



“The system allows for it to happen”: the experiences of human service workers in engaging with Aboriginal participants of the National Disability Insurance Scheme

Jonathon Zagler, Nilan Yu & Amy Cleland

To cite this article: Jonathon Zagler, Nilan Yu & Amy Cleland (2025) “The system allows for it to happen”: the experiences of human service workers in engaging with Aboriginal participants of the National Disability Insurance Scheme, *Disability and Rehabilitation*, 47:8, 2017-2025, DOI: [10.1080/09638288.2024.2388874](https://doi.org/10.1080/09638288.2024.2388874)

To link to this article: <https://doi.org/10.1080/09638288.2024.2388874>



© 2024 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group



Published online: 09 Aug 2024.



Submit your article to this journal [↗](#)



Article views: 866

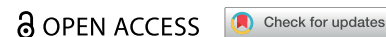


View related articles [↗](#)



View Crossmark data [↗](#)

RESEARCH ARTICLE



“The system allows for it to happen”: the experiences of human service workers in engaging with Aboriginal participants of the National Disability Insurance Scheme

Jonathon Zagler^{a,b}, Nilan Yu^a and Amy Cleland^a

^aJustice and Society, University of South Australia, Magill, South Australia, Australia; ^bWardliparingga Aboriginal Health Equity, South Australian Health and Medical Research Institute, Adelaide, South Australia, Australia

ABSTRACT

Purpose: The purpose of this study was to explore the experiences of human service workers (HSWs) in engaging with Aboriginal participants of the National Disability Insurance Scheme (NDIS).

Methods: Semi-structured interviews were undertaken with HSWs engaging with Aboriginal participants of the NDIS on Kurna Country (Adelaide, South Australia). Data were analyzed using thematic analysis.

Results: In total, $n=10$ HSWs participated in the study. Three themes impacting upon HSWs ability to effectively engage with Aboriginal participants were identified: (1) lack of access to training, support and supervision, (2) difficulties in navigating assessment and intervention, and (3) limited availability of culturally specific services.

Conclusions: This study contributes to Australian disability policy and practice with insights gained from the experiences of human service workers engaging with aboriginal participants of the NDIS. Systemic changes are required within policy and funding arrangements to create a system flexible enough to respond to the needs of Aboriginal Peoples with disability.

ARTICLE HISTORY

Received 27 November 2023

Revised 29 July 2024

Accepted 1 August 2024

KEYWORDS

Aboriginal peoples; national disability insurance scheme; disability workforce; disability services; disability policy; human services

> IMPLICATIONS FOR REHABILITATION

- Aboriginal peoples with disability are underrepresented within the National Disability Insurance Scheme
- Concerns exist over the adequacy of the knowledge and skills of the disability workforce associated with the National Disability Insurance Scheme
- This study highlights three key barriers human service workers face in effectively engaging with Aboriginal participants of the National Disability Insurance Scheme
- These barriers reflect both organizational and policy constraints and highlight the need for systemic changes to the way disability services are delivered to Aboriginal Peoples

Introduction

Aboriginal peoples are the sovereign custodians of what is now known as Australia. With over 250 culturally diverse groups, each with their own histories, languages and cultures, Aboriginal Peoples have held cultural and spiritual connections with the land for over 65,000 years [1]. Australia was colonized with racist practices that created displacement, dispossession and marginalization and resulted in a myriad of complex challenges for Aboriginal Peoples [2] including higher rates of chronic health conditions, preventable disease, and disability than non-Aboriginal Peoples [3]. It is in this context that this study looks into the experiences of human service workers (HSWs) in engaging with Aboriginal participants of the National Disability Insurance Scheme (NDIS), particularly in terms of the challenges they encounter in practice.

In Australia, the human services sector plays a vital role in the well-being of the Australian population. It covers a diverse range of services, including health, education and community services,

social housing, and aged care and disability services [4]. The NDIS is a scheme of the Australian Government that funds costs to support people with a permanent or significant disability that affects their ability to partake in everyday activities [5]. The NDIS is considered the most significant Australian social and disability policy reform since Medicare [6,7]. This significance lies in the shift from block funding to market-based support provision in the form of individualized funding packages [8,9]. These packages intend to facilitate autonomy over service purchasing, with individuals and/or their carers being able to exercise ‘choice and control’ in selecting services that meet their needs and preferences [9–11].

The crafters of the NDIS envisioned that greater choice and control can be achieved for people with disability through the marketisation of disability services [11]. Favoring individualized approaches to service delivery [9,12,13], this resonates with a clinical and individualized focus and a standardized, medicalized understanding of disability [6,14]. The individualization of disability care is being fostered worldwide, though countries, like the United

CONTACT Jonathon Zagler  jonathon.zagler@sahmri.com  Justice and Society, University of South Australia, St Bernards Road, Magill, SA 5072, Australia

© 2024 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group

This is an Open Access article distributed under the terms of the Creative Commons Attribution-NonCommercial-NoDerivatives License (<http://creativecommons.org/licenses/by-nc-nd/4.0/>), which permits non-commercial re-use, distribution, and reproduction in any medium, provided the original work is properly cited, and is not altered, transformed, or built upon in any way. The terms on which this article has been published allow the posting of the Accepted Manuscript in a repository by the author(s) or with their consent.

Kingdom, have typically done so with building markets over longer time periods [15,16]. In Australia, however, the rapid changes to disability services have not had the desired effect for all [15]. This is evident for Aboriginal Peoples with disability who are 28% less likely to receive support through the NDIS than non-Aboriginal Peoples [17].

There is a growing body of research surrounding the engagement and experiences of Aboriginal Peoples with disability services [8,16,18–22]. A recent meta-synthesis aimed at identifying the experiences and underutilization of disability services by Aboriginal Peoples [23] included several of these studies. The meta-synthesis revealed several elements that impact upon Aboriginal Peoples engagement with disability services including the historical and ongoing impact of colonization, understandings of disability between Aboriginal and non-Aboriginal Peoples, mistrust and cost of services, experiences of racism, continuity of care, a convoluted service landscape, and funding and policy constraints [23]. Such studies have largely been conducted in rural and remote areas, though it has been noted that there is a lack of culturally appropriate disability supports in metropolitan areas where 43% of Aboriginal participants of the NDIS reside [24]. There is misconception that services are universally accessible to Aboriginal Peoples in major cities however proximity to services in metropolitan areas has not translated into health equity [25–27]. NDIS policy documents [28–30] have placed heavy emphasis on rural and remote areas which has significant implications for service delivery and funding allocations [26,31].

The concerns identified above, however, are not unique to disability services. Evidence from Australia, Canada, Aotearoa/New Zealand, and the United States, countries which share an enduring legacy of European colonization [32] and similar policy frameworks, funding mechanisms, and healthcare service delivery [33], have reported significant workforce challenges across the broader health and human services sector [34–38]. This includes being required to navigate across convoluted service landscapes and ongoing sector reforms, a lack of access to training and professional development, perceived disconnection from indigenous cultures and communities, and a reliance on biomedical approaches to service provision [34–38]. A recent study conducted on metropolitan Kurna Country (South Australia) identified that the broader health and social services workforce faced significant barriers to supporting Aboriginal Peoples, including a lack of understanding around community's lived experience, high staff turnover and lack of understanding about Aboriginal-specific funding and programs [39].

Aboriginal Peoples need to be appropriately supported by mainstream disability services [40]. However, there are concerns regarding the adequacy of the knowledge and skills of the disability workforce associated with the NDIS in meeting the needs of Aboriginal Peoples [8,41,42]. Any inadequacy in knowledge and skills on the part of the disability workforce can impede the engagement of Aboriginal Peoples with disability under the NDIS. There is limited research into the factors that enable or inhibit the disability workforce in supporting Aboriginal Peoples with disability. Therefore, this study aimed to explore the experiences of HSWs in engaging with Aboriginal participants of the NDIS on metropolitan Kurna Country, South Australia.

Methods

Ethical approval

This study has received approval from the University of South Australia's Human Research Ethics Committee (Reference #203961).

Study region

This study was undertaken on the lands of the Kurna Peoples, the sovereign custodians of Kurna Country. Kurna Country spans nearly 8,000 kilometers across what is now known as South Australia. The city of Adelaide was established by colonizers in the early 1840s in a place known to Kurna Peoples as *Tarntanyangga*, meaning 'place of the red kangaroo' [43]. The Kurna Peoples, who never ceded sovereignty of their Lands, were forced off their Country by settlers during this period [44] and as a result living on Kurna Country are Kurna Peoples alongside Aboriginal and Torres Strait Islander Peoples from other ancestral lands across South Australia and Australia [39].

Study design

This qualitative study was guided by critical theory, a mode of inquiry that seeks to uncover ways of thinking and practices that engender inequity and oppression [45,46]. Critical theory involves the critical interrogation of social reality and practice, including the very act of research itself. Critical research requires that key assumptions and perspectives that inform the very act of undertaking research are made explicit to enable the critical interrogation of the process by which knowledge is generated.

An important place to start is the authors' positionality. All three authors live and work on Kurna Country and have no diagnosed disability. The lead researcher and first author of this study as well as the second author are non-Aboriginal Persons. The researchers were mindful of their respective positions and the challenge this poses. Positionality can impede one's ability to know what it is to experience the world from a position they do not hold [46,47]. The positionality of the lead researcher was interrogated through supervision, reflexive practice and through yarns with Aboriginal Peoples the researcher had the privilege in meeting throughout the research process. The researchers had the opportunity to present the study to Aboriginal and non-Aboriginal disability workers which provided a space for reflection and learning.

Another way by a critical interrogation of social reality and practice is achieved in critical research is by anchoring the analysis of the findings to an explicitly stated theoretical standpoint [48]. The theoretical standpoint serves as a point reference from which social phenomena that can be understood and ascribed meaning in a myriad of ways is to be given consideration in the study. Jamrozik and Nocella's (1998) theory of the residualist conversion of social problems provides a good theoretical handle by which the nexus between social policy and the practice experience of the study participants can be understood [49]. To better understand the link between the intended and actual policy outcomes of the NDIS, we needed to gain insight into the experiences of HSWs who are engaging with aboriginal peoples with disability. This was achieved with the use of semi-structured interviews as detailed below.

The Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines was used to guide the reporting of this study [50].

Recruitment

To capture the diverse range of roles within the NDIS workforce, including disability support workers (community-based and in-home), allied health assistants and professionals, support coordinators and case managers [30], the authors opted to use the term "HSWs".

Purposive homogenous sampling [51] was used to identify HSWs involved in the direct care of Aboriginal participants of the NDIS. To recruit HSWs with the desired characteristics, NDIS service providers were located by the publicly available website *Find a registered service provider* [52]. Once a service provider was located, a representative (e.g., Manager, Administration Officer) was contacted via email. The representative then forwarded the email on to relevant HSWs with the study information. HSWs were asked to contact the researcher directly if they chose to participate in the study.

Data collection

Semi-structured interviews with HSWs were undertaken by the lead author. Semi-structured interviews were the preferred method of data collection as they offered a balanced approach that combined both flexibility and structure, allowing the research team to explore complex health issues and collect rich and contextually relevant data [53]. The interviews ranged from 30 to 120 min. Informed consent was obtained prior to the interview commencing. In line with the method, an interview guide with predetermined open-ended questions was developed (Table 1), informed by existing literature [10,16,19–21]. However, questions were reframed and supplemented by probing questions as the conversations warranted. The interviews were undertaken via videoconference and audio-recorded before being transcribed verbatim by a third-party transcription service. A reflexive activity was undertaken after each interview which enabled the lead author to reflect on both the process and content of the interview [53]. This included responding to six key points: (1) Reflection on the interaction, (2) General interview difficulties, (3) Changes required to the interview schedule, (4) Potential emerging themes, (5) Analysis points relating to the literature, and (6) Questions to ask in subsequent interviews.

Data analysis

An inductive analysis was undertaken by the lead author to identify emergent themes using Braun and Clarke’s (2006) six-step approach [54]. This approach was chosen given its ability to summarize key features of data and generate unanticipated insights [54]. Our approach included systematic coding, constant comparison and the development of clear and well-defined themes across the six stages:

Table 1. Interview guide.

Topic 1. Service delivery
1. How have you engaged Aboriginal Peoples in your disability service provision?
• Can you share some progress you have made with an Aboriginal participant?
2. What types of services do you provide for Aboriginal Peoples?
• How are these services delivered?
• What assessment tools do you use? What frameworks do you use?
3. Where are these services delivered?
• For example, in therapy/clinic rooms or outdoor spaces.
4. How do you incorporate community engagement into practice?
Topic 2. Policy
5. How do you think the NDIS promotes equal participation of Aboriginal Peoples in disability services?
6. How do you think the NDIS achieves social and emotional wellbeing for Aboriginal Peoples?
Connections to Country, culture and community
• Traditional knowledge
• Self-determination
7. How does the NDIS align with your professional value base?
8. How do you incorporate policies/guidelines/frameworks sanctioned by the NDIS into your practice?

(1) Familiarization with the data by re-reading transcripts and post-interview reflections, (2) Generating initial codes across the entire dataset, (3) Collating codes into potential themes, (4) Reviewing themes, (5) Generating names and definitions for each theme, and (6) Producing the final report [54]. Initial codes were generated in NVivo.12 [55], and then themes were formed. Preliminary themes were presented to Aboriginal and non-Aboriginal disability workers and health researchers working on Kaurua Country. Attendees provided both practice and cultural insight which enabled further interrogation of the themes and the subsequent write-up. Final themes were then verified by the research team. Rigor was maintained by ensuring credibility (i.e., establishing the research teams’ positionality and obtaining input from the broader workforce), dependability (i.e., providing a rich description of the theoretical framework and method), confirmability (i.e., implementing reflexive journals and regular supervision), and transferability (i.e., identifying the limitations of the study) [56].

Results

Participants

In total, *n*=10 HSWs participated in the study. Pseudonyms were allocated to each HSW to protect their identity. The HSWs came from a range of roles and educational backgrounds as outlined in Table 2.

Findings

While equal attention was given to what could be regarded as positive as well as negative aspects, the accounts of HSWs of their experiences in engaging with Aboriginal participants of the NDIS suggest that work was fraught with challenges. Their accounts can be summarized into three themes: (1) lack of access to training, support, and supervision, (2) difficulties in navigating assessment and intervention, and (3) limited availability of culturally specific services.

1. Lack of access to training, support and supervision

The lack of access to training, support, and supervision was identified as a barrier to engaging with Aboriginal participants of the NDIS safely. The support HSWs needed went beyond ‘formalized’ training and extended to connection with Elders and community groups, Aboriginal community-controlled health organizations (ACCHOs), and cultural supervision. Largely, these options were not made available by their employer, with one HSW explaining:

Table 2. Human service worker profile.

Pseudonym:	Role:	Educational Background:
Bella	Behavior Support Practitioner/Psychologist	Psychology
Alyssa	Behavior Support Practitioner/Developmental Educator	Developmental Education
Noah	Behavior Support Practitioner	Psychology
Lilly	Case Worker	Social Work
Patrick	Youth Worker	Psychology
Lawrence*	Family Practitioner	Community Health
Matilda*	Family Practitioner	Community Health
Ali	Social Worker	Social Work
Rose	Disability Support Worker	Social Work
Luca	Disability Support Worker	Individual Support

*Participants identified as Aboriginal and/or Torres Strait Islander.

I have to do my own research because [Aboriginal Peoples] want to know where your connection is. Even if you don't have a connection with the culture, what do you know about it? Having someone that is [non-Aboriginal] but is connected makes a big, big change in the therapeutic relationship (Ali, SW)

This same HSW had been attending cultural supervision outside of work, describing how *“an Elder from the land centre ... they helped me build that stronger relationship with the participant”* (Ali, SW). There was no expectation or support to attend cultural supervision when engaging with Aboriginal participants, and supervision that was provided focused solely on clinical practice

Employers had provided some training and encouraged HSWs to read a range of policy documents relating to culturally safe care. While these emphasized the expectation to deliver culturally safe care, HSWs described them as predominantly surrounding correct terminology and Western gestures that may be considered inappropriate, alongside brief discussions of the history of Aboriginal Peoples. These trainings, which were not disability-specific, were described as lacking potential to have meaningful impact on their practice. Rather, they existed to ‘tick-a-box’. Other mandatory training spoken of surrounded the processes and timelines of the NDIS, with little attention paid to working with Aboriginal Peoples safely in clinical settings.

We weren't sure what to do with participants from a clinical perspective, but more about the policies and procedures and timeframes (Bella, BSP/Psych)

HSWs recognized their knowledge gap around supporting Aboriginal Peoples with disability, particularly around the intersection between culture and disability. One HSW noted that the lack of training that took into consideration both culture and disability forced them to rely on more clinical approaches. This concerned the HSW given their understanding that Aboriginal Peoples with disability may require support that exists outside of the ‘standard’ care approach.

I was thrown in the deep end ... I was dealing with some very complex participants, where the DSM-5 [Diagnostic and Statistical Manual of Mental Disorders] was one of my only go-to's (Noah, BSP)

Given the specific care requirements Aboriginal Peoples with disability may have, this left HSWs feeling unprepared to work with Aboriginal participants of the NDIS and acknowledged that the lack of training had a negative impact on the services they were providing.

I was in a position where I thought ... this isn't fair to participants. It's unfortunate that this is the case for us, but it's the [Aboriginal] participants that miss out (Lilly, CW)

Imagine being from a marginalized community ... and then imagine being disabled. I would like to do more for my participants if they need it. But how do I do that? There's no support to be able to do that (Rose, DSW)

The lack of culturally and disability specific training and supervision being provided left HSWs in a position where they had to learn from participants themselves. However, they found the idea of relying on their participants to learn problematic. *“At the end of the day, it is not their job to educate you”* Alyssa (BSP/DE) remarked.

HSWs discussed the importance of participating in ongoing training. However, their ability to do so was restricted by a lack of time, high caseloads, and perceived lack of support from their employer. Several HSWs stated that their employers were not forthcoming in supporting them to engage in training specific to the work they were doing.

I've asked for two years to do a course on autism and it hasn't been denied, but it hasn't happened either. And I work with nine [Aboriginal] children who are diagnosed with autism currently (Patrick, YW)

Elaborating on this idea, one HSW reflected that they thought their employment would be threatened if they kept requesting training. However, they acknowledged that this was beyond the scope of influence of their employer and a product of the system more broadly.

The system allows for it to happen. I don't know if it encourages training enough. You're replaceable and it's a very capitalistic model ... which bleeds into the company (Luca, DSW)

Significant challenges in accessing appropriate training and supervision were identified. Not only were these challenges identified from an organizational perspective, but they were also attributed to systemic issues present within the NDIS. Existing training was considered compliance-driven, in that they focused on administrative processes and timelines, rather than on working with Aboriginal Peoples with disability. HSWs noted this had implications on their ability to provide tailored services.

2. Difficulties in navigating assessment and intervention

HSWs spoke of several barriers to engaging Aboriginal Peoples with disability in assessment and intervention. One such barrier was the availability of appropriate assessment tools. HSWs largely relied upon assessment tools they regarded as culturally inappropriate for Aboriginal Peoples with disability, explaining that many of the assessments made available to them were not culturally specific.

We know that a lot of the assessments aren't tailored to Aboriginal Peoples ... I'm sure there's a number of Aboriginal Peoples that go undiagnosed or misdiagnosed with their disability (Lilly, CW)

HSWs were left with little choice but to use assessment tools that were not tailored to Aboriginal Peoples with disability. The reliance on these assessments, according to the HSWs, was largely because of the definitions of disability as prescribed by the NDIS.

Problem behaviors are narrowly defined by the NDIS, and sometimes Aboriginal Peoples have issues that don't necessarily fit into that structure ... But I have to look at the DSM-5 for diagnosis (Noah, BSP)

Following these prescribed processes was key to getting the necessary supports and/or funding which left HSWs with little choice. This had implications on participant engagement. One HSW recounted how, after one such diagnosis, a participant began to disengage from the service.

They had a plan based off that diagnosis. They were accessing occupational therapy and speech therapy. But when they became aware of the social stigmatization around accessing those services, they really disengaged (Lilly, CW)

Another barrier was addressing the mistrust Aboriginal Peoples generally felt toward the HSWs and their employing organization.

It was hard getting the participant to commit to appointments and engage with them. We started from scratch each time and building that trust with them again ... Getting them to trust us would have been an intervention in a way (Bella, BSP/Psych)

To encourage Aboriginal participants to engage, HSWs described spending time building rapport and taking each session slow and easy and working alongside their participant at their

own pace. One such example of this was a participant wanting to do artwork as part of their sessions with the HSW.

[Participant] said to me, "It's too cold, but I'll paint when the weather gets warmer because this is where I sit" ... Every time I see that participant [they] say, "The weather is getting warmer, I'll start painting soon." There are some things you just respect and don't push (Noah, BSP)

Situations like this, where the participants' needs outweighed the therapeutic goals, had positive implications for the participant but negative implications for the HSW. At times, the participants' needs did not align with administrative expectations and HSWs working with participants in the way described above would risk being seen as not making enough 'progress' with the participant.

We were more encouraged to not [stuff] up on paperwork than we were to engage with the participant, then caring about what the needs of the participant was (Luca, DSW)

Everything is put down to time ... You've got this report, this review, this analysis. And when you start bringing in all of those other techniques. It stretches well beyond the timeframes the NDIS may consider reasonable (Noah, BSP)

Administrative processes and timelines were given precedence over participants' needs and readiness to engage. This relates to central tenet under the NDIS around choice and control, with a HSW noting, "*But when you look at these procedures ... it's about power and control*" (Matilda, FP). The emphasis given to timelines and procedures calls into question such claims as to where choice and control actually rests. Being seen to make progress with participants' rather than being able to take time to build a strong relationship directly impacts the therapeutic relationship.

As much as you can positively engage with Aboriginal Peoples with disability, if you don't have a solid relationship with them, you're not going to be able to actively support them (Patrick, YW)

The HSW is suggesting that they cannot be expected to engage with Aboriginal participants performatively. Being required to prioritize "progress" over building strong relationships creates pressures for both participants and HSWs. Doing so can result in participants disengaging from sessions and create stress for HSWs when they need to justify their decision-making to their employer. Contributing to this was the reliance on culturally inappropriate assessment tools, which reinforced prescriptive definitions of "disability", and thus impacting participant engagement.

3. Limited availability of culturally specific services and activities

Given the concerns with assessment and intervention, HSWs recognized the need to connect participants with additional culturally specific services to support them. Culturally specific services were broadly defined as community supports and services that related in some way to the cultural identity of the participant. Linking and connecting Aboriginal participants with such supports was seen as necessary given the limitations of the work that they and their employing organisation were doing.

I'd like to see opportunities where ... it's a safe environment, where there are supports, where their activities can be presented in a very proud way. Where Aboriginal Peoples can celebrate their own contribution to their culture. I think that some of the programs that are offered to Aboriginal participants sometimes mirror what the provider is about more so than what the culture is about (Noah, BSP)

However, HSWs felt that there was a lack of culturally specific services on metropolitan Kaurua Country, and particularly services that were registered under the NDIS that could support them in meeting their participants' needs. In the context of disability care, one HSW noted:

My participants have no way to connect with their culture ... We were trying to figure out whether there were services that are culturally sound for Aboriginal Peoples, and we've noticed a massive gap (Alyssa, BSP/DE)

You try as best as you can. But it's very difficult for those who have come from communities 300 kilometers away (Patrick, YW)

HSWs expressed their desire to connect Aboriginal participants of the NDIS with Aboriginal community-controlled organizations, who provide a range of health, social and cultural programs and activities. They noted however that many of these organizations were not registered, or partly registered, under the NDIS. As a result, Aboriginal participants of the NDIS were prevented from using their funding on such activities. This was seen as problematic.

I feel like culture is such an instrumental part of skill development and I believe it should be a part of the NDIS plan where they can access these services without paying out-of-pocket (Alyssa, BSP/DE)

Given that choice and control is central to the NDIS, HSWs felt that policy and funding rules should be heavily oriented towards meeting the individual needs of the participant. Instead, they faced a complex system with significant funding constraints that restricted access to culturally specific services.

What my participants have kind of told me ... is that it doesn't seem like a very easy system to use. And that they still feel out of control over how and what they want and how their money is spent. I have heard frustration from multiple participants about that. They still can't access things on their own terms or how they would like to because it all has to go through every single little portal or bureaucracy or person (Rose, DSW)

You just think, "I've got an NDIS plan and I'll spend it where it needs to be spent." But you know, the complexity of what you can take out of certain budgets ... what can be claimed against what area ... To me, it's more about that they're with a culturally appropriate provider but I guess it's where that policy comes into play (Lilly, CW)

It was assumed that connecting Aboriginal participants with culturally specific services would increase the likelihood of them having access to Aboriginal staff who may hold a deeper understanding of their needs.

My participants aren't as concerned about limitations on account of their disability ... They aren't as fazed by that as they are by the fact that they are not the same as the people sitting across from them (Alyssa, BSP/DE)

However, most participants described that the Aboriginal workforce, an essential component of culturally specific services, were often treated with disrespect by the non-Aboriginal workforce working alongside them. An example of this was provided in relation to social workers:

Unfortunately, a lot of social workers still have a lot of racist, biased views ... I think that the vicarious trauma that our Aboriginal practitioners are exposed to by other social workers is huge (Lilly, CW)

Discussion

The findings of this study contribute to an understanding of the challenges faced by HSWs in engaging with Aboriginal participants

of the NDIS on metropolitan Kurna Country. When asked to talk about their experiences, HSWs mainly spoke of barriers that were captured in three themes: lack of access to needed training, support and supervision, difficulties in navigating assessment and intervention, and the limited availability of culturally specific services. The accounts of HSWs portray how their practice is heavily influenced by organizational and policy constraints. Given that the NDIS has proved to be largest reform of disability services for the past several decades, it is important that Aboriginal Peoples receiving services through the NDIS are safely and effectively supported [57].

While the Aboriginal workforce has been directly linked to improving outcomes for Aboriginal peoples, recruiting and retaining an Aboriginal workforce has proved difficult within disability services [3]. However, the responsibility of culturally safe care does not lie solely within the Aboriginal workforce and significant effort is required to ensure that the non-Aboriginal workforce have the skills, resources and supports to provide services in culturally safe ways. In line with previous literature [57,58], this study has highlighted that there is a need for support and ongoing training to increase understanding around cultural preferences for supporting Aboriginal Peoples with disability and cultural understandings of disability. More broadly, the NDIS has paid minimal attention to the importance of workforce training [13]. Several policy documents [28–30] clearly state the need for the disability workforce to be equipped in providing culturally competent care. The accounts of the HSWs in this study suggest however that the expectation to deliver culturally competent services have been left as vague policy directives that have not been supported by adequate resourcing. Expecting the disability workforce to provide culturally competent services within a system that does not provide support for such lays the responsibility squarely onto the individual worker. In other words, there is no institutional commitment to this end.

Despite the rhetoric of choice and control being central to the NDIS [13], HSWs identified a lack of choice for Aboriginal Peoples on Kurna Land to engage with culturally specific services. This issue is systemic. The inflexibility of funding rules, particularly the restrictions around non-registered NDIS providers, impedes Aboriginal participants accessing services that can meet their needs [23]. These observations have been noted in rural and remote areas [10,21]. However, the findings of this study indicate these issues also apply in metropolitan areas. Funding should be flexible enough to meet peoples' individual circumstances and consider the relevancy of available services [59,60].

The barriers to effectively engaging aboriginal participants in this study have been similarly identified across human services on Kurna Land [39,61–63], across Australia and internationally [23,34–38]. This includes a lack of professional development and training opportunities that center on the unique health, well-being and cultural needs of Aboriginal Peoples [23,34,35,37–39,61], inadequate access to high-quality cultural and clinical supervision [38,39,63], a paucity of Aboriginal-specific programs, activities and interventions [23,36,39,62], and a reliance on biomedical approaches to service provision [23,36,62,63]. Given the systemic neglect of Aboriginal Peoples and organizations within disability policy development and decision-making [64], and the wide-spread reporting of similar issues across the literature, this paper contributes to the ongoing call for greater involvement of Aboriginal Peoples in disability program and policy design to achieve equitable access and outcomes.

The experience of these HSWs reflect the way in which the residualist conversion of social problems [49] unfold at the operative level. In outlining their theory of the residualist conversion

of social problems, Jamrozik and Nocella (1998) highlighted how social problems are systematically converted from political problems (i.e., problems generated from structural inequity such as class, race, gender and ability) to personal problems (that is, problems that occur and that can be resolved within individuals) in capitalist systems [49]. This occurs as responses to social problems are developed at various levels, starting at the political level with the development of legislation and enabling policy, progressing down to the administrative level in the process of delegating the mandate to responsible authorities and implementing units and, finally, at the operative level as individual workers carry out their assigned tasks [49]. For Aboriginal Peoples with disability, issues of exclusion and disadvantage stemming from both cultural identity and disability are seemingly addressed through the NDIS as a matter of choice and control. Choice and control is afforded under the NDIS through the provision of “personalized funding” that, it is assumed, will enable individuals to purchase supports and services of their choosing in a marketized environment [11]. It is this marketized environment that the HSWs in this study are navigating in the course of undertaking their work.

Thus, HSWs providing services to Aboriginal participants of the NDIS operate within a policy environment where, at the political level, the problem has been framed as choice and control with little acknowledgement of it being a problem of displacement, dispossession and a disabling social environment [2,10]. At the administrative level, this becomes a question of enabling the exercising of choice and control by Aboriginal participants of the NDIS in the selection and procurement of available supports and services with assumably strong markets, with service providers competing for and seeking to attract participants. Yet, a system based on a consumer-driven market provides minimal financial incentive for disability providers to produce culturally relevant services for aboriginal peoples [10,59]. It is under these assumptions that HSWs are supposed to support Aboriginal Peoples with disability in exercising choice and control at the operative level.

The process of conversion is such that what could be seen as political questions around the need to undo the long-term impact of colonization, systemic exclusion and disablement has been translated at the operative level as questions that HSWs need to work out and resolve at the individual level, including where to source knowledge, supports and supervision that they need to do their work. Left to manage their caseload, their purview and scope of practice is systematically turned towards individual-level assessments and interventions as part of the administrative process. Working within their limited mandate, HSWs are faced with the challenge of enabling choice and control within a system that does little to accommodate this.

Limitations

This study was conducted when the disability workforce was being impacted by Covid-19 and as a result, only a small number of HSWs were sampled. Engaging with a larger sample size across metropolitan, regional and remote areas would be valuable to reinforce the findings of this study and to ascertain further issues common across the disability workforce geographically. Due to ethical considerations and timeframes, the researcher did not interview Aboriginal Peoples with disability. The unique perspectives and understandings of Aboriginal Peoples with disability from the many cultural and community groups across Australia would provide invaluable insights on the broader topic around access to culturally specific services.

Conclusion

This study identified three barriers facing HSWs in engaging with Aboriginal participants of the NDIS. These barriers were influenced by organizational and policy constraints which largely reflected the marketisation of disability services. This raises the question of whether marketization is an appropriate way to deliver culturally responsive disability services to Aboriginal Peoples. While the importance of training to enable HSWs to be more culturally responsive is widely recognized, the current funding structure is such that the responsibility for this is largely left on the shoulders of individual workers. The restrictive requirements that confine access to registered providers serves as an additional obstacle for Aboriginal Peoples to access culturally specific services. Systemic changes are thus required in the funding arrangements, including how services are delivered, to create a system flexible enough to respond to the needs of Aboriginal Peoples with disability.

Acknowledgements

The authors acknowledge the traditional custodians of the land upon which this research was conducted, the lands of the Kurna Peoples, and we pay our respect to their Elders, past, present and emerging.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

None.

Data availability statement

Data from this study are not available due to the sensitive nature of content discussed.

References

- [1] Australian Institute of Aboriginal and Torres Strait Islander Studies. Indigenous Australians: aboriginal and Torres Strait Islander people: Australian Institute of Aboriginal and Torres Strait Islander Studies; 2020; [Available from: <https://aiatsis.gov.au/explore/indigenous-australians-aboriginal-and-torres-strait-islander-people>.
- [2] Sherwood J. Colonisation - it's bad for your health: the context of Aboriginal health. *Contemp Nurse*. 2013;46(1):28–40. doi: [10.5172/conu.2013.46.1.28](https://doi.org/10.5172/conu.2013.46.1.28).
- [3] Gilroy J, Bulkeley K, Talbot F, et al. Retention of the aboriginal health, ageing, and disability workforce: protocol for a mixed methods study. *JMIR Res Protoc*. 2021;10(5):e25261. doi: [10.2196/25261](https://doi.org/10.2196/25261).
- [4] Productivity Commission. Introducing competition and informed user choice into human services: identifying sectors for reform. Commonwealth of Australia: Canberra. 2016.
- [5] National Disability Insurance Scheme. What is the NDIS?: national Disability Insurance Scheme; 2023; [Available from: <https://www.ndis.gov.au/understanding/what-ndis>.
- [6] Horsell C. Problematising disability: a critical policy analysis of the Australian national disability insurance scheme. *Australian Social Work*. 2020;76(1):47–59. doi: [10.1080/0312407X.2020.1784969](https://doi.org/10.1080/0312407X.2020.1784969).
- [7] Miller P, Hayward D. Social policy 'generosity' at a time of fiscal austerity: the strange case of Australia's National Disability Insurance Scheme. *Critical Social Policy*. 2016;37(1):128–147. doi: [10.1177/0261018316664463](https://doi.org/10.1177/0261018316664463).
- [8] Ferdinand A, Massey L, Cullen J, et al. Understanding disability through the lens of Aboriginal and Torres Strait Islander people - challenges and opportunities. Melbourne, Victoria: The University of Melbourne; 2019
- [9] Thill C. Listening for policy change: how the voices of disabled people shaped Australia's National Disability Insurance Scheme. *Disabil. Soc.* 2014;30(1):15–28. doi: [10.1080/09687599.2014.987220](https://doi.org/10.1080/09687599.2014.987220).
- [10] Gordon T, Dew A, Dowse L. Listen, learn, build, deliver? Aboriginal and Torres Strait Islander policy in the National Disability Insurance Scheme. *Aust J Social Issues*. 2019;54(3):224–244. doi: [10.1002/ajs4.73](https://doi.org/10.1002/ajs4.73).
- [11] Langmead R. The National Disability Insurance Scheme (NDIS) and mental health: a policy analysis. Murdoch, Western Australia: Murdoch University; 2018.
- [12] Carey G, Malbon E, Reeders D, et al. Redressing or entrenching social and health inequities through policy implementation? Examining personalised budgets through the Australian National Disability Insurance Scheme. *Int J Equity Health*. 2017;16(1):192. doi: [10.1186/s12939-017-0682-z](https://doi.org/10.1186/s12939-017-0682-z).
- [13] Edwards T. A Disabling Ideology: challenging the Neoliberal Co-optation of Independent Living Under the NDIS. *J Australian Political Econ*. 2019;(83):32–59. <https://www.ppesydney.net/jape-issues/issue-83-winter-2019/>
- [14] Fawcett B, Plath D. A National Disability Insurance Scheme: what social work has to offer. *Br J Soc Work*. 2012;44(3):747–762. doi: [10.1093/bjsw/bcs141](https://doi.org/10.1093/bjsw/bcs141).
- [15] Olney S, Dickinson H. Australia's New National Disability Insurance Scheme: implications for policy and practice. *Policy Design Practice*. 2019;2(3):275–290. doi: [10.1080/25741292.2019.1586083](https://doi.org/10.1080/25741292.2019.1586083).
- [16] Dew A, Vaughan P, McEntyre E. Our ways to planning': Preparing organisations to plan with Aboriginal and Torres Strait Islander people with disability. *Australian Aboriginal Studies*. 2019;(2):3–18.
- [17] Deloitte. Research report - Options to improve service availability and accessibility for First Nations people with disability. Canberra, Australian Capital Territory: Deloitte; 2023.
- [18] Barton R, Dew A, Ryall L, et al. Working with Anangu (Aboriginal people) with disabilities from remote Central Australia. Navigating multiple expectations: "sandpaper and polyfilla". *Res Pract Intellect Develop Disabil*. 2022;9(2):188–203. doi: [10.1080/23297018.2021.2004381](https://doi.org/10.1080/23297018.2021.2004381).
- [19] DiGiacomo M, Delaney P, Abbott P, et al. Doing the hard yards': carer and provider focus group perspectives on accessing Aboriginal childhood disability services. *BMC Health Serv Res*. 2013;13(1):326. doi: [10.1186/1472-6963-13-326](https://doi.org/10.1186/1472-6963-13-326).
- [20] Gilroy J, Donnelly M, Colmar S, et al. Twelve factors that can influence the participation of Aboriginal people in disability services. *Australian Indigenous Health Bulletin*. 2016; 16(1):1–10.
- [21] Gilroy J, Dew A, Barton R, et al. Environmental and systemic challenges to delivering services for Aboriginal adults with a disability in Central Australia. *Disabil Rehabil*. 2021;43(20):2919–2929. doi: [10.1080/09638288.2020.1725654](https://doi.org/10.1080/09638288.2020.1725654).
- [22] Green A, Abbott P, Lockett T, et al. It's quite a complex trail for families now' - Provider understanding of access to ser-

- vices for Aboriginal children with a disability. *J Child Health Care*. 2021;25(2):194–211. doi: [10.1177/1367493520919305](https://doi.org/10.1177/1367493520919305).
- [23] James MH, Prokopiv V, Barbagallo MS, et al. Indigenous experiences and underutilisation of disability support services in Australia: a qualitative meta-synthesis. *Disabil Rehabil*. 2023;48(8):1–12.
- [24] Griffis D. FPDN's submission to the Joint Standing Committee on the National Disability Insurance Scheme inquiry into the NDIS Quality and Safeguards Commission: first People's Disability Network; 2020; [Available from: <https://fpdn.org.au/fpdns-submission-to-the-joint-standing-committee-on-the-national-disability-insurance-scheme-inquiry-into-the-ndis-quality-and-safeguards-commission/>].
- [25] Baldry E, Green S, Thorpe K. Urban Australian Aboriginal peoples' experience of human services. *International Social Work*. 2016;49(3):364–375. doi: [10.1177/0020872806063410](https://doi.org/10.1177/0020872806063410).
- [26] Brand E, Bond C, Shannon C. Indigenous in the city: urban Indigenous populations in local and global contexts: UQ Poche Centre for Indigenous Health; 2016; [Available from: <https://espace.library.uq.edu.au/view/UQ:405952>].
- [27] Turner L, Albers T, Carson A, et al. Building a regional health ecosystem: a case study of the Institute for Urban Indigenous Health and its System of Care. *Aust J Prim Health*. 2019;25(5):424–429. doi: [10.1071/PY19038](https://doi.org/10.1071/PY19038).
- [28] National Disability Insurance Scheme. National Disability Insurance Agency - Rural and remote strategy 2016-2019; 2016 National Disability Insurance Scheme; [Available from: <https://www.ndis.gov.au/about-us/strategies/rural-and-remote-strategy>].
- [29] National Disability Insurance Scheme. Aboriginal and Torres Strait Islander engagement strategy 2017; 2017: National Disability Insurance Scheme; [Available from: <https://www.ndis.gov.au/media/203/download?attachment>].
- [30] Department of Social Services. NDIS National Workforce Plan: 2021-2025. Building a responsive and capable workforce that supports NDIS participants to meet their needs and achieve their goals: commonwealth of Australia; 2021; [Available from: https://www.dss.gov.au/sites/default/files/documents/06_2021/ndis-national-workforce-plan-2021-2025.pdf].
- [31] Eades SJ, Taylor B, Bailey S, et al. The health of urban Aboriginal people: insufficient data to close the gap. *Med J Aust*. 2010;193(9):521–524. doi: [10.5694/j.1326-5377.2010.tb04036.x](https://doi.org/10.5694/j.1326-5377.2010.tb04036.x).
- [32] Anderson K, Elder-Robinson E, Gall A, et al. Aspects of well-being for indigenous youth in CANZUS countries: a systematic review. *Int J Environ Res Public Health*. 2022;19(20).
- [33] Harfield S, Purcell T, Schioldann E, et al. Enablers and barriers to primary health care access for Indigenous adolescents: a systematic review and meta-aggregation of studies across Australia, Canada, New Zealand, and USA. *BMC Health Serv Res*. 2024;24(1):553. doi: [10.1186/s12913-024-10796-5](https://doi.org/10.1186/s12913-024-10796-5).
- [34] Rivers C, Haynes E, LoGiudice D, et al. Best practice models of aged-care implemented for First Nations people: a systematic review aligned with the Good Spirit Good Life quality of life principles. *BMC Geriatr*. 2024;24(1):210. doi: [10.1186/s12877-024-04781-0](https://doi.org/10.1186/s12877-024-04781-0).
- [35] Gibson O, Lisy K, Davy C, et al. Enablers and barriers to the implementation of primary health care interventions for Indigenous people with chronic diseases: a systematic review. *Implement Science*. 2015;10(2):71–81.
- [36] Davy C, Kite E, Aitken G, et al. What keeps you strong? A systematic review identifying how primary health-care and aged-care services can support the well-being of older Indigenous peoples. *Australas J Ageing*. 2016;35(2):90–97. doi: [10.1111/ajag.12311](https://doi.org/10.1111/ajag.12311).
- [37] Clifford A, McCalman J, Bainbridge R, et al. Interventions to improve cultural competency in health care for Indigenous peoples of Australia, New Zealand, Canada and the USA: a systematic review. *Int J Qual Health Care*. 2015;27(2):89–98. doi: [10.1093/intqhc/mzv010](https://doi.org/10.1093/intqhc/mzv010).
- [38] Gwynne K, Lincoln M. Developing the rural health workforce to improve Australian Aboriginal and Torres Strait Islander health outcomes: a systematic review. *Aust Health Rev*. 2017;41(2):234–238. doi: [10.1071/AH15241](https://doi.org/10.1071/AH15241).
- [39] Dawson AP, Warrior E, Pearson O, et al. Exploring self-determined solutions to service and system challenges to promote social and emotional wellbeing in Aboriginal and Torres Strait Islander people: a qualitative study. *Front Public Health*. 2023;11:1206371. doi: [10.3389/fpubh.2023.1206371](https://doi.org/10.3389/fpubh.2023.1206371).
- [40] Department of Social Services. Australian Government Plan to Improve Outcomes for Aboriginal and Torres Strait Islander People with Disability. Canberra Commonwealth of Australia; 2017.
- [41] Australian Association of Social Workers. Submission to NDIS Workforce Inquiry: joint Standing Committee on the NDIS: Australian Association of Social Workers; 2020; [Available from: <https://www.aph.gov.au/DocumentStore.ashx?id=172eaba0-cd97-4bfb-8092-e36d998e99a7&subid=682820>].
- [42] Gilroy J, Veli-Gold S, Wright W, et al. Disability workforce and the NDIS planning process in regional, rural and remote regions of Australia: scoping review. *Aust J Rural Health*. 2023;31(5):839–854. doi: [10.1111/ajr.13020](https://doi.org/10.1111/ajr.13020).
- [43] Amery R, Greenwood S, Kurna MJ. *Warrapiipa: kurna Dictionary*. Adelaide, South Australia: Wakefield Press; 2021.
- [44] Lockwood C. Early encounters on the Adelaide Plains and Encounter Bay. In: Brock P, Gara T, editors. *Colonialism and its aftermath: A history of aboriginal South Australia*. Mile End, South Australia: Wakefield Press; 2017.
- [45] Allan J, Briskman L, Pease B. *Critical social work: theories and practices for a socially just world*. Crows Nest, New South Wales: Allen & Unwin; 2009.
- [46] Kincheloe J, McLaren P. Rethinking critical theory and qualitative research. In: Hayes K, Steinberg S, Tobin K, editors. *Key works in critical pedagogy*. Rotterdam, Netherlands: Sense Publishers; 2011.
- [47] Kwaymullina A. *Research, Ethics and Indigenous Peoples: an Australian Indigenous perspective on three threshold considerations for respectful engagement*. *AlterNative: an Int J Indigenous Peoples*. 2016;12(4):437–449. doi: [10.20507/AlterNative.2016.12.4.8](https://doi.org/10.20507/AlterNative.2016.12.4.8).
- [48] Timmermans S, Tavory I. Theory construction in qualitative research. *Sociol Theory*. 2012;30(3):167–186. doi: [10.1177/0735275112457914](https://doi.org/10.1177/0735275112457914).
- [49] Jamrozik A, Nocella L. *The Sociology of Social Problems: theoretical Perspectives and Methods of Intervention*. Cambridge, United Kingdom: Cambridge University Press; 1998.
- [50] Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *Int J Qual Health Care*. 2007;19(6):349–357. doi: [10.1093/intqhc/mzm042](https://doi.org/10.1093/intqhc/mzm042).
- [51] Walter M. *Social Research Methods*. Oxford, United Kingdom: Oxford University Press; 2019.
- [52] National Disability Insurance Scheme. Find a registered provider: National Disability Insurance Scheme; 2021 ; [Available from: <https://www.ndis.gov.au/participants/working-providers/find-registered-provider>].
- [53] DeJonckheere M, Vaughn LM. Semistructured interviewing in primary care research: a balance of relationship and rigour. *Fam Med Community Health*. 2019;7(2):e000057. doi: [10.1136/fmch-2018-000057](https://doi.org/10.1136/fmch-2018-000057).

- [54] Braun V, Clarke V. Using thematic analysis in psychology. *Qualitative Research in Psychology*. 2006;3(2):77–101. doi: [10.1191/1478088706qp063oa](https://doi.org/10.1191/1478088706qp063oa).
- [55] QSR International Pty Ltd. NVivo. 2.0 ed. QSR International Pty Ltd; 2022. Available from: www.lumivero.com
- [56] Forero R, Nahidi S, De Costa J, et al. Application of four-dimension criteria to assess rigour of qualitative research in emergency medicine. *BMC Health Serv Res*. 2018;18(1):120. doi: [10.1186/s12913-018-2915-2](https://doi.org/10.1186/s12913-018-2915-2).
- [57] Gilroy J, Dew A, Lincoln M, et al. Need for an Australian Indigenous disability workforce strategy: review of the literature. *Disabil Rehabil*. 2017;39(16):1664–1673. doi: [10.1080/09638288.2016.1201151](https://doi.org/10.1080/09638288.2016.1201151).
- [58] Mavromaras K, Moskos M, Isherwood L. Evaluation of the NDIS: final Report. Adelaide, South Australia: National Institute of Labour Studies; 2018.
- [59] Hermans V. What's limiting our mob from accessing the NDIS?: the Power to Persuade; 2018; [Available from: <https://www.powertopersuade.org.au/blog/whats-limiting-our-mob-from-accessing-the-ndis>].
- [60] National Aboriginal Community Controlled Health Organisation. Rights and attitudes: submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability: commonwealth of Australia; 2020; Available from: <https://disability.royalcommission.gov.au/system/files/submission/ISS.001.00443.PDF>.
- [61] Parrella A, Zagler J, D'Antoine M, et al. Workforce training needs to address social and emotional wellbeing in home-based Aboriginal and Torres Strait Islander aged care. *Aust Health Rev*. 2024;48(3):283–290. doi: [10.1071/AH23236](https://doi.org/10.1071/AH23236).
- [62] Pearson O, Zagler J, D'Antoine M, et al. Prioritising the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples receiving home-based aged care: An exploratory study. *First Nations Health and Wellbeing - The Lowitja Journal*. 2024;2(2):100021. doi: [10.1016/j.fnhli.2024.100021](https://doi.org/10.1016/j.fnhli.2024.100021).
- [63] Brodie T, Pearson O, Cantley L, et al. Strengthening approaches to respond to the social and emotional well-being needs of Aboriginal and Torres Strait Islander people: the Cultural Pathways Program. *Prim Health Care Res Dev*. 2021;22(e35):e35. doi: [10.1017/S1463423621000402](https://doi.org/10.1017/S1463423621000402).
- [64] Commonwealth of Australia. First Nations people with disability: final Report. Canberra, Australian Capital Territory: Commonwealth of Australia; 2023.