.

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Appendix 1: DSS Alternative Commissioning Pilots Theory of change

Alternative Approaches to Commissioning in First Nations, Remote and Very Remote Communities		
The Problem Statement	Actions to Realise Change	Impact
<p>Issue <i>What is/are the issues being addressed?</i></p> <ul style="list-style-type: none"> Standard market-based commissioning approach is too rigid in remote and First Nations communities Low NDIS plan utilisation rates Limited access to supports in remote and very remote areas Lack of culturally safe supports for First Nations communities Participants are being left behind Shortages of some supports in non-remote communities Limited capability of NDIA to identify thin markets Unclear protection of participants against market failure FIFO and DIDO service provision too expensive, represents little value for money, and may not be appropriate for participants 	<p>Action <i>What actions will be taken to address the problem?</i></p> <ul style="list-style-type: none"> Co-design solutions to address thin market issues where standard market-based commissioning is failing or ineffective. Piloting alternative approaches to commissioning for remote and First Nations communities <ul style="list-style-type: none"> Place-based and community driven alternative commissioning approaches Direct commissioning, community commissioning etc. Site 1: Non-remote First Nations community (MM 1-5) Site 2: Remote community (MM 6-7) with both First Nations and non-indigenous participants 	<p>Success <i>What will success look like? What are the realistic timeframes for this (short, medium, long-term outputs and outcomes)?</i></p> <ul style="list-style-type: none"> Strong and sustainable First Nations community-controlled sector Improved access to supports Developed cultural capability Strong partnerships with First Nations communities, remote communities and the disability sector Service delivery model suits the needs of the local community Lessons learned of what works well with Alternative Commissioning Ability to implement Alternative Commissioning to future trial sites
<p>Who <i>Who experiences this problem?</i></p> <ul style="list-style-type: none"> First Nations participants People in remote and very remote communities CALD participants 	<p>Risks and Barriers <i>What are the associated risks? What funding/resourcing risks or barriers exist for this activity?</i></p> <ul style="list-style-type: none"> Administrative burden causing delays Community friction with government Reluctance to enter into NDIS 	<p>Measures <i>How will success be measured?</i></p> <ul style="list-style-type: none"> Reduced market gaps Improved plan utilisation Increased ability to achieve scale and continuity of supply Lowered cost of service delivery Regular, ongoing monitoring and evaluation practices Effectiveness of evaluation
<p>What <i>What is their experience?</i></p> <ul style="list-style-type: none"> Limited access to supports Being left behind Not receiving culturally appropriate supports Choosing between getting culturally unsafe supports, and not getting funded supports at all 1 in 3 participants in remote and very remote are not accessing daily supports 1 in 4 are not accessing therapy supports Long wait times and long waiting lists for services Individualised funding arrangements clash with First Nations community-led decision-making and initiatives 	<p>Enablers and Opportunities <i>Why, and based on what evidence, can we believe that the theory of change will achieve the expected results (assumptions)?</i></p> <ul style="list-style-type: none"> It will be community-led, with frequent and meaningful consultation with the community It will be in places that want it Better coordinate and target investment in community infrastructure Strengthen workforce and community-controlled disability sector Use a more holistic, lifetime-based approach 	<p>What does the developing or EMERGE phase look like? <i>Emerge is the phase where you explore and develop solutions to the problem. Is this being done in partnership? What does shared decision-making look like? How are you capturing and meaningfully incorporating a First Nations perspective?</i></p> <ul style="list-style-type: none"> Establish pilot sites (collaboration with Market Analytics, BLCW, NDIS Review, NDIA) Development of governance and implementation plans (DSS led) Procurement of evaluation services (DSS led) Procurement of third party specialist (NDIA led)
<p>Evidence <i>Include a case study, quotes and/or data that support this.</i></p> <ul style="list-style-type: none"> Closing the Gap Priority Reforms and Disability Sector Strengthening Plan (DSSP) NDIS Review paper on Alternative commissioning for remote and First Nations Communities. NDIA Thin Market Trials Thin Markets Framework and Consultation Report 	<p>How <i>How will the activity drive change in the Department/Agency?</i></p> <ul style="list-style-type: none"> Assess the implementation and effectiveness of the trials – see what worked and how well, to apply to future activities Promote and embed the DSSP Community-led implementation timing: not too far or too fast; case-by-case based on community capacity at the time. Follow a commissioning cycle: <ol style="list-style-type: none"> Understand community strengths and needs; Explore and design bottom-up solutions based on local needs and priorities; Implement the approach; Ongoing monitoring, evaluation and improvement. 	<p>What does the testing, implementing or ESTABLISH phase look like? <i>Establish is the phase where you are testing and implementing solution/s. What governance arrangements will support and enable this? What check points have you factored in? Does it include transparent research and evaluation?</i></p> <ul style="list-style-type: none"> Co-design problem statements and solutions Implementation of pilots Ongoing delivery of evaluation Preliminary evaluation report
	<p>Co-design / Engagement <i>What engagement will be undertaken to ensure First Nations voices are included? What are the key consultation reports related to this work?</i></p> <ul style="list-style-type: none"> Cultural specialist Consultation with First Nations representatives and communities – genuine, ongoing, and on-the-ground 	<p>What does the EMBED phase look like? <i>Embed is the phase where lessons learnt from actions transition from projects, trials and initiatives into, structural, systems and process changes. How are you approaching this? Does it require increased focus or additional resource? How will you make it sustainable over time?</i></p> <ul style="list-style-type: none"> Final evaluation report received Evaluation feedback and lessons learned Implement, tailor and adapt alternative commissioning to future sites
		<p>Contacts <i>Who is the activity project manager?</i></p> <ul style="list-style-type: none"> Fiona Anderson, Director Market Collaboration (Project Owner) Simon Chung, Assistant Director Market Collaboration (Project Manager)

Appendix 2: NDIA Communications and Engagement Activities in Maningrida

Communications and Engagement Activities

The contents of this document are OFFICIAL

Alternative Commissioning in Maningrida, NT

General information

- The Alternative Commissioning Pilot in Maningrida is designed to support the development of culturally appropriate, community-led, and sustainable disability services in First Nations remote and very remote Communities. The goal is to improve long-term outcomes for NDIS participants, people with disability, and their Communities.
- The pilot was officially announced on 29 August 2023 by the Minister for the NDIS, Hon. Bill Shorten and will run through to 30 June 2025.
- This initiative adopts evidence driven, community informed approach to market stewardship, enabling a more active and flexible response to local needs within the broader NDIS market. It focuses on empowering Communities to shape service delivery through meaningful engagement and dialogue.

Project Highlights

Support Coordinator Market Facilitation

As part of ongoing efforts to strengthen service delivery under the Alternative Commissioning Pilot in Maningrida, a market facilitation initiative was undertaken to streamline support coordination services. This process resulted in the consolidation of NDIS support coordinators from nine providers to six. The change aims to improve service quality, reduce duplication, and enhance coordination across the sector, ensuring participants receive more consistent and effective support.

Maningrida Disability Roundtable – Informing the Alternative Commissioning Model

In October 2024, key stakeholders—including service providers, NT Government representatives, Mala'la Aboriginal Health Service, Traditional Owners, and education staff—gathered in Darwin to support development of the Alternative Commissioning Therapy Services Model. The session presented service utilisation data and highlighted significant therapy service delivery gaps in Maningrida. Providers shared insights on workforce shortages, coordination challenges, and the need for culturally responsive, community-led models. This engagement was a key step in shaping a locally informed and alternative Commissioning model.

Plan Reassessments

As part of preparations for the Alternative Commissioning Pilot in Maningrida, NDIA Senior Planners visited the community to meet with 23 participants and update their NDIS plans. In parallel, the Plan Reassessment Surge Team completed desktop reviews for 65 additional participants, ensuring all plans were current and transitioned to the PACE system. This activity ensured that participant plans reflected individual needs and were ready for integration into the new service model. It also demonstrated NDIA's commitment to participant-centred planning and readiness for market-based service delivery under the Maningrida Project.

Access Clinic

In November, the Maningrida Access Clinic supported a total of 28 individuals, including 7 adults (aged 10 and over) and 21 children (aged 0–9). Of these, 3 cases are still awaiting an access decision, while 18 individuals have had their access needs met as of June 2025.

However, those who received access have only had limited services delivered to date, highlighting ongoing challenges in service provision. This limited delivery confirms the appropriateness and necessity of the Alternative Commissioning Maningrida Therapy Services model, which is designed to offer more flexible, community-driven, and responsive support.

Development of the Alternative Commissioning of Therapy Services Model in Maningrida

The Alternative Commissioning of Therapy Services Model was developed in response to persistent and well-documented challenges in delivering effective therapy services in remote Communities like Maningrida. This model reflects a strategic, community-informed shift in commissioning practices, designed to improve access, coordination, and quality of services for NDIS participants.

1. Deep Community Engagement and Local Authority

The development of the model was deeply informed by sustained community engagement and respect for traditional governance structures. It strongly leveraged the Northern Territory Government's Disability Deep Dive, a two-year initiative that engaged extensively with Maningrida community leaders to understand local needs and aspirations.

As part of its commitment to culturally grounded service design, the NDIA pursued all available avenues to engage with the Cultural Governance Group established under the Local Decision Making Agreement (LDMA). This group was intended to provide formal cultural oversight and was recognised as a key signatory to the LDMA.

However, the Northern Territory Government advised the NDIA that the Cultural Governance Group was not yet operational and would not be in a position to consider the project. In light of this, and with agreement from the NT Government, the NDIA transitioned its engagement to the Nja-marléya Cultural Leaders and Justice Group, which was also a signatory to the

LDMA. This ensured continuity in cultural leadership and alignment with community expectations.

The commissioning process was guided by a sequence of community authorities:

- **The Dhukurrnji Clan Traditional Owners** were the original authority group and played a foundational role in initiating the model. They requested that the NDIA work with the Nja-marléya Cultural and Justice Group, recognising its emerging role in cultural governance and community representation and leadership.
- **The Nja-marléya Cultural Leaders and Justice Group** later became the primary community authority, ensuring cultural legitimacy and continuity in leadership. This group is also a signatory to the Local Decision Making Agreement (LDMA).
- The NDIA actively pursued all opportunities to engage with the Dhukurrnji Clan as the recognised cultural authority. However, at the time, the group was in an establishment phase and not yet operational, which influenced the transition of authority to Nja-marléya.

This layered and respectful approach to community governance ensured that the model was not only informed by local voices but also aligned with traditional structures and cultural protocols.

2. Service Uplift Meeting

A targeted Service Uplift Meeting in Maningrida brought together NDIA representatives and seven local service providers to assess current service delivery and identify areas for improvement.

There was clear consensus among participants on the urgent need for intervention to enhance therapy services for all participants in the region. The discussion also highlighted several systemic challenges, including:

- Ongoing workforce shortages
- Logistical barriers impacting service access
- Limited coordination between providers

These insights were instrumental in shaping a more responsive, community-informed service model tailored to the unique needs of Maningrida.

3. Community Sentiment and Priorities – Maningrida

As part of the implementation of the Alternative Commissioning Pilot, consultations were undertaken with Community Leaders, Service Providers, and local organisations in Maningrida. These discussions aimed to understand local priorities, identify service delivery challenges, and gather input on how to strengthen supports in the region.

The consultations revealed strong, consistent themes around workforce development, service continuity, and the importance of maintaining trusted relationships within the community:

- **Support for Local Workforce Development:**

Strong preference for building and training a local workforce to deliver services, ensuring sustainability and cultural relevance.

- **Minimise Introduction of New Organisations:**

Community members expressed a desire to avoid bringing in new service providers unless absolutely necessary, to maintain trust and continuity.

- **Therapy Service Access:**

There is a clear need to ensure that therapy services are consistently available and responsive to community needs.

- **Value of Established Relationships:**

Emphasis was placed on maintaining partnerships with organisations that have longstanding, trusted connections to Maningrida.

4. Innovative Direct Commissioning Contract

Central to the model is a Direct Commissioning contract that introduces several innovative clauses not previously used by the NDIA:

- Individual servicing requirements tailored to participant needs
- Forward-looking work programs with retrospective validation
- A requirement for community agreement to the servicing plan
- A mandate to build local mechanisms that maintain therapy engagement between service visits, leveraging local employment, with community agreement required for the plan

This approach aims to build sustainable, locally embedded service capacity.

5. Data-Driven Design and Access Assurance

The model was informed by NDIS therapy service utilisation data, which revealed underuse of supports in remote areas. To address this:

- All participant plans were reviewed to ensure appropriate reasonable and necessary supports were in participants plans in preparation for the development and implementation of an Alternative Commissioning Pilot Project.
- An access clinic focusing on early childhood was conducted to ensure all eligible individuals were included in the scheme.

Ongoing efforts are focused on consolidating support coordination to improve service continuity.

6. Oversight and Monitoring

Oversight of the contract and service delivery will be managed by the NDIA's Remote Service Branch and the geographically-tied Remote Service Delivery Team, ensuring accountability and responsiveness.

The model is expected to generate measurable improvements in service utilisation and participant outcomes. Key data markers will be closely monitored as the contract is implemented, providing evidence of impact and guiding future refinements.

The Alternative Commissioning of Therapy Services Model represents a bold and necessary evolution in remote service delivery. By embedding community leadership, innovative contracting, and data-informed planning, it offers a scalable blueprint for improving therapy access and outcomes in remote Communities across Australia.

Key Stakeholder Audiences

NDIA

- a. Northern Territory Regional Services
- b. National Remote Services Branch
- c. First Nations Branch
- d. Actuarial Insights and Monitoring Branch
- e. Market Stewardship

Cultural Leadership Groups

- f. Nja-marléya Leaders Cultural and Justice Group
- g. Dhukurrdji Clan Traditional Owners
- h. Cultural Governance Group – Local Decision Making Agreement (Auspice by the Northern Territory Government)

Commonwealth Government

- i. National Indigenous Australians Agency
- j. Department of Social Services
- k. NDIS Quality and Safeguards Commission

Northern Territory Government

- l. Department of the Chief Minister and Cabinet
- m. Department of Housing, Local Government and Community Development

Maningrida Community Based Organisations:

- n. Mala'la Health Service Aboriginal Corporation
- o. Bawinanga Aboriginal Corporation
- p. Maningrida Progress Association
- q. Maningrida College

NDIS Support Coordinators:

- r. Balanced Coordinator Support Services (Balcor)
- s. Malala Health Service Aboriginal Corporation
- t. Team Health
- u. Children's Ground
- v. Eunoia Lane

NDIS Service Providers

Communications and Engagement Schedule

Maningrida

Date	Stakeholder	Activity	Purpose	Comments
<p>12/12/2023 - 14/12/2023</p>	<p>NDIS Service Providers – Local organisations and individuals delivering disability support in Maningrida.</p> <p>Dhukurrdji Clan Traditional Owners – Community leaders and cultural custodians representing local Aboriginal interests.</p> <p>Aged Care Representatives – Providers and coordinators involved in aged care service planning and delivery.</p>	<p>Collaborative Engagement Sessions with Maningrida Stakeholders</p> <p>Targeted engagement meetings were held to discuss the alignment of Alternative Commissioning Pilot Project with local needs and priorities. These consultations aimed to strengthen partnerships, promote culturally responsive approaches, and support community-led decision-making.</p> <p>Stakeholder Meetings:</p> <ul style="list-style-type: none"> Dhukurrdji Clan Traditional Owners: Focused on aligning the project with cultural values and community priorities, reinforcing respectful and collaborative relationships. 	<p>To discuss the Alternative Commissioning Pilot Project, share updates on its progress and goals, and explore opportunities for implementing alternative commissioning approaches in Maningrida. These discussions aimed to ensure that future service planning reflects the needs and priorities of the local community. The engagement also sought to gather community feedback, strengthen partnerships among service providers, Traditional Owners, and government representatives, and explore culturally responsive and innovative approaches to service delivery.</p>	<p>Engagement activities and meetings fostered transparent communication, encouraged meaningful consultations, and supported collective decision-making. These efforts contributed to building stronger, more collaborative relationships with service providers, Traditional Owners, and other stakeholders, laying the groundwork for sustainable, community-driven outcomes.</p>

Date	Stakeholder	Activity	Purpose	Comments
		<ul style="list-style-type: none"> • Aged Care Representative: Explored service gaps and opportunities for synergies with the pilot project. • NDIS Service Provider: Discussed innovative, community-informed approaches to disability services and strengthened provider-community collaboration. 		
7/3/2024	Dhukurrnji Clan Traditional Owners – Community leaders and cultural custodians representing local Aboriginal interests.	Introduction of Project Manager to Traditional Owners The NT Regional Services and Market Intervention team visited Maningrida to introduce Margie Fahy, Project Manager from the Market Stewardship Branch to the Traditional Owners and discuss the Alternative Commissioning Pilot Project.	To familiarise the community with key NDIA stakeholders and ensure Traditional Owners were aware of who is responsible for leading the Alternative Commissioning Pilot.	The visit helped build community confidence in the Agency and its next steps, reinforcing trust and transparency in the pilot's implementation.

<p>02/05/20 24</p>	<p>Northern Territory Government (NTG) – Includes multiple agencies involved in regional service delivery and coordination.</p> <p>National Indigenous Australians Agency (NIAA) – Federal agency supporting Indigenous affairs and community development.</p> <p>Bawinanga Aboriginal Corporation – Local Aboriginal corporation delivering community services and employment programs.</p> <p>Mala’la Health Service – Provider of culturally safe, holistic primary health care.</p> <p>Nja-Marléya Cultural and Justice Group – Community-led group focused on cultural governance and justice.</p> <p>West Arnhem Shire Council – Local government authority supporting infrastructure and community services.</p> <p>Maningrida Progress Association – Local organization supporting economic development and community initiatives.</p> <p>Northern Land Council – Statutory body representing Traditional Owners and</p>	<p>NTG Service Delivery Meeting</p> <p>The NDIA participated in the NTG-led regional service delivery meeting in Maningrida, where they provided updates on the Alternative Commissioning Pilot and offered an opportunity for attendees to ask questions, provide feedback, and raise concerns.</p>	<p>To reinforce the project’s alignment with local service delivery priorities and community aspirations, promote inter-agency collaboration and shared accountability, and gather insights to inform the next phase of the Alternative Commissioning Pilot.</p>	<p>This engagement was a valuable opportunity to strengthen cross-sector partnerships and ensure the project continues to reflect the voices and needs of the Maningrida community. Ongoing collaboration and feedback are essential to achieving meaningful and sustainable outcomes.</p>
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Date	Stakeholder	Activity	Purpose	Comments
	managing land use and access.			
08/05/2024 – 10/05/2024	<p>Dhukurrnji Clan Traditional Owners – Community leaders and cultural custodians representing local Aboriginal interests and guiding culturally appropriate approaches to service delivery.</p> <p>NDIS Service Providers in Maningrida – Local organisations delivering disability services and supports, with deep knowledge of community needs and service delivery challenges.</p> <p>Key Individuals and Stakeholders – Representatives and practitioners involved in service delivery, community engagement, and the implementation of the Alternative Commissioning Pilot.</p>	<p>Collaborative Engagements for Project Design and Consultation</p> <p>A series of targeted engagement activities were undertaken in Maningrida to support the design and development of the Alternative Commissioning Pilot. These included:</p> <ul style="list-style-type: none"> • A dedicated meeting between the Territory Manager and Dhukurrnji Clan Traditional Owners to collaboratively design culturally appropriate approaches for the project. 	<p>To ensure the project reflects local cultural knowledge and leadership, identify service gaps and opportunities for improvement in disability services, and build strong, trust-based relationships with community partners. These sessions aimed to promote inclusive, community-led solutions and strengthen collaboration across sectors to inform the Alternative Commission Pilot Project.</p>	<p>These engagements were a critical step in embedding community voices into the design and implementation of the Maningrida Project. They helped clarify roles, build trust, and ensure that the project is responsive to the unique needs and aspirations of the Maningrida community.</p>



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Date	Stakeholder	Activity	Purpose	Comments
		<ul style="list-style-type: none">• Discussions with NDIS service providers focused on improving the coordination and delivery of disability services and discussing the Alternative Commission Pilot Project.• Meetings with Key Individuals and Stakeholders to provide tailored updates and gather feedback on how the initiative can best support their work and the broader community.		

Date	Stakeholder	Activity	Purpose	Comments
28/05/2024	<p>National Disability Insurance Agency (NDIA) – Territory Manager – Senior representative responsible for leading NDIA’s engagement in the Northern Territory and representing the agency in formal partnerships.</p> <p>Dhukurrnji Clan Traditional Owners and Community Leaders – Cultural custodians and decision-makers guiding local governance and service delivery priorities in Maningrida.</p> <p>Northern Territory Government and LDM Partners – Government agencies and stakeholders involved in the Local Decision Making framework and its implementation in remote Communities.</p>	<p>Signing of the Maningrida Local Decision Making Agreement</p> <p>As part of its commitment to community-led service design and delivery, the NDIA, represented by the Territory Manager, formally participated in the signing of the Maningrida Local Decision Making (LDM) Agreement. This milestone event marked a significant step in strengthening partnerships between government agencies and the Maningrida community.</p>	<p>To formally endorse the LDM Agreement, affirming its role as a collaborative partner committed to supporting locally driven decision-making. By becoming a signatory, NDIA acknowledged its responsibility to engage meaningfully with Traditional Owners and ensure that future planning and implementation of the Alternative Commissioning Pilot is grounded in community leadership.</p>	<p>This signing represents a formal and symbolic commitment to shared governance and accountability. It reinforces the importance of community voice in shaping service delivery and highlights NDIA’s dedication to long-term, respectful partnerships in Maningrida.</p>

Date	Stakeholder	Activity	Purpose	Comments
<p>28/05/2024 - 31/05/2024</p>	<p>NDIA Senior Planners – Experienced staff responsible for engaging with participants, reviewing NDIS plans, and ensuring alignment with individual needs.</p> <p>NDIS Participants in Maningrida – Community members receiving disability supports, whose plans were reviewed and updated as part of the pilot preparation.</p> <p>NDIA Plan Reassessment Surge Team – A dedicated team tasked with completing timely desktop reassessments to ensure all participant plans were current.</p>	<p>Senior Planner Community Visit and Plan Reassessment</p> <p>As part of the preparatory phase for the Alternative Commissioning Pilot in Maningrida, NDIA Senior Planners conducted a targeted community visit. This included face-to-face meetings with 23 participants to review and update their NDIS plans. A surge team completed desktop reassessments for the remaining 65 participants, and all plans were successfully transitioned to the PACE system.</p>	<p>To ensure that all participant plans were current, reflective of individual needs and goals, and ready for integration into the new service delivery model under the Alternative Commission Pilot Project. The transition to PACE also positioned the cohort for future market-based service solutions.</p>	<p>This visit demonstrated NDIA’s commitment to participant-centred planning and readiness for the Alternative Commissioning Pilot. The combination of in-person engagement and efficient reassessment processes ensured that all participants were supported and prepared for the next phase of the project.</p>

<p>6/6/2024</p>	<p>Northern Territory Government (NTG) – Includes multiple agencies involved in regional service delivery and coordination.</p> <p>National Indigenous Australians Agency (NIAA) – Federal agency supporting Indigenous affairs and community development.</p> <p>Bawinanga Aboriginal Corporation – Local Aboriginal corporation delivering community services and employment programs.</p> <p>Mala’la Health Service – Provider of culturally safe, holistic primary health care.</p> <p>Nja-Marléya Cultural and Justice Group – Community-led group focused on cultural governance and justice.</p> <p>West Arnhem Shire Council – Local government authority supporting infrastructure and community services.</p> <p>Maningrida Progress Association – Local organization supporting economic development and community initiatives.</p> <p>Northern Land Council – Statutory body representing Traditional Owners and managing land use and access.</p>	<p>NTG Service Delivery Meeting</p> <p>The NDIA participated in the NTG-led regional service delivery meeting in Maningrida, where they provided updates on the Alternative Commissioning Pilot and offered an opportunity for attendees to ask questions, provide feedback, and raise concerns.</p>	<p>To share project updates, strengthen collaboration with local service providers and education partners, and initiate planning for the children’s access clinic.</p>	<p>The meeting fostered mutual understanding around the proposed clinic activities and reinforced partnerships with Maningrida College and service providers. Continued engagement will support effective implementation and alignment with local needs.</p>
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<p>18/06/20 24</p>	<p>Northern Territory Government (NTG) – Includes multiple agencies involved in regional service delivery and coordination.</p> <p>National Indigenous Australians Agency (NIAA) – Federal agency supporting Indigenous affairs and community development.</p> <p>Bawinanga Aboriginal Corporation – Local Aboriginal corporation delivering community services and employment programs.</p> <p>Mala’la Health Service – Provider of culturally safe, holistic primary health care.</p> <p>Nja-Marléya Cultural and Justice Group – Community-led group focused on cultural governance and justice.</p> <p>West Arnhem Shire Council – Local government authority supporting infrastructure and community services.</p> <p>Maningrida Progress Association – Local organization supporting economic development and community initiatives.</p> <p>Northern Land Council – Statutory body representing Traditional Owners and managing land use and access.</p>	<p>NTG Service Delivery Meeting</p> <p>The NDIA participated in the NTG-led regional service delivery meeting in Maningrida, where they provided updates on the Alternative Commissioning Pilot and offered an opportunity for attendees to ask questions, provide feedback, and raise concerns.</p>	<p>To strengthen collaboration between NDIA and NT Government agencies and ensure regional service delivery efforts are aligned with the goals of the Maningrida Project under the Alternative Commissioning Pilot.</p>	<p>NDIA’s participation reinforced its commitment to collaborative planning and highlighted the importance of interagency coordination in addressing service delivery challenges in remote Communities.</p>
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Date	Stakeholder	Activity	Purpose	Comments
<p>18/06/2024</p>	<p>NDIS Service Providers – Seven organisations delivering disability services in Maningrida.</p>	<p>NDIS Service Provider Uplift Meeting:</p> <p>The NDIA met with seven local NDIS service providers in Maningrida to explore opportunities for the Alternative Commissioning Pilot Project to improve service delivery through more flexible, community-led approaches.</p> <p>Discussions focused on identifying service gaps—particularly in therapy services—and providers shared key challenges, including workforce shortages and barriers to access. The NDIA gathered valuable feedback to inform the development of a targeted therapy services model under the pilot project.</p>	<p>To engage directly with local service providers to identify challenges and opportunities, and support improvements in service quality and participant outcomes in Maningrida.</p>	<p>The meetings highlighted critical service delivery gaps, particularly in access to therapy services such as speech pathology, occupational therapy, and physiotherapy. These insights directly informed the development of a targeted therapy services model under the Alternative Commissioning Pilot, aimed at improving access and outcomes for participants in Maningrida.</p>

<p>04/07/20 24</p>	<p>Northern Territory Government (NTG) – Includes multiple agencies involved in regional service delivery and coordination.</p> <p>National Indigenous Australians Agency (NIAA) – Federal agency supporting Indigenous affairs and community development.</p> <p>Bawinanga Aboriginal Corporation – Local Aboriginal corporation delivering community services and employment programs.</p> <p>Mala’la Health Service – Provider of culturally safe, holistic primary health care.</p> <p>Nja-Marléya Cultural and Justice Group – Community-led group focused on cultural governance and justice.</p> <p>West Arnhem Shire Council – Local government authority supporting infrastructure and community services.</p> <p>Maningrida Progress Association – Local organization supporting economic development and community initiatives.</p> <p>Northern Land Council – Statutory body representing Traditional Owners and managing land use and access.</p>	<p>NTG Service Delivery Meeting</p> <p>The NDIA participated in the NTG-led regional service delivery meeting in Maningrida, where they provided updates on the Alternative Commissioning Pilot and offered an opportunity for attendees to ask questions, provide feedback, and raise concerns. NDIA introduced the Market Stewardship staff to the group.</p>	<p>To update stakeholders on the progress of the Maningrida Project, strengthen partnerships with local organisations, support the development of a responsive provider market, and explore culturally safe and integrated approaches to service delivery.</p>	<p>The introduction of Market Stewardship staff was intended to support local capacity building and enhance alignment between services and participant needs. While this team was later removed from the project, their initial engagement provided useful insights into market development challenges. The meeting with Mala’la Aboriginal Health Service reinforced the importance of culturally safe and collaborative service models. These discussions continue to inform the evolution of the Alternative Commissioning model, ensuring it remains responsive to community priorities and provider experiences.</p>
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Date	Stakeholder	Activity	Purpose	Comments
04/07/2024	<p>Mala’la Health Service Aboriginal Corporation – The Aboriginal Medical Service (AMS) and the largest provider of support coordination in the region.</p>	<p>Collaborative Engagement with Mala’la Aboriginal Health Service</p> <p>Engagement with Mala’la Aboriginal Health Service: NDIA met with representatives to discuss opportunities for collaboration in delivering supports to participants. The conversation focused on integrated service delivery, cultural safety, and improving access to health-related disability supports.</p>	<p>To engage with Mala’la Aboriginal Health Service as part of the Alternative Commissioning Pilot Project, with the aim of exploring collaborative opportunities to enhance support for NDIS participants. The meeting focused on integrated service delivery, culturally safe practices, and improving access to health-related disability supports in the Maningrida region.</p>	<p>The discussion highlighted the importance of culturally responsive service models and the value of local partnerships in delivering holistic care. Mala’la representatives shared insights into current service delivery challenges and opportunities for alignment with the pilot project. The engagement reinforced the need for coordinated approaches that respect cultural context and community priorities.</p>
25/07/2024	<p>Bawinanga Aboriginal Corporation – Community Development Program (CDP) provider in Maningrida.</p> <p>Mala’la Health Service Aboriginal Corporation – The Aboriginal Medical Service (AMS) and the largest provider of support coordination in the region.</p>	<p>Local Stakeholder Engagement – Workforce Development and Market Growth Discussions</p> <p>NDIA met with key stakeholders to explore workforce and market development opportunities under the Alternative Commissioning Pilot.</p>	<p>To support the development of a local disability services workforce that can better meet the needs of NDIS participants in Maningrida.</p>	<p>To support the development of a local disability services workforce that can meet the needs of NDIS participants in Maningrida.</p>

Date	Stakeholder	Activity	Purpose	Comments
		<ul style="list-style-type: none"> • CDP Provider Meeting: Focused on strategies to build local capacity through training, employment, and community participation. • Mala'la Health Service Engagement: Discussed current service delivery and future market initiatives to strengthen culturally safe and sustainable supports. 		

<p>01/08/20 24</p>	<p>Northern Territory Government (NTG) – Includes multiple agencies involved in regional service delivery and coordination.</p> <p>National Indigenous Australians Agency (NIAA) – Federal agency supporting Indigenous affairs and community development.</p> <p>Bawinanga Aboriginal Corporation – Local Aboriginal corporation delivering community services and employment programs.</p> <p>Mala’la Health Service – Provider of culturally safe, holistic primary health care.</p> <p>Nja-Marléya Cultural and Justice Group – Community-led group focused on cultural governance and justice.</p> <p>West Arnhem Shire Council – Local government authority supporting infrastructure and community services.</p> <p>Maningrida Progress Association – Local organization supporting economic development and community initiatives.</p> <p>Northern Land Council – Statutory body representing Traditional Owners and</p>	<p>NTG Service Delivery Meeting</p> <p>The NDIA participated in the NTG-led regional service delivery meeting in Maningrida, where they provided updates on the Alternative Commissioning Pilot and offered an opportunity for attendees to ask questions, provide feedback, and raise concerns.</p>	<p>To participate in the NTG-led regional service delivery meeting in Maningrida and provide updates on the Alternative Commissioning Pilot Project. The engagement aimed to inform regional stakeholders, invite feedback, and create space for open dialogue around service delivery challenges and opportunities.</p>	<p>The session provided valuable insights into local service delivery dynamics and highlighted the importance of continued collaboration between government agencies, service providers, and community representatives to support the success of the pilot.</p>
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Date	Stakeholder	Activity	Purpose	Comments
	managing land use and access.			
01/08/2024	Mala'la Health Service Aboriginal Corporation – Wellbeing Centre (Women's Services) – Supporting women in the community with health and wellbeing needs.	Access Planning Meeting The NDIA met with representatives from Mala'la Health Service's Wellbeing Centre (Women's Services) to discuss planning for an upcoming access clinic. The focus was on ensuring the clinic is designed to support maximum participation from women in the community, particularly those who may face barriers to accessing disability-related supports.	To collaborate on the planning and delivery of a culturally safe and accessible clinic that meets the needs of women in Maningrida. The meeting aimed to identify strategies to encourage participation, reduce access barriers, and ensure the clinic aligns with the goals of the Alternative Commissioning Pilot Project.	The meeting highlighted the importance of culturally appropriate engagement, flexible scheduling, and trusted local support to encourage women's participation. Mala'la staff provided valuable insights into community needs and suggested practical approaches to increase awareness and comfort with the clinic. The meeting reinforced the value of working in partnership with local women's services to deliver inclusive and effective supports.
14/08/2025 – 15/08/2025	Dhukurrdji Clan Traditional Owners and Community Leaders – Cultural custodians and decision-makers guiding local governance and service delivery priorities in Maningrida. Maningrida Progress Association (MPA) – Supporting infrastructure and workforce development.	Community Engagement – Supporting Access and Service Coordination under the Alternative Commissioning Pilot NDIA engaged with key stakeholders in Maningrida to support planning for the Children's Access Clinic and broader service coordination. Activities included:	To ensure access initiatives are community-led, culturally safe, and supported by local infrastructure and workforce planning.	Community leaders provided essential advice on engaging families respectfully. These insights will shape inclusive service delivery under the commissioning pilot.

Date	Stakeholder	Activity	Purpose	Comments
	<p>Mala'la Health Service Aboriginal Corporation – Families as First Teachers (FaFT) – Local service coordination and early childhood engagement.</p>	<ul style="list-style-type: none"> • Meeting with Traditional Owners to guide culturally safe delivery and discuss the Remote Community Connector Program. • Engagement with MPA on airport access infrastructure and staff training. • Preparatory work with FaFT and Maningrida College to support clinic delivery. 		

<p>05/09/2024</p>	<p>Northern Territory Government (NTG) – Includes multiple agencies involved in regional service delivery and coordination.</p> <p>National Indigenous Australians Agency (NIAA) – Federal agency supporting Indigenous affairs and community development.</p> <p>Bawinanga Aboriginal Corporation – Local Aboriginal corporation delivering community services and employment programs.</p> <p>Mala’la Health Service – Provider of culturally safe, holistic primary health care.</p> <p>Nja-Marléya Cultural and Justice Group – Community-led group focused on cultural governance and justice.</p> <p>West Arnhem Shire Council – Local government authority supporting infrastructure and community services.</p> <p>Maningrida Progress Association – Local organization supporting economic development and community initiatives.</p> <p>Northern Land Council – Statutory body representing Traditional Owners and</p>	<p>NTG Service Delivery Meeting</p> <p>The NDIA participated in the NTG-led regional service delivery meeting in Maningrida, where they provided updates on the Alternative Commissioning Pilot and offered an opportunity for attendees to ask questions, provide feedback, and raise concerns. Key updates included:</p> <ul style="list-style-type: none"> • Outcomes from the 15 August meeting with Traditional Owners regarding the Children’s Access Clinic. • Temporary leadership arrangements within NT Service Delivery. • Progress on NDIS participant plan reviews—92% reassessed to ensure appropriate funding. • NDIA’s exploration of options for a local office or co-location in Maningrida. 	<p>To inform NTG and local stakeholders of recent engagement outcomes, service delivery progress, and planning activities supporting improved access and coordination in Maningrida.</p>	<p>The meeting reinforced collaboration between NDIA, NTG, and community organisations. NTG was updated on community-led decisions around the access clinic and NDIA’s ongoing efforts to strengthen local presence and service responsiveness.</p>
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Date	Stakeholder	Activity	Purpose	Comments
	managing land use and access.			
26/09/2024 - 27/09/2024	<p>Mala'la Aboriginal Health Service – Local health provider supporting culturally safe service delivery.</p> <p>Maningrida College – Education partner assisting with clinic planning and logistics.</p> <p>Dhukurrdji Clan Traditional Owners and Community Leaders – Cultural custodians and decision-makers guiding local governance and service delivery priorities in Maningrida.</p>	<p>NRSB and Collaborative Planning for the Children's Access Clinic – Engagement with Key Community Stakeholders</p> <p>NDIA met with Mala'la Aboriginal Health Service, Maningrida College, and Traditional Owners to plan the Children's Access Clinic.</p> <ul style="list-style-type: none"> • Discussions focused on clinic logistics, cultural protocols, and community engagement. • Key preparations included confirming the clinic location, booking accommodation, and securing permissions for information sharing. 	To ensure the Children's Access Clinic is well-coordinated, culturally appropriate, and responsive to local needs, while complementing the broader goals of the Alternative Commissioning Pilot.	Engagement with Mala'la and the school improved understanding of the clinic's purpose and logistics. Consultation with Traditional Owners strengthened cultural alignment and community ownership. The meeting supported the objectives of the Alternative Commissioning Pilot Project by reinforcing local partnerships and enhancing service delivery planning.

<p>3/10/2024</p>	<p>Northern Territory Government (NTG) – Includes multiple agencies involved in regional service delivery and coordination.</p> <p>National Indigenous Australians Agency (NIAA) – Federal agency supporting Indigenous affairs and community development.</p> <p>Bawinanga Aboriginal Corporation – Local Aboriginal corporation delivering community services and employment programs.</p> <p>Mala’la Health Service – Provider of culturally safe, holistic primary health care.</p> <p>Nja-Marléya Cultural and Justice Group – Community-led group focused on cultural governance and justice.</p> <p>West Arnhem Shire Council – Local government authority supporting infrastructure and community services.</p> <p>Maningrida Progress Association – Local organization supporting economic development and community initiatives.</p> <p>Northern Land Council – Statutory body representing Traditional Owners and</p>	<p>NTG Service Delivery Meeting</p> <p>The NDIA participated in the NTG-led regional service delivery meeting in Maningrida, where they provided updates on the Alternative Commissioning Pilot and offered an opportunity for attendees to ask questions, provide feedback, and raise concerns.</p>	<p>To update NTG representatives on the progress and strategic importance of the Alternative Commissioning Pilot Project, provide logistical details for the upcoming Children’s Access Clinic, outline future engagement priorities including targeted support for women and psychosocial participants, and share updates on recent changes to NDIS legislation relevant to service delivery in the Northern Territory.</p>	<p>The meeting strengthened NTG’s understanding of the Alternative Commissioning Pilot Project and its role in shaping future service models, provided clarity on the logistics of the upcoming Children’s Access Clinic, and enhanced interagency awareness of recent legislative changes impacting NDIS service delivery in the Northern Territory.</p>
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Date	Stakeholder	Activity	Purpose	Comments
	managing land use and access.			

Date	Stakeholder	Activity	Purpose	Comments
<p>9/10/2024</p>	<p>Mala’la Aboriginal Health Service – Local health provider supporting community health pathways.</p> <p>Maningrida College – Education staff supporting children and families participating in the clinic.</p> <p>Maningrida Traditional Owners – Cultural custodians providing oversight and input into service delivery.</p> <p>Nja-marléya Cultural Leaders and Justice Group – Cultural leadership group representing 14 Maningrida language groups, providing broad cultural guidance and justice perspectives.</p>	<p>Access Clinic Planning Engagement</p> <p>NDIA met with Mala’la Aboriginal Health Service, Maningrida College, and Maningrida Traditional Owners to prepare for the Children’s Access Clinic scheduled for 4 November 2024. Engagement activities included meetings with Families as First Teachers (FaFT) and the early childhood centre to share clinic information and distribute Access Request Forms (ARFs) for completion with prospective participants and their parents. NDIA also met with Nja-marléya to seek cultural input and guidance for the clinic.</p>	<p>To engage key community stakeholders in planning and preparation for the Children’s Access Clinic, ensuring cultural appropriateness and effective coordination with local health and education services.</p>	<p>This engagement supported community readiness for the clinic, facilitated participant identification through FaFT and early childhood services, and ensured cultural input was incorporated into clinic planning.</p>

Date	Stakeholder	Activity	Purpose	Comments
<p>21/10/2024 – 24/10/2024</p>	<p>NDIS Service Providers – Local organisations and individuals delivering disability support in Maningrida.</p> <p>Dhukurrnji Clan Traditional Owners – Community leaders and cultural custodians representing local Aboriginal interests.</p> <p>Northern Territory Government</p> <p>Representatives – Officials involved in coordinating NT Government services.</p>	<p>Access Clinic Planning Engagement</p> <p>Activities included in-person meetings, site visits, and collaborative planning sessions with stakeholders.</p>	<p>To progress the development of the Children’s Access Clinic by:</p> <ul style="list-style-type: none"> Refining operational logistics and service delivery roles Ensuring alignment with local health and education systems Embedding cultural protocols and community expectations into the clinic model 	<p>Service roles were confirmed with Mala’la Aboriginal Health Service, scheduling and support arrangements were finalised with the local school, and cultural oversight was maintained through ongoing dialogue with Traditional Owners.</p>
<p>22/10/2024</p>	<p>NDIS Service Providers – Local organisations and individuals delivering disability support in Maningrida.</p> <p>Dhukurrnji Clan Traditional Owners – Community leaders and cultural custodians representing local Aboriginal interests.</p> <p>Northern Territory Government</p> <p>Representatives – Officials coordinating NT Government services.</p>	<p>October Business Month Market Stall</p>	<p>To promote the goals of the Alternative Commissioning Pilot by:</p> <ul style="list-style-type: none"> Supporting local provider development and NDIS registration Encouraging culturally safe, community-led service models Building market readiness and awareness in remote Communities Connecting job seekers with potential pathways into the disability support workforce 	<p>NDIA provided guidance on becoming NDIS providers, facilitated discussions on community-driven service delivery, and supported the development of a diverse and sustainable provider market in Maningrida. The stall also offered information and encouragement for local job seekers interested in joining the disability services workforce.</p>

Date	Stakeholder	Activity	Purpose	Comments
	<p>Local Businesses and Entrepreneurs – Community members interested in entering or expanding within the disability services sector.</p> <p>Local Community Job Seekers – Individuals seeking employment opportunities in the disability services sector.</p>	<p>NDIA hosted a stall during October Business Month to promote the Alternative Commissioning Pilot. Engagement targeted service providers, Traditional Owners, government representatives, and local entrepreneurs. The stall aimed to support local provider development, encourage culturally safe service models, and build market readiness by offering guidance on entering the NDIS market.</p>		

Date	Stakeholder	Activity	Purpose	Comments
<p>24/10/2024</p>	<p>NDIS Service Providers – Organisations delivering disability support in Maningrida.</p> <p>Northern Territory Government Representatives – Officials coordinating NT Government services.</p> <p>Mala’la Aboriginal Health Service – Local health provider.</p> <p>Maningrida Traditional Owners and Nja-marléya Cultural Leaders and Justice Group – Cultural custodians and leaders representing community interests.</p> <p>Local Education Representatives – Staff supporting children and families through schools and early childhood programs.</p>	<p>Maningrida Disability Roundtable – Strategic Planning to Address Market Gaps and Support Access Outcomes</p> <p>A strategic roundtable was held in Darwin, bringing together key stakeholders to support the implementation of the Alternative Commissioning Pilot and follow-up planning for the Children’s Access Clinic scheduled for November 2024. The session focused on two key areas:</p>	<p>To collaboratively address service delivery gaps in Maningrida’s disability support market by engaging stakeholders in strategic dialogue and exploring opportunities for alternative commissioning. The roundtable sought insight from service providers to inform future planning and promote culturally appropriate, community-led models. It also supported preparatory discussions for the upcoming Children’s Access Clinic, ensuring anticipated needs are met through coordinated service responses.</p>	<p>The roundtable strengthened strategic planning across sectors, promoted community-led solutions, and ensured that children identified through the clinic are supported through timely and coordinated service responses.</p>

Date	Stakeholder	Activity	Purpose	Comments
		<ul style="list-style-type: none"> Alternative Commissioning – Addressing Market Gaps: Stakeholders discussed service delivery gaps in Maningrida’s disability support market, with emphasis on workforce development, provider capacity, and opportunities for community-led service models. The aim was to identify sustainable and culturally appropriate solutions to strengthen local service delivery. 		

Date	Stakeholder	Activity	Purpose	Comments
		<ul style="list-style-type: none"> Children’s Access Clinic – Coordinated Response to Identified Needs: The roundtable supported planning for the clinic, focusing on how to ensure children identified as potentially eligible for NDIS will be connected to appropriate supports. Discussions included referral pathways, service coordination, and strategies for timely access to early intervention following the clinic. 		

Date	Stakeholder	Activity	Purpose	Comments
<p>29/10/20 24- 30/10/20 24</p>	<p>Mala’la Aboriginal Health Service – Local health provider supporting clinic coordination and participant identification.</p> <p>Maningrida College – Education staff assisting with outreach to families and children.</p> <p>Dhukurrdji Clan Traditional Owners – Community leaders and cultural custodians representing local Aboriginal interests.</p>	<p>Access Clinic Planning Engagement</p> <p>NDIA met with key community stakeholders in Maningrida, including Mala’la Aboriginal Health Service, Maningrida School, and Traditional Owners, to continue planning and coordination for the Children’s Access Clinic. Engagement activities included follow-up work with Mala’la staff to collect completed Access Request Forms (ARFs) and ensure readiness for the clinic.</p>	<p>To strengthen coordination and community engagement ahead of the Children’s Access Clinic by finalising participant identification, confirming logistics, and ensuring cultural appropriateness in service delivery.</p>	<p>NDIA collected eight completed ARFs through outreach with Mala’la staff and continued collaborative planning with local stakeholders to support effective and respectful clinic implementation.</p>

Date	Stakeholder	Activity	Purpose	Comments
	<p>Dhukurrdji Clan Traditional Owners – Community leaders and cultural custodians representing local Aboriginal interests.</p>	<p>Engagement with Traditional Owners – Project Update and Service Planning</p> <p>The NDIA Territory Manager met with Maningrida Traditional Owners in Darwin to provide a progress update on the Maningrida Project and discuss the proposed alternative commissioning of therapy services. The meeting focused on aligning service planning with cultural expectations and community priorities, including the procurement of a therapy consultant and a coordinator of supports to work directly with participants.</p>	<p>To update Traditional Owners on the status of the Maningrida Project, seek input on the proposed alternative commissioning approach for therapy services, and ensure future service delivery is culturally informed and community driven.</p>	<p>Traditional Owners were informed that the project is now being facilitated by the Northern Territory Government (NRSB). They stated that they are seeking to establish a respite facility in the community and advised NDIA of plans to investigate grant opportunities through NTG, the Aboriginal Investment Group, and the Northern Australia Infrastructure Fund. Transport and access to therapy services were highlighted as ongoing challenges.</p>
<p>4/11/2024 - 8/11/2024</p>	<p>People with Disability and Prospective Participants in Maningrida – Children and families engaging with the clinic for assessment and support.</p> <p>Local Service Providers – engaged through planning activities that support participant access.</p>	<p>Maningrida Children’s Access Clinic</p>	<p>To increase the number of children under 18 accessing the NDIS by delivering culturally appropriate, community-based assessments and support coordination.</p>	<p>A total of were assessed for NDIS eligibility.</p>

Date	Stakeholder	Activity	Purpose	Comments
	<p>Maningrida College – Provided staff and facilities to support clinic delivery and participant engagement.</p>	<p>The Children’s Access Clinic was coordinated by the Northern Territory Remote Services Branch (NRSB), with support from NT Regional Services and the National Access Team. The clinic aimed to increase access to the NDIS for children under 18 in Maningrida, responding to community-identified needs.</p> <ul style="list-style-type: none"> • 4 November: Clinic preparation • 5–7 November: Clinic held at Maningrida School • 8 November: Follow-up activities and coordination 		

<p>05/12/20 24</p>	<p>Northern Territory Government (NTG) – Includes multiple agencies involved in regional service delivery and coordination.</p> <p>National Indigenous Australians Agency (NIAA) – Federal agency supporting Indigenous affairs and community development.</p> <p>Bawinanga Aboriginal Corporation – Local Aboriginal corporation delivering community services and employment programs.</p> <p>Mala’la Health Service – Provider of culturally safe, holistic primary health care.</p> <p>Nja-Marléya Cultural and Justice Group – Community-led group focused on cultural governance and justice.</p> <p>West Arnhem Shire Council – Local government authority supporting infrastructure and community services.</p> <p>Maningrida Progress Association – Local organization supporting economic development and community initiatives.</p> <p>Northern Land Council – Statutory body representing Traditional Owners and managing land use and access.</p>	<p>Maningrida Service Delivery Meeting</p> <p>The NDIA participated in the NTG-led regional service delivery meeting in Maningrida, where they provided updates on the Alternative Commissioning Pilot and offered an opportunity for attendees to ask questions, provide feedback, and raise concerns.</p>	<p>To report on November service delivery outcomes, share progress on the Alternative Commissioning Pilot, and reinforce the importance of ongoing community involvement in the design and implementation of locally driven service models.</p>	<p>The meeting strengthened collaboration on the Alternative Commissioning Pilot, with NDIA sharing progress, outlining plans for a second Children’s Access Clinic in 2025, and reinforcing the need for culturally guided, community-led service design.</p>
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Date	Stakeholder	Activity	Purpose	Comments
	<p>Darwin Community Legal Services – Invited the by Dhukurrdji Clan Traditional Owners.</p> <p>Dhukurrdji Clan Traditional Owners – Community leaders and cultural custodians representing local Aboriginal interests.</p>			
05/12/2024	<p>Northern Territory Government Representative – Official coordinating NT Government services</p>	<p>Status Update – Local Decision Making Cultural Governance Group</p> <p>Ongoing discussion regarding the establishment and potential responsibilities of the Cultural Governance Group in guiding the Alternative Commissioning Pilot Project.</p>	<p>To continue discussions on the evolving role of the Cultural Governance Group as the proposed Community Reference Group for the Maningrida Local Decision Making Agreement. The group is expected to provide cultural oversight, community guidance, and strategic input into the Alternative Commissioning Pilot Project, contingent on its formal establishment and operational readiness.</p>	<p>Aneurin Townsend, Northern Territory Government representative, reaffirmed the Cultural Governance Group as the preferred body for this role. While the group's formal commencement is scheduled for February 2025, its involvement in the pilot project remains subject to its ongoing establishment and confirmation of governance arrangements. This reflects a commitment to embedding cultural authority and community leadership in locally commissioned service design, once the group is fully operational.</p>

Date	Stakeholder	Activity	Purpose	Comments
16/01/2025	Darwin Community Legal Service - Disability Advocate - Sheiraj (Che) Batiste	<p>Disability Advocacy Engagement</p> <p>Follow-up engagement initiated by Darwin Community Legal Service after attending the December Maningrida Service Delivery Meeting, focused on exploring collaboration opportunities through the Alternative Commissioning Pilot.</p>	To provide background information on the Maningrida Alternative Commissioning Pilot Project and discuss potential opportunities to raise awareness of Darwin Community Legal Service's Disability Advocacy services in Maningrida through the pilot.	The meeting was requested by Darwin Community Legal Service following their participation in the December Maningrida Service Delivery Meeting. NDIA's National Remote Services Branch (NRSB) shared context on the pilot and agreed to explore avenues for increasing visibility and access to disability advocacy services in Maningrida as part of the Alternative Commissioning initiative.

Date	Stakeholder	Activity	Purpose	Comments
22/01/2025	Nja-marléya Culture and Justice Group – CEO Seide Ramadani	<p>Follow-Up Engagement – Cultural Authority Input into Alternative Commissioning Proposal</p> <p>Continued engagement to identify an appropriate cultural authority to guide the development of the Alternative Commissioning Pilot Proposal, in light of the Local Decision Making Cultural Governance Group’s ongoing establishment.</p>	To progress the Alternative Commissioning Pilot Proposal by seeking cultural oversight and input from Nja-marléya Culture and Justice Group, given the Local Decision Making Cultural Governance Group is not yet operational. This engagement aimed to explore the group’s potential role as the interim Cultural Authority and Community Reference Group.	CEO Seide Ramadani agreed to consult the Nja-marléya Board regarding their willingness to provide cultural guidance and oversight during the proposal’s development. It was agreed that initial review and feedback on the proposal would be provided by Seide Ramadani and NTG Local Representative Aneurin Townsend. This follow-up engagement reflects NDIA’s commitment to ensuring culturally informed leadership is embedded in the pilot’s design process.

Date	Stakeholder	Activity	Purpose	Comments
24/01/2025	Northern Territory Government Representative – Official responsible for managing Northern Territory Government 's Local Decision Making Agreements	Cultural Governance and Community Leadership Engagement Virtual meeting to confirm the status of the Local Decision Making Cultural Governance Group and discuss pathways for securing cultural guidance and leadership for the Alternative Commissioning Pilot Project	To confirm the current status of the Local Decision Making Cultural Governance Group, clarify expectations around engaging a community leader reference group, and explore opportunities for cultural consultancy services to support the Alternative Commissioning Pilot Project.	NTG confirmed that the Local Decision Making Cultural Governance Group is still in its establishment phase and not yet positioned to act as the community leader reference group for the project. NTG agreed to NDIA engaging with the CEO of the Nja-marléya Cultural and Justice Group to explore the possibility of using the Nja-marléya Board as the interim cultural authority to provide cultural guidance and leadership for the project's development and implementation.

Date	Stakeholder	Activity	Purpose	Comments
30/01/2025	NDIS Quality and Safeguards Commission	<p>Introductory Meeting – Maningrida Alternative Commissioning Pilot</p> <p>Initial engagement via Microsoft Teams to introduce the new pilot team, outline project objectives, and explore the Commission’s potential role in supporting implementation in remote Communities.</p>	To introduce the newly established Maningrida Alternative Commissioning Pilot Project Team, provide an update on the pilot’s progress, and explore the role of the NDIS Quality and Safeguards Commission in supporting the pilot and its implementation in remote settings.	The meeting included an introduction to the Pilot Project Team and their roles in supporting the design and delivery of the Maningrida Pilot. Key discussion points covered the pilot’s objectives, current activities, and alignment with community-led service reform. The Commission’s regulatory role, quality assurance responsibilities, and safeguarding functions in remote contexts were discussed, along with opportunities for collaboration to ensure participant safety, provider compliance, and culturally appropriate service delivery throughout the pilot.

<p>6/02/2025</p>	<p>Northern Territory Government (NTG) – Includes multiple agencies involved in regional service delivery and coordination.</p> <p>National Indigenous Australians Agency (NIAA) – Federal agency supporting Indigenous affairs and community development.</p> <p>Bawinanga Aboriginal Corporation – Local Aboriginal corporation delivering community services and employment programs.</p> <p>Mala’la Health Service – Provider of culturally safe, holistic primary health care.</p> <p>Nja-Marléya Cultural and Justice Group – Community-led group focused on cultural governance and justice.</p> <p>West Arnhem Shire Council – Local government authority supporting infrastructure and community services.</p> <p>Maningrida Progress Association – Local organization supporting economic development and community initiatives.</p> <p>Northern Land Council – Statutory body representing Traditional Owners and managing land use and access.</p>	<p>Maningrida Service Delivery Meeting</p> <p>The NDIA participated in the NTG-led regional service delivery meeting in Maningrida, where they provided updates on the Alternative Commissioning Pilot and offered an opportunity for attendees to ask questions, provide feedback, and raise concerns.</p>	<p>To provide an update on the NDIS Alternative Commissioning Pilot Project, including progress on the partnership with Nja-marléya Culture and Justice Group, who are supporting the project as the Cultural Governance Group.</p>	<p>The meeting reinforced the importance of local partnerships and cultural leadership in guiding the pilot. Updates were shared on project milestones and the evolving role of Nja-marléya in providing cultural oversight.</p>
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Date	Stakeholder	Activity	Purpose	Comments
13/02/2025	Department of Social Services (DSS) and NDIA	Stakeholder Engagement – DSS and NDIA Alternative Commissioning Workshop Workshop held in Darwin to share site-specific updates and align on strategic directions for place-based commissioning.	To provide updates on the Katanning and Maningrida Alternative Commissioning sites, share achievements, and discuss forward work plans.	Jurisdictional leads presented progress and insights from their respective sites. The workshop facilitated knowledge exchange and alignment on next steps for implementing place-based commissioning strategies.
18/02/2025	NDIS Quality and Safeguards Commission - Valli Camara, Director of Indigenous and Remote Operations Regulatory Campaigns	Stakeholder Engagement Virtual meeting to discuss communication strategies and materials for the Alternative Commissioning initiative.	To provide an update on the Alternative Commissioning initiative and explore opportunities to include communication materials in the broader NDIS First Nations communication package.	The Commission expressed interest in aligning messaging and branding to ensure consistency and cultural relevance. Discussions focused on integrating pilot-specific materials into national communication efforts.
19/02/2025	Bininj Kunwok Language Services – delivering service across West Arnhem Land.	Stakeholder Engagement – Language Services Consultation Meeting in Darwin to discuss language translation and communication strategies for the Alternative Commissioning initiative.	To explore the procurement of communication services and products in Barrara, Kunwinjku, and Maung languages to support the initiative, and to seek broader advice on effective communication strategies in Maningrida, including how best to engage the community through culturally and linguistically appropriate methods.	Andy Peart advised that direct translation of NDIS messages into English is not always effective. He recommended using plain English for broader accessibility among literate community members, highlighting the need for tailored communication approaches.

Date	Stakeholder	Activity	Purpose	Comments
20/02/2025	NDIS Quality and Safeguards Commission – Valli Camara, Director of Indigenous and Remote Operations Regulatory Campaigns	Stakeholder Engagement Follow-up meeting to discuss project visibility and regulatory alignment for the Alternative Commissioning initiative.	To provide an update on the initiative's progress and discuss the development of communication materials, including branding guidelines and logos.	The meeting focused on enhancing the initiative's visibility and ensuring alignment with NDIS standards. Valli Camara provided input on regulatory considerations and supported the development of culturally appropriate communication tools.
04/03/2025 – 06/03/2025	Nja-Marléya Cultural and Justice Group – Community-led group focused on cultural governance and justice.	Stakeholder Engagement – Cultural Authority Partnership Visit Three-day visit to Maningrida to deepen engagement with Nja-Marleya as the cultural authority and community reference group for the pilot.	To build understanding of the NDIS and Alternative Commissioning, listen to community experiences, and present the alternative commissioning of therapy service proposal for Nja-Marléya's input and guidance.	Nja-marléya endorsed NDIA to continue consultation and progress with alternative commissioning procurement under the pilot. The visit strengthened cultural leadership and community ownership of the initiative.

Date	Stakeholder	Activity	Purpose	Comments
03/04/2025	<p>Nja-Marléya Cultural and Justice Group – Community-led group focused on cultural governance and justice.</p>	<p>Stakeholder Engagement – Follow-Up Meeting</p> <p>Meeting in Darwin to strengthen partnership and clarify NDIA's role and expectations in the pilot.</p>	<p>To discuss Nja-marléya's role in the Pilot Project and explore opportunities to partner to deliver community sessions and provide updates on pilot progress and commissioning plans.</p>	<p>Key topics included capacity building for Nja-marléya leadership, a visual walkthrough of commissioning models, and discussion of the upcoming industry briefing and tender process. Nja-marléya confirmed they can act as a community leadership reference group, offering their insights and cultural knowledge as representatives of the language groups in Maningrida. They also indicated their ability to provide cultural liaison services to support NDIA's engagement with participants. Additionally, Nja-marléya agreed to partner with NDIA on the Alternative Commissioning Therapy Service information sessions, aimed at refreshing community awareness as the project draws to a close.</p>

Date	Stakeholder	Activity	Purpose	Comments
<p>April 2025</p>	<p>Support Coordinators – Organisations delivering support coordination services to NDIA participants in Maningrida.</p>	<p>Stakeholder Engagement – Therapy Services Model Updates</p> <p>Series of virtual meetings with support coordinators to provide updates on the Alternative Commissioning Pilot Project and gather feedback on therapy service delivery challenges and opportunities.</p>	<p>To share progress on the Alternative Commissioning Pilot Project, discuss service delivery experiences, and identify areas for improvement in therapy access and coordination. These engagements aimed to ensure support coordinators are informed and involved in shaping the pilot’s implementation.</p>	<p>Balcor (01/04): Meeting attended by Damien Hale. No issues raised.</p> <p>Eunoia Lane / FEO Skill Development (07/04): Attended by Kate Hudson. No issues raised ask to be kept informed as the project roles out.</p> <p>MIFANT: Declined the opportunity to receive an update.</p> <p>Children’s Ground: Did not respond to the meeting request.</p>

Date	Stakeholder	Activity	Purpose	Comments
				<p>Top Care Community Services (14/04): Toddy Totham. Discussions centred on two participants currently under guardianship being monitored by the Department of Children and Families. Top Care Community Service is facing ongoing challenges in securing access to essential therapy services, particularly Behaviour Support and Speech Pathology for the participants. To help address these issues, Felicity Fong has been engaged to provide Occupational Therapy Service. Toddy identified a need for exploring Level 2 Therapy Assistants support to better meet participants' needs through a locally trained workforce.</p> <p>Mala'la Health Aboriginal Corporation (16/04): Attended by Leslie Woolf. Mala'la discussed:</p>

Date	Stakeholder	Activity	Purpose	Comments
				<ul style="list-style-type: none"> • Mala'la Health's longstanding role in allied health service delivery and the importance of continuity of care. • The need for the Remote Community Connector Program in Maningrida to address delivery gaps. • Concerns about the potential for unknown providers to be engaged through the Alternative Commissioning of therapy services

Date	Stakeholder	Activity	Purpose	Comments
				<ul style="list-style-type: none"> Concerns that a local work force model would not work emphasised that employing local people is the most effective way to deliver services and expressed interest in participating in direct commissioning under the pilot. Community concerns about inconsistent support for people with disability were also shared.

Date	Stakeholder	Activity	Purpose	Comments
<p>25/05/2025 – 30/05/2025</p>	<p>Maningrida NDIS Participants and Families Maningrida Community Members</p>	<p>Community Engagement – Information Sessions (Rescheduled)</p> <p>Planned community engagement activities to share updates on the Alternative Commissioning Pilot Project and celebrate local involvement were postponed due to cultural obligations.</p> <p>Community Information Sessions – Rescheduling Update</p> <p>The NDIA is working in partnership with the Nja-marléya Cultural and Justice Group to reschedule the Maningrida community information sessions, originally postponed due to cultural obligations. Nja-marléya has proposed holding the sessions in late August 2025, taking into account ongoing cultural and community events.</p>	<p>To deliver a series of community information sessions and a celebration event in Maningrida, aimed at increasing awareness of the Alternative Commissioning Pilot Project, sharing progress, and recognising the contributions of local stakeholders, including Nja-marléya Cultural and Justice Group.</p>	<p>The sessions, originally scheduled for 27–28 May 2025, were cancelled following the passing of a respected community elder. In accordance with cultural protocols and out of respect for sorry business, NDIA postponed all planned activities. NDIA is working closely with Nja-marléya Cultural and Justice Group to identify appropriate future dates for rescheduling the sessions. The sessions will include presentations on the pilot’s outcomes, opportunities for community feedback, and a celebration of local leadership and cultural governance in shaping service delivery.</p>

Date	Stakeholder	Activity	Purpose	Comments
		<p>The rescheduled sessions will provide an opportunity to:</p> <ul style="list-style-type: none"> • Share updates on the Alternative Commissioning Pilot Project • Prepare participants for the implementation of the Alternative Commissioning of Therapy Service • Gather community feedback on service delivery <p>It is anticipated that the successful supplier for the Alternative Commissioning Therapy Services contract will participate in the sessions, alongside NDIS planners, to support community engagement and ensure alignment with local needs and priorities.</p>		



OFFICIAL

Date	Stakeholder	Activity	Purpose	Comments
		Further details, including confirmed dates and locations, will be shared once arrangements are finalised in collaboration with community partners.		

Appendix 3: NDIA Communications and Engagement Activities in Katanning

Communications and Engagement

The contents of this document are OFFICIAL

Alternative Commissioning in Katanning Region, WA

General information

The Alternative Commissioning pilot in Katanning aims to create close, effective partnerships with Communities to trial alternative, place-based approaches to connecting and/or commissioning NDIS services, helping to address service gaps and improve access to NDIS supports.

The pilot is designed to create opportunities for more culturally appropriate and sustainable services, and to foster the growth of the disability services sector in regional, remote, First Nation and CaLD Communities.

The project is part of the Australian Government's commitment to ensuring that all Australians with disabilities have access to the supports they need, regardless of where they live.

Project Highlights

Market Stimulation and Facilitation

The NDIA has actively engaged in market stewardship within the Katanning region and its surrounding areas to ensure participants have access to high-quality and responsive disability services. This has been guided by a comprehensive data analysis of local needs, alongside collaborative engagement with the community and stakeholders

Intervention activities have led to outcomes that support informed participant choice, provide access to quality supports and encourages ongoing service improvements. Furthermore, it aids in ensuring appropriate safeguards are in place for culturally appropriate service provision, evident in the following:

- Implementation of *Hire Up Contract to develop a model of servicing that connects participants to local, but potentially unrealised, service capacity in regional and rural locations. The model of servicing prioritises the availability of culturally safe services, in particular, for First Nations people and aims to be a proof of concept, undertaken over a period of 6 months.
- Engaging with service providers to attend a variety of events and access clinics, enabling connections and rapport with local residents and participants. An example includes *Fly2Health, now providing Occupational Therapy and Speech Pathologist supports twice a week face to face in Katanning. Verbally, Katanning is now the regional area most visited (per week) by this provider – with a level of service for the stated supports not previously received by participants in the region.
- Offer of in-home trials for Assistive Technologies from *Unicare, subject to interest. Connections made between AT provider and aged care stakeholders in the project area, with an aim of building long term connections and sustainable business opportunities.
- Local Aboriginal Community Controlled Organisation (ACCO) demonstrating interest in becoming a Registered Provider and investing time into preliminary engagement activities to determine organisational requirements.

Learnings from Coordinated Funding Proposals undertaken in nearby regions have also aided in informing conversations with local support coordinators and identifying improvements for future implementation.

Early Childhood pathways has been consistently highlighted as a priority by the Katanning community, demonstrated by the 10 year Early Years Partnership (EYP) initiative that exists in the community. Engagement for the delivery of the Maraaka Dabarkan (Noongar for “Hands to Steady”) early connections initiative in September 2025 remains ongoing, with the NDIA playing a key role in linking stakeholders together due to limited regular presence from Wanslea (Partner) in the local area.

Providers marked with an () indicate those offering services within the Katanning project area that were not previously available, or now available in addition to services offered prior to the establishment of the pilot.*

Culturally Safe Trauma-Informed Service Delivery

In response to creating culturally safe and trauma informed service delivery models, the NDIA has contracted Mooditj Koort to develop a Framework that will support non-First Nations organisations to plan and deliver more trauma informed, culturally safe services for people with disability residing in the Katanning region of WA.

The Framework is to include:

- Guidance on how the principles of trauma informed practice and cultural safety can and should be incorporated into service design and service planning.
- Guidance on how the principles of trauma informed practice and cultural safety can and should be incorporated into service delivery.
- A Training Package or overview pack to explain the Framework and how to use it.
- Culturally and / or region-specific guidance that is important in the Katanning area of WA.

Events and Access Clinics

In addition to attendance at pre-existing and well established community events and networks, the NDIA has directly delivered a range of events and activities to improve connections, knowledge and awareness of the Scheme.

These activities have helped to facilitate:

- NDIA Understanding of Community Needs: Direct exposure to local issues, priorities, and cultural nuances within the local community.
- Market Insights: Real-time feedback on products, services, or initiatives in the local area.
- Local Connections: Rapport and knowledge share between local stakeholders and participants.

In March (Katanning) and May (Tambellup), Access Clinics were conducted that supported more than 60 individuals with a range of enquiries; from access to the Scheme, through to plan development and implementation, and connection with local service providers.

- Undertaking access clinics provided the opportunity to:
- Develop a culturally inclusive pathway for both First Nations people and individuals from culturally and linguistically diverse backgrounds to access the scheme.
- Increase the number of participants with approved plans in the Katanning region.
- Engage and prompt Alternative Commissioning with individuals, community and service providers.

Strong Community Sentiment and Reputational Enhancement

The focus for engagement throughout the Katanning pilot, has been to leverage the knowledge of local networks and stakeholders, and coordinate appropriate responses aligned to identified needs.

In line with the NDIS Remote Service delivery model, the Katanning focus has been on engaging with whole Communities and not just individuals, building the ability of Communities to access disability support services through deliberate market intervention initiatives.

As a result, trust and reputational enhancement across the region has substantially increased for the NDIA. This enhancement is reflected in outcomes such as:

- Invitation from First Nation elders to local reserves, sharing generational insights and contextual stories of the land; beneficial in enhancing staff awareness and understanding of First Nation histories.
- Hosting events collaboratively with First Nation organisations. Staff at those organisations “hand delivering” flyers to individual letterboxes, to ensure all families were aware of the services being offered.

Stakeholder Audiences – Organisations and Agencies.

Stakeholder audiences have been grouped into four broad categories, being:

1. Whole of Community Engagement

Includes people with disabilities and NDIS participants, Partners in the Community (PiTC), disability service providers, advocates, supports and the broad Katanning community.

2. First Nations Engagement

3. Culturally and Linguistically Diverse (CaLD) Engagement

4. Stakeholder Engagement

Includes targeted service provider engagements and government agencies & organisations, including local, state and federal government representatives.

While the Communications and Engagement schedule does not capture every piece of correspondence or dialogue, it does provide a high-level overview of the key activities and initiatives undertaken to support the pilot's objectives. These efforts have been instrumental in fostering collaboration and building trust with the community and stakeholders.

The following table outlines the breadth of organisations and agencies that have been engaged throughout the Katanning pilot, grouped by the broad 4 categories (stakeholder audience). This reflects the diverse and inclusive approach taken to ensure maximum community reach, whilst considering culturally appropriate and sustainable outcomes for people with disability. Particularly those within First Nations, CaLD, and regional Communities.

<ul style="list-style-type: none"> ○ Local Area Coordinator - PiTC (APM) ○ Early Childhood approach - PiTC (Wanslea) ○ NDIS Participants ○ Workforce Australia – Jobs and Skills Network Great Southern, Wheatbelt Region ○ Tambellup, Wagin, Katanning and Kojonup Community Resource Centres (CRC) ○ Service Providers – general engagement ○ Council of Regional Disability Services (CORDS) ○ Great Southern Legal Services ○ Anglicare (Katanning) ○ Connect Katanning Working Group (monthly NDIA 	<ul style="list-style-type: none"> ○ South West Aboriginal Medical Service (SWAMS) ○ Katanning Noongar Leadership Group ○ Early Years Partnership <i>Collaboration between the State Government, Munderoo Foundation, the Kids Research Institute Australia, and the local community.</i> ○ NIAA WA Regional Team ○ Badgebup Aboriginal Corporation ○ Gorenang Moortabiin Aboriginal Corporation ○ Wagyl Kaip Southern Noongar Aboriginal Corporation ○ Jeert Mia Aboriginal Corporation 	<ul style="list-style-type: none"> ○ Local Imam – Alep Mydie ○ Karen Community Leaders Group Meeting ○ Islam Womans Group Meeting ○ Rainbow Coast Neighbourhood Migrant Centre ○ Great Southern Migrant Centre – Katanning ○ Office of Multicultural Interests ○ Kin Advocacy ○ CaLD Health Promotions Officer (WACHS) ○ Ethnic Communities Council of WA ○ The Daily Grind Café ○ Migrant Playgroup & Language Centre 	<ul style="list-style-type: none"> ○ WA Disability Minister, Hon. Don Punch ○ Department of Social Services (DSS) ○ Shire of Katanning – including Leisure Centre, Library, Events team and elected members. ○ Shire of Wagin ○ Shire of Broomehill-Tambellup ○ Shire of Kojonup ○ Shire of Kent ○ Shire of Woodanilling ○ Fly2Health ○ Hire Up ○ Unicare ○ Down South Therapy ○ WA Country Health ○ Katanning Primary School ○ Braeside Primary School ○ Katanning Senior High School
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<p>project meeting with Katanning community representatives)</p> <ul style="list-style-type: none"> ○ Relationships Australia ○ Maven Support Solutions (Katanning team) ○ AtWork Australia 	<ul style="list-style-type: none"> ○ Ballardong Aboriginal Corporation ○ Moorditj Koort Aboriginal Corporation ○ Walkabout Consultancy 		<ul style="list-style-type: none"> ○ South Regional TAFE ○ St Patrick's Primary School ○ Department of Health & Aged Care – Reform Implementation Division ○ Department Health & Aged Care Local Network – Service Delivery Division ○ Department of Communities – Disability Division (Regional Intensive Support and Coordination and Community Inclusion Teams) ○ Department of Communities – Worker Screening Unit ○ NDIS Quality & Safeguarding Commission
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Communications and Engagement schedule

External communications and engagement

Date	Stakeholder Audience	Activity	Purpose	Comments
6/8/2024 - 8/8/2024	<ol style="list-style-type: none"> 1. Whole of Community Engagement 2. First Nations Engagement 4. Stakeholder Engagement 	<p>Meetings held with organisations:</p> <p>SWAMS – Aboriginal Medical Service</p> <p>Community Resource Centre (CRC) - provide access to government and community services and information and undertake community, business and economic development activities.</p> <p>Department of Communities</p> <p>Shire of Katanning</p> <p>WACHS – Katanning Hospital</p> <p>NIAA – WA and SW Regional Team</p>	<p>Build understanding of local environment</p> <p>Meet with key stakeholders</p> <p>Introduce pilot project to stakeholders</p> <p>Build stakeholder and contacts list</p> <p>Ask basic questions re services and solutions</p> <p>Seek ideas on development of Working Group (WG)</p>	<p>Improved understanding of the Katanning region for the Market Stewardship Branch.</p>
7/8/2024	<ol style="list-style-type: none"> 1. Whole of Community Engagement 3. CaLD Engagement 	<p>Digital sessions at Katanning Library & Community engagement with key stakeholders</p> <p>Included Rainbow Coast Neighbourhood Migrant Centre</p>	<p>Engage key stakeholders in Katanning.</p> <p>Support coordination was offered to help participants use them plan effectively for a period of 12 months and check ins after 3 months.</p>	<p>Increased NDIA presence throughout Katanning.</p>

Date	Stakeholder Audience	Activity	Purpose	Comments
27/08/2025	<ol style="list-style-type: none"> Whole of Community Engagement 4 Stakeholder Engagement 	<p>Presentation to Council of Regional Disability Services (CORDS).</p>	<p>Provide an overview of the Alternative Commissioning pilot and initiative, including Katanning specific region with the Market Stewardship (NDIA) team.</p>	<p>CORDS: Every Quarter, key members from regional disability services come together to discuss recent developments in policy and procedures within the NDIS, talk about their own organisations, and ask questions to the decision-makers that benefit their clients.</p>
08/09/2024	<ol style="list-style-type: none"> Whole of Community Engagement First Nations Engagement CaLD Engagement 	<p>Access and Agent loop – Katanning, Manjimup, Narrogin, Wagin, Bridgetown, Harvey, Donnybrook and Collie.</p>	<p>Increase awareness of NDIS in regional areas, assist with access and planning related activities, including prospective participants, families, carers and NDIS participants.</p>	<p>Engagement with Katanning, Manjimup, Narrogin, Wagin, Bridgetown, Harvey, Donnybrook and Collie areas.</p>
30/9/2024	<ol style="list-style-type: none"> First Nations Engagement CaLD Engagement 	<p>Meeting with CaLD women’s group upon invite from local Imam. Hosted at the Daily Grind Café.</p> <p>Attendance at the Noongar leadership meeting.</p>	<p>Establishing relationships with local leaders and elders. Connecting with local networks to share information and knowledge.</p>	<p>Nil noted</p>

Date	Stakeholder Audience	Activity	Purpose	Comments
		Meeting with Director Allied Health – Katanning hospital.		
2/10/2024 and 3/10/2024	<ol style="list-style-type: none"> 1. Whole of Community Engagement 3. CaLD Engagement 	NDIA Service Delivery presence – Katanning library and Daily Grind Café	Increase NDIA presence and NDIS awareness within Katanning. Connect with community members, people with disability and NDIS participants to inform future activities and understand local context.	<p>Discussing NDIS plans and how to use them with NDIS participants</p> <p>Promotion of upcoming Connect Katanning expo.</p>
16/10/2024 and 17/10/2024	<ol style="list-style-type: none"> 1. Whole of Community Engagement 2. First Nations Engagement 3. CaLD Engagement 4. Stakeholder Engagement 	<p>NDIA Service Delivery presence – Katanning library and Daily Grind Café</p> <p>Met with the following community organisations:</p> <ul style="list-style-type: none"> Great Southern Migrant Centre Katanning High School Katanning Primary School Braeside Primary School St Patricks School Katanning TAFE St Lukes Family Practice (medical centre) Katanning Show Society Agent and Access Point Katanning Leisure Centre Katanning Library 	<p>Increase NDIA presence and NDIS awareness throughout Katanning, connect with community members, people with disability and NDIS participants.</p> <p>Exploring potential for Katanning Furnishings (local business) to become an AT provider.</p>	<p>Insufficient interest for Katanning Furnishings to be an AT provider.</p> <p>Facebook posts to the Katanning community page notifying community of NDIA presence in Katanning for 29/10/2024 visit is noted. Ongoing local presence is being embedded into the community networks.</p> <p>Printing and distributing 121 physical flyers to NDIS participants and people with disability whilst in Katanning.</p>

Date	Stakeholder Audience	Activity	Purpose	Comments
		Alep (Imam) – Daily Grind Café Badgebup Aboriginal Corporations		
25/10/2024 and 26/10/2024	1. Whole of Community Engagement	NDIA presence at Katanning Agricultural Show	Increase NDIA presence in Katanning. Discussions with community members and organisations throughout Katanning at pre-existing and established community event.	134 year of the event, originating in Broomehill, now a feature of Katanning for over 125 years
24/10/2024	1. Whole of Community Engagement 4 Stakeholder Engagement	Local Jobs and Training Stakeholder meeting. Contained the following organisations: Workforce Australia Local Jobs Vestas Australian Institute of Maintenance Engineering (AIME) Skill Hire South Regional Tafe Southern Aboriginal Corporation RDA Great Southern CCIWA Department of Employment and Workplace Relations Impact Services/Jobs & skills centre AtWork Australia Hire Up	Network contains the broader Wheatbelt group and discusses employment opportunities for people in the area, as well as training opportunities correlated to building skills that address service gaps. NDIA spoke about how the NDIS is looking for qualified people in the area to consider courses that led to disability inclusive qualifications.	Greater understanding cross-sector around what the NDIA is hoping to achieve long-term for the disability community and how networks can assist.

Date	Stakeholder Audience	Activity	Purpose	Comments
		Skill Hire RDA Great Southern Palmerston Department of Education – Regional Office Jobs & Skills Centre/Worklink WA Accessibility Wagyl Kaip Southern Noongar Aboriginal Corporation		
29/10/2024	1. Whole of Community Engagement 4 Stakeholder Engagement	NDIA delivered Connect Katanning Expo: 17 exhibitors (local service providers and stakeholders) Smoking Ceremony. Over 150 community attendees.	Connecting local community members with existing service providers and disability advocates. Ensuring local service providers are aware of existing services.	Event positively received within the community, with significantly positive feedback.
13/11/2024	4 Stakeholder Engagement	NDIA Meeting with Minister Punch, NDIA DCEO's and WA State Manager	Meeting to discuss Katanning Alternative Commissioning.	Updates provided from the NDIA around Alternative Commissioning in Katanning to WA Minister for Disabilities.
15/11/2025	1 Whole of community engagement	Presentation to Council of Regional Disability Services (CORDS).	Provide an update on the Alternative Commissioning pilot and initiative, and obtain any relevant information from service providers.	Need for allied health services outlined by the group.

Date	Stakeholder Audience	Activity	Purpose	Comments
	4 Stakeholder Engagement			
26/11/2024 - 27/11/2024	1 Whole of Community Engagement 3 CaLD Engagement	NDIA WA Service Delivery presence – Katanning library and Daily Grind Café	Engagement with Katanning community, NDIS participants and prospective participants. Presence at APM’s event – Champions in Diverse Communities.	
November 2024	Improve ability for local community to directly engage with and contact NDIA services	Implementation of Access Point at Neighbourhood Centre	Expand and improve regional connections with NDIS services	
22/01/2025	2. First Nations Engagement 4 Stakeholder Engagement	Attendance at Noongar Leadership meeting	Pre-existing First Nation network administered via the Shire. Brings 4 local Corporations and other interested stakeholders together on a regular basis. Opportunity for NDIA to provide and receive local updates directly.	

Date	Stakeholder Audience	Activity	Purpose	Comments
19/02/2025 – 21/02/2025	<ol style="list-style-type: none"> 1. Whole of Community Engagement 2. First Nations Engagement 3. CaLD Engagement 4. Stakeholder Engagement 	<p>Face to face meetings facilitated to introduce new NDIA Katanning pilot with key local agencies:</p> <ul style="list-style-type: none"> • Wanslea (PiTC) Operations Manager • Noongar Leadership Meeting • WACHS – Lived experience peer support worker • Shire of Katanning (library and events; Shire President) • Katanning CRC (Manager and staff) • Early Years Partnership Coordinator • Better Beginnings team • Anglicare • Local Imam (Alep) <p>Connect Katanning Working Group hosted by WA State Manager on 20/02/2025</p>	<p>Introductions to NDIA Katanning pilot lead and opportunity to receive preliminary insights from key agencies.</p>	<p>Working Group has been established to act as a monthly local stakeholder engagement opportunity – where community based orgs and individuals can directly raise issues, concerns, comments on the pilot project with NDIA representatives.</p> <p>Opportunity identified by Wanslea (PiTC) to deliver a local Maaraka Dabarkan session (MD session - meaning “Hand to Steady” in Noongar).</p>
20/02/2025	<ol style="list-style-type: none"> 1. Whole of Community Engagement 4 Stakeholder Engagement 	<p>Attendance at Shire of Narrogin event – Connect Narrogin.</p>	<p>Engage with Narrogin residents and service providers via pre-existing and well attended events, delivered by local organisations</p>	<p>Significant number of residents and service providers in attendance. Connections with organisations such as South Regional TAFE made.</p>

Date	Stakeholder Audience	Activity	Purpose	Comments
21/02/2025	1. Whole of Community Engagement 4 Stakeholder Engagement	Wanslea meeting to discuss concept of Maraaka Dabarkan (MD sessions).	Deliver Early Years initiative for early identification of children requiring support under the Early Years Approach. Involves Allied Health teams and needs support of broad community.	Preliminary conversation confirming intent to proceed. Future meetings to be established in coming months.
24/02/2025	4 Stakeholder Engagement	Meeting with Department of Communities	Overview of Regional Intensive Support (RIS) and Coordination and Community Inclusion Team (CICT) with Department of Communities. Opportunities to collaborate in the Katanning region broadly discussed	Invites to future events and activities to be extended, when NDIA in Katanning and surrounds.
25/02/2025 – 26/02/2025	1. Whole of community engagement 4 Stakeholder engagement	WA Service Delivery staff in attendance at Katanning Primary School as part of morning “drop-off” activities.	Engage with parents, teachers and families of the Katanning community to provide information about the NDIS.	
05/03/2025	2. First Nations Engagement 4 Stakeholder Engagement	Meeting with Badgebup Abor. Corp CEO and Dept Communities (RIS Coordination and Coordination and Community Inclusion Team) Individualised session with Wanslea conducted on Early Childhood approach	Facilitate conversation cross sector to ensure correct service providers and agencies are activated in the community. Wanslea meeting facilitated as a result of the generalized link for enrolment to online session failed. Unclear if other participants had registered and missed out.	AOD concerns specifically highlighted as a challenge to be aided by Dept Communities.

Date	Stakeholder Audience	Activity	Purpose	Comments
06/03/2025	2. First Nations Engagement 4 Stakeholder Engagement	Face to face meeting with SWAMS key Executive positions and NDIA State Manager and Katanning pilot team.	Stakeholder engagement to determine viable levels of support for Katanning pilot, including Access clinics	Concerns noted by SWAMS about setting expectations for service delivery that they would be unable to meet moving forward, and the reputational challenges that would raise. Want to remain connected where they feel their services can be sustainable long term.
11/03/2025	4 Stakeholder Engagement	Meeting with local support workers from Maven Support Services	Gain local insights and context to opportunities and challenges.	Nothing specifically highlighted, opportunities for CFP's in the future discussed, and support they would require to implement if identified. Maven does not advertise locally.
13/03/2025 to 2/04/2025	1. Whole of Community Engagement 2. First Nations Engagement 3. CaLD Engagement	Mobile Service Centre travel loop (with NDIA) – Nyabing, Katanning, Tambellup, Gnowangerup, Wagin, Kojonup.	Increase awareness of NDIS in regional areas, assist with access and planning related activities, including prospective participants, families, carers and NDIS participants.	Engagement with residents and participants for face to face servicing.

Date	Stakeholder Audience	Activity	Purpose	Comments
18/03/2025 – 19/03/2025	<ol style="list-style-type: none"> Whole of Community Engagement First Nations Engagement CaLD Engagement Stakeholder Engagement 	<p>Katanning Access Clinic with stakeholders:</p> <ul style="list-style-type: none"> SWAMS Fly2Health Q&S Commission Department Communities APM (PITC) <p>Attendance at Tambellup yarning circle with Department Communities representatives.</p> <p>Attendance at Badgebup Aboriginal Corporation panel meeting with Department Communities representatives.</p>	<p>Drop in location at the Katanning Country Club for NDIA enquiries. Included NDIA teams for access requests and plan development, functional capacity assessments by Fly2Health, and implementation discussions utilising local service providers wherever possible.</p> <p>Opportunity for residents, participants and their support networks, to meet all involved in the NDIS process and obtain face to face support.</p> <p>Yarning circle: Community connections being established between NDIA and other government agencies direct with the community.</p> <p>Panel meeting: Establishing trust and connection with key local elders and direct communication of information to support their Communities.</p>	<p>Functional Capacity assessments completed and 5 individuals met access.</p> <p>First initiative of this kind to be delivered in the area. Well received, many comments post clinic reflecting an improved understanding of what the days were about and if they can continue in the future given their benefit.</p> <p>Invite to come to future yarning circles extended, including those hosted in Katanning on a Monday.</p> <p>Request from panel to return and present key messages of NDIA in “simple language” that can be shared in the community.</p>
20/03/2025	<ol style="list-style-type: none"> Whole of Community Engagement 	Connect Katanning Working Group Meeting	Working Group has been established to act as a monthly local stakeholder engagement opportunity – where community based orgs and individuals can directly raise issues, concerns, comments on the pilot project with NDIA representatives.	

Date	Stakeholder Audience	Activity	Purpose	Comments
	<ul style="list-style-type: none"> 2. First Nations Engagement 3. CaLD Engagement 4. Stakeholder Engagement 			
21/03/2025-22/03/2025	<ul style="list-style-type: none"> 1. Whole of Community Engagement 2. First Nations Engagement 3. CaLD Engagement 4. Stakeholder Engagement 	Katanning Harmony Festival	Engage with Katanning residents and visitors of diverse backgrounds via pre-existing and well attended events, delivered by local organisations.	

Date	Stakeholder Audience	Activity	Purpose	Comments
24/03/2025	<ol style="list-style-type: none"> 1. Whole of Community Engagement 2. First Nations Engagement 3. CaLD Engagement 4. Stakeholder Engagement 	Maraaka Dabakarn (MD) Stakeholder meeting with multiple representatives from various agencies to be involved.	<ul style="list-style-type: none"> • Maraaka Dabakarn means “Hands to Steady” in Noongar. • A non-for-profit called Connecting Communities for Kids (CCK) initiated the Maraaka Dabakarn model to support families on waitlists, unsure of what to do in the interim. This was part of an action research project. • Families often know something is not right but need help knowing where to start. • This session provides an information opportunity to chat with allied health therapists about development and next steps. 	Identification of Primary School to be involved required. NDIA pilot lead to facilitate connections.
25/03/2025	4 Stakeholder Engagement	Presented to Shire of Katanning Council at the May Ordinary Council Meeting.	Invited to present progress of Katanning pilot to date and key activities.	Hear presentation from 3:33. https://www.katanning.wa.gov.au/council-meetings/ordinary-council-meeting/ordinary-council-meeting-march-2025/179
27/03/2025	<ol style="list-style-type: none"> 1. Whole of Community Engagement 2. First Nations Engagement 	<p>Meeting with Katanning Primary School Deputy.</p> <p>MD Stakeholder meeting conducted.</p>	Regular scheduled MD meeting with stakeholders, leading up to 19 September delivery date.	Katanning Primary School has confirmed involvement. Both Principal and Deputy involved in stakeholder meetings moving forward. Next meeting scheduled 2/05/2025.

Date	Stakeholder Audience	Activity	Purpose	Comments
	3. CaLD Engagement Stakeholder 4. Stakeholder Engagement	Meeting with Unicare (AT provider)	Overview of Unicare service offerings provided in other regions and generalised discussion on whether these supports would benefit Katanning project region. Connections into aged care sector for Katanning also to be explored for sustainability purposes.	
28/03/2025	2. First Nations Engagement 4 Stakeholder Engagement	Badgebup Aboriginal Corp – Early Years Partnership representatives Meeting with WACHS Director Allied Health Cold call drop in to Unicare facility (Piesse St)	Badgebup: Preliminary conversation on identified opportunity that may improve connections between NDIA services and early years cohorts. Commissioning would be required, exploratory conversation only to determine level of interest and alignment to feedback received thus far in the community. WACHS: To discuss collaborative cross sector opportunities for AT providers. Juniper: follow up action based on WACHS advice.	Badgebup: Willingness to be involved noted, if current investigations are able to be progressed/acted on. WACHS: feedback received only palliative care patients require equipment such as beds, and they hire them from WACHS stock. Better off speaking with Home Care providers, Juniper exists locally but no exact contact can be provided. Unaware of who should speak with locally. Juniper: No person available relevant to enquiries.

Date	Stakeholder Audience	Activity	Purpose	Comments
28/03/2025	3 CaLD Engagement	<p>Face to face meeting with Katanning Migrant Centre</p> <p>Attempt to connect with Katanning Language Centre coordinator</p>	<p>Preliminary conversation on identified opportunity that may improve connections between NDIA services and early years cohorts. Commissioning would be required, exploratory conversation only to determine level of interest and alignment to feedback received thus far in the community.</p> <p>Significant insight to the languages and networks that exist in Katanning. Unlikely for CaLD community to actively seek assistance for disability requirements, will be more subtle as not spoken about.</p>	<p>Clients seen through Migrant Centre not aligned to potential or existing NDIS participants – not Australian residents.</p> <p>Language resources to include Karen (specifically S'Gaw), Burmese, Hazara and soon will need Tigrinya (northern Ethiopia language).</p> <p>Language Centre: Spoke to coordinator husband as unfortunately coordinator unwell and not delivering sessions at this time.</p>
31/03/2025	1 Whole of Community Engagement 4 Stakeholder Engagement	Collaborative meeting with Down South Therapy as the successful respondent to the Bunbury Coordinated Funding Proposal (CFP), Wanslea and relevant internal NDIA branches.	To discuss the implementation of the CFP, experiences of each party and any identified improvements for future endeavours of this nature.	

Date	Stakeholder Audience	Activity	Purpose	Comments
2/04/2025	3 CaLD Engagement	Meeting between Office Multicultural Interests - Weiqi Ng and Ziagul Sultani; & NDIA teamms - Engagement team and Alt Comm	Sharing of knowledge and available language resources in the recommended dialects. Information on OMI knowledge of area and connecting with the community.	<p>Many links and general advice provided. OMI representative grew up in Katanning and contextual insight valuable.</p> <p>Comments regarding voluntary nature of the work most local migrants provide to each other but they also need an icome. Malays now approx 2 - 3 generations so more established, however Karen less established and need work/income to settle comfortably. Trusted sources include Drs, nurses, teachers - as the professionals in the community. Young people also great connection, as may leave for study but more and more returning back to the town once study complete.</p>
3/04/2025 – 4/04/2025	1. Whole of Community Engagement 4 Stakeholder Engagement	NDIA delivered event - Connecting Narrogin	An open day to connect participants to supports and services provided locally. Held over same dates as Mobile Service Centre in town.	

Date	Stakeholder Audience	Activity	Purpose	Comments
7/04/2025	3 CaLD Engagement	Meeting request with WACHS - CaLD Health Promotion Officer (Mattie McLeish/Sharon Kasiwake)	Introduction and request to meet/knowledge share	Advised no longer in that Katanning role but provided new officer details (Sharon). Emailed Sharon to request a meeting/call to discuss pilot and connections in community.
08/04/2025	3 CaLD Engagement 4 Stakeholder Engagement	<p>Shire of Katanning, Manager Community Development and Community Development Officer</p> <p>Local Imam – Hard copy materials of NDIS resources in language provided.</p> <p>Collaborative meeting: Unicare, WACHS (Director Allied Health and Primary Health Manager Great Southern Region); and NDIA (State Manager and Alt Comm team)</p>	<p>Noongar Leadership meeting cancelled, opportunity taken to discuss updates on the pilot and insights for future CaLD engagement activities.</p> <p>Unicare: Linking key health care/aged care leaders with Unicare to establish connections and discuss how to create larger market for regular servicing. Indigo, Juniper, Geat2Go have already been contacted by NDIA, no response to date.</p>	<p>Sharing information via established networks noted.</p> <p>Local Imam in Malaysia, however resources taken for distribution through relevant networks by staff.</p> <p>Unicare to follow up their contacts at the orgs suggested by WACHS. WACHS also to provide Jonathon details to DoH for the aged care AT loan scheme reforms upcoming.</p>

Date	Stakeholder Audience	Activity	Purpose	Comments
09/04/2025	<ol style="list-style-type: none"> 1. Whole of Community Engagement 2. First Nations Engagement 3. CaLD Engagement 4. Stakeholder Engagement 	Collaborative exploration meeting: Down South Therapy (DST); Badgebup Aboriginal Corporation; Early Years Partnership.	Collaborative discussion on initiative delivered by DST in education settings, in other regions. Initiative provides upskill training to targeted individuals, allowing them to undertake early year screening activities that would be appropriate to facilitate referrals into known pathways (culturally safe environments).	All parties interested in the training concept, as would be beneficial to region and aligned to EYP outcomes. However, use of EYP staff would require formal agreement from EYP working group. Unknown how long this process would take. Ongoing support for a period of up to 6 months would be beneficial from DST - offered as a suggestion for type of model that could be developed. Acknowledged that further work on what model specifically looks like in Katanning would be required (eg: further co-design).
15/04/2025	<ol style="list-style-type: none"> 1 Whole of Community Engagement 2 First Nations Engagement 4 Stakeholder Engagement 	Meeting with organization Moorditj Koort (MK) Aboriginal Corporation.	General discussion pertaining to the Katanning pilot, objectives and identified need for culturally safe and trauma informed training frameworks. Opportunity to raise any similar initiatives undertaken by other government departments that they are aware of.	Identified MK has delivered training in education settings, as that provided by DST above. Providing training to local networks for early childhood screening identified as a potential opportunity.

Date	Stakeholder Audience	Activity	Purpose	Comments
17/04/2025	<ol style="list-style-type: none"> 1. Whole of Community Engagement 2. First Nations Engagement 3. CaLD Engagement 4. Stakeholder Engagement 	Connect Katanning Working Group meeting	Working Group has been established to act as a monthly local stakeholder engagement opportunity – where community based orgs and individuals can directly raise issues, concerns, comments on the pilot project with NDIA representatives.	
28/04/2025	4 Stakeholder Engagement	Meeting with Department Health & Aged Care Local Network (Acting Director, Country WA and Health Engagement) WA/SA Branch Service Delivery Division Ageing and Aged Care Group	Introduction of Katanning pilot and identification of opportunities to collaborate/share AT service provider information to increase service provision in the Katanning region (longer term sustainability)	List of Aged Care contacts provided to NDIA for Katanning region. This list has been forwarded to Unicare and HireUp as potential avenues of aged care collaboration. Department contact has also shared NDIA information days with Wheatbelt colleagues and provided point of contact for face to face CaLD network stakeholder engagement from Department Health in the Katanning region.

Date	Stakeholder Audience	Activity	Purpose	Comments
				Work remains ongoing.
29/04/2025	2. First Nations Engagement 3. CaLD Engagement 4. Stakeholder Engagement	Meeting between NDIS Commission, Department Communities Screening Unit, Hire Up and NDIS pilot representatives	Introductions of Alternative Commissioning pilot, objectives and any individualised support that can be offered to sustain/support the project in context of worker screener checks and proof of identity requirements.	Videos currently being created by Dept to be available ideally around July. Katanning is an alternate lodgement area so can give Molly/Debbie a call or ATTN to them via NDIACheck generic email for action of enquiries relevant to pilot
1/05/2025	4 Stakeholder Engagement	Meeting with Local Jobs and Skills Network Coordinator	Create connections with new officer in Jobs and Skills position and ensure understanding of Katanning pilor project and objectives.	The jobs and Skills network meetings are currently on hold until a review of membership and meeting structure/cadence can be undertaken. Will include us in invites morving forward. Will e-introduce me to any networks and contacts valuable to be in touch with amd has forwarded Tambellup information through networks. NIAA connection made by Chloe and follow up email sent. No response from NIAA at this time.

Date	Stakeholder Audience	Activity	Purpose	Comments
2/05/2025	2. First Nations Engagement 4 Stakeholder Engagement	Meeting with NDIS Q&S Commission	Identify opportunities for tailored and individualised support for First Nation organisations to become registered providers.	Links provided by the Commission to discuss with the FN organisation. Feedback remains ongoing.
2/05/2025	1. Whole of Community Engagement 2. First Nations Engagement 3. CaLD Engagement Stakeholder 4. Stakeholder Engagement	MD Stakeholder meeting conducted with Katanning Primary School representatives now involved.	Regular scheduled meeting with stakeholders, leading up to 19 September date.	
05/05/2025	2. First Nations Engagement 4 Stakeholder Engagement	Attendance at Noongar Leadership meeting. Attendance at Katanning yarning circle	Pre-existing First Nation network administered via the Shire. Brings 4 local Corporations and other interested stakeholders together on a regular basis. Opportunity for NDIA to provide and receive local updates directly. Hire Up introduced to network.	

Date	Stakeholder Audience	Activity	Purpose	Comments
		Meeting with Department of Education (Wheatbelt & Great Southern Participation teams) with Hire Up.	<p>Yarning circle: Contact made with individuals interested in exploring employment opportunities and requiring support workers. Permission given to pass details to Hire Up for further information.</p> <p>Opportunities to connect Participation clients or families into local employment opportunities broadly discussed.</p>	
6/05/2025	<ul style="list-style-type: none"> 2. First Nations Engagement 3. CaLD Engagement 4 Stakeholder Engagement 	<p>Attendance at Yarning Circle, Lynthia's Place Tambellup.</p> <p>Face to face introduction at Katanning Primary School and tour of proposed area (KindyLink) for MD sessions conducted.</p> <p>Face to face meeting with WACHS CaLD Promotions officer</p>	<p>Introduce Hire Up and build local community connections. Demonstrate commitment via follow up attendance and discuss upcoming opportunity for NDIS information days to be hosted at the venue.</p> <p>Photos of proposed space taken to inform planning activities for MD sessions. Insights to benefit of model generally discussed and alternative commissioning objectives.</p> <p>Opportunities for connection to CaLD community discussed with WACHS and key challenges faced by the CaLD community</p>	<p>WACHS CaLD promotions officer grateful for information and keen to stay in touch. Most important information is knowing where she can refer and get information when families require assistance. Resources in language warmly welcomed and happy to provide messaging in the community on our behalf where appropriate. Tambellup clinic and Hire Up session flyers shared.</p>
9/05/2025	<ul style="list-style-type: none"> 1. Whole of Community Engagement 4 Stakeholder Engagement 	Email to Unicare AT provider	Attempt to facilitate multiple engagement activities for AT service provider in local Katanning community and surrounds – ideally to establish a travel loop.	<p>Variety of contacts and aged care providers forwarded. Details of Seniors/Autumn Club luncheon also provided.</p>

Date	Stakeholder Audience	Activity	Purpose	Comments
12/05/2025	2. First Nations Engagement	Badgebup Aboriginal Corporation – CEO Engagement	Presentation conducted utilising links from Q & S Commission on how to become a registered provider.	Badgebup Aboriginal Corporation confirmed preliminary intent for 3 categories, being (0108) Assistance with travel/trqansport arrangements; (0116) Innovative community participation; (0120) Household tasks. These all require a verification audit. Next steps confirmed with Commission and additional information sent to org. Awaiting next meeting availability to further discuss. Opportunities for improvement shared with the Commission to date.
13/05/2025	4 Stakeholder Engagement	Communication received regarding inability for Early Childhood Partner to meet with family (new referral) until August.	Opportunities for alternative commissioning pilot to support families in the interim.	Opportunity to attend Tambellup clinic for support offered. Contact to be made with family to advise (Wanslea).

Date	Stakeholder Audience	Activity	Purpose	Comments
14/05/2025	1 Whole of Community Engagement 2 First Nations Engagement 4 Stakeholder Engagement	Communication and introduction follow up with the National Indigenous Australian Agency (NIAA) Presentation of Katanning pilot initiatives and outcomes to date to Council of Regional Disability Services (CORDS).	NIAA: Obtain insights from Aboriginal Agencies in the area and experiences of local community to inform project and share knowledge. CORDS: Keep broad regional stakeholder network informed on Alternative Commissioning pilot and hear relevant insights.	No response received to date from NIAA.
15/05/2025	1. Whole of Community Engagement 2. First Nations Engagement 3. CaLD Engagement 4. Stakeholder Engagement	Connect Katanning Working Group meeting	Working Group has been established to act as a monthly local stakeholder engagement opportunity – where community based orgs and individuals can directly raise issues, concerns, comments on the pilot project with NDIA representatives.	
18/05/2025	2. Whole of Community Engagement 4 Stakeholder Engagement	Quartermaine Oval – Katanning – Grand Opening event	Engage with Katanning residents and visitors of diverse backgrounds via pre-existing and well attended events, delivered by local organisations.	

Date	Stakeholder Audience	Activity	Purpose	Comments
			<p>Hire Up and APM in attendance at same stall to connect with local residents. Event selected to reach new audiences not necessarily engaged in regular disability sector forums.</p>	
<p>20/05/2025</p>	<p>1. Whole of Community Engagement 4 Stakeholder Engagement</p>	<p>Meet the NDIA day in Wagin Attendance at Tambellup information days confirmed by AT provider Unicare</p>	<p>WA Service Delivery attendance in Wagin for any general enquiries, from what is the NDIA and how to get access, through to plan implementation and provider information. Held at local library. Promotion of organisations attending Tambellup information days circulated through established networks.</p>	
<p>21/05/2025</p>	<p>1. Whole of Community Engagement 4 Stakeholder Engagement</p>	<p>Meet the NDIA day in Kojonup</p>	<p>WA Service Delivery attendance in Kojonup for any general enquiries, from what is the NDIA and how to get access, through to plan implementation and provider information. Held at local CRC.</p>	
<p>19/05/2025 – 20/05/2025</p>	<p>1. Whole of Community Engagement 2. First Nations Engagement 3. CaLD Engagement</p>	<p>Hire Up information sessions (contract deliverables) Morning session – 19 May 2025 Evening session – 19 May 2025 Morning session – 20 May 2025</p>	<p>WA Service Delivery attendance at all 3 sessions delivered by Hire Up in order to support NDIS specific enquiries from participants or their support networks.</p>	<p>Approximatey 10 attendees across all events.</p>

Date	Stakeholder Audience	Activity	Purpose	Comments
	4. Stakeholder Engagement			
21/05/2025	3 CaLD Engagement	Connection with WACHS CaLD Promotions	Promotion of AT providers to be in attendance at Tambellup Clinic forwarded through CaLD WACHS networks.	<p>Email acknowledged with following response:</p> <p><i>PS. I am excited about Unicare. I always look forward to our Communities having first-hand experience of products in rural areas.</i></p>
23/05/2025	1. Whole of Community Engagement 2. First Nations Engagement 3. CaLD Engagement Stakeholder	<p>MD Stakeholder meeting conducted.</p> <p>NDIA facilitated invitations to Early Years Partnership for their involvement also.</p>	Regular scheduled meeting with stakeholders, leading up to 19 September date.	

Date	Stakeholder Audience	Activity	Purpose	Comments
	4. Stakeholder Engagement			
27/05/2025 – 28/05/2025	1. Whole of Community Engagement 2. First Nations Engagement 4 Stakeholder Engagement	<p>Tambellup NDIS Information Days. Hosted in conjunction with:</p> <ul style="list-style-type: none"> • Gorenang Moortabiin Aboriginal Corporation • Department of Communities (Disability Division & Housing) • Hire Up • Great Southern Legal Services • Tambellup CRC • South West Aboriginal Medical Services (SWAMS) • Shire of Broomehill-Tambellup • Unicare • Fly2Health 	<p>Drop in location at Lynthia’s Place in Tambellup for NDIA enquiries. Included NDIA teams for access requests and plan development, functional capacity assessments by Fly2Health, and implementation discussions utilising local service providers wherever possible.</p> <p>Opportunity for residents, participants and their support networks, to meet all involved in the NDIS process and obtain face to face support.</p>	<p>Tambellup is primarily First Nation community with 43% identifying as ATSI (ABS data).</p> <p>At home trials offered by Unicare subject to interest. Opportunity promoted through all networks in lead-up to the event. Approximately 25 - 30 people in attendance across course of day and 2 emails received from support coordinators indicating their attempts to have clients attend in person.</p>
29/05/2025	2 First Nations Engagement	Meeting with Early Years Partnership and Badgebup Aboriginal Corp representatives	Preliminary run through of NDIA key messages presentation, requested by panel representatives.	Feedback received valuable to incorporate. Next run through to occur with CEO on an agreed date. Awaiting confirmation.

Date	Stakeholder Audience	Activity	Purpose	Comments
6/06/2025	4 Stakeholder Engagement	Department of Health, Disability and Ageing Local Network; Assistant Director Country WA-Great Southern/South-West	Tambellup Information Days shared and opportunities for cross collaboration to be explored.	Introduction made through prior contacts. Feedback from current Katanning networks provided to Department to help improve local knowledge and understanding of aged care services separate to NDIA remains ongoing.
10/06/2025	1. Whole of Community Engagement 4 Stakeholder Engagement	Meet the NDIA day in Kojonup	WA Service Delivery attendance in Kojonup for any general enquiries, from what is the NDIA and how to get access, through to plan implementation and provider information. Held at local CRC.	
20/05/2025	1. Whole of Community Engagement 4 Stakeholder Engagement	Meet the NDIA day in Wagin Attendance at the Cooperative Care Wagin launch event	WA Service Delivery attendance in Wagin for any general enquiries, from what is the NDIA and how to get access, through to plan implementation and provider information. Held at local library.	Cooperative Care Wagin is a local initiative with a vision to form a co-operative in the region that, over time, will provide integrated health, allied health and social care to older people and people living with disabilities and other care needs. We also have a commitment to grow a local workforce to provide that care and support.

Date	Stakeholder Audience	Activity	Purpose	Comments
17/06/2025	1. Whole of Community Engagement 4 Stakeholder Engagement	Meet the NDIA day in Kojonup	WA Service Delivery attendance in Kojonup for any general enquiries, from what is the NDIA and how to get access, through to plan implementation and provider information. Held at local CRC.	
19/06/2025	1. Whole of Community Engagement 2. First Nations Engagement 3. CaLD Engagement 4. Stakeholder Engagement	Connect Katanning Working Group meeting	Working Group has been established to act as a monthly local stakeholder engagement opportunity – where community based orgs and individuals can directly raise issues, concerns, comments on the pilot project with NDIA representatives.	
18/06/2025	1. Whole of Community Engagement 4 Stakeholder Engagement	Katanning All Abilities event	Engage with Katanning residents and service providers via pre-existing and well attended events, delivered by local organisations. Hire Up also in attendance at the All Abilities event	
TBC from here	1. Whole of Community Engagement	Hire Up information session (contract deliverables)	WA Service Delivery also in attendance, in order to support NDIS specific enquiries from participants or their support networks.	

Date	Stakeholder Audience	Activity	Purpose	Comments
24/06/2025	2. First Nations Engagement 3. CaLD Engagement 4. Stakeholder Engagement			
25/06/2025	1. Whole of Community Engagement 2. First Nations Engagement 3. CaLD Engagement 4. Stakeholder Engagement	Connect Wagin Event	Information days for all NDIS related enquiries, however primarily focused on providing direct engagement opportunity with service providers. Held at local town hall, 20 organisations that have submitted their interest and confirmed attendance.	
26/06/2025	1. Whole of Community Engagement	Yarning Morning tea – SWAMS, Hire Up & NDIA	Opportunity to connect with First Nation participants and networks to discuss local support worker needs and utilization of plans.	

Date	Stakeholder Audience	Activity	Purpose	Comments
	2. First Nations Engagement			
July 2025	CEO, Deputy CEO	Final Report – Alternative Commissioning	Provide an overview of outcomes achieved in Katanning for senior SES at the NDIA.	Documented outcomes and accountabilities for the trial site.

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