



Joint Submission on NDIS Support Coordination and Connection Reform

Submission to the Department of Health, Disability and Ageing

October 2026

About

The Federation of Ethnic Communities' Councils of Australia (FECCA)

The Federation of Ethnic Communities' Councils of Australia (FECCA) is the national peak body representing people from culturally and linguistically diverse (CALD) communities and their organisations across Australia.

Through the membership of state, territory and regional ethnic communities' councils and their networks, FECCA represents the interests of more than 1,500 multicultural community organisations nationwide. FECCA provides a collective national voice on issues affecting Australia's multicultural communities, including migration, settlement, workforce participation, skills recognition, human rights, social cohesion and equity.

The Australian Multicultural Health Collaborative (the Collaborative) is the national multicultural health peak body.

***Vision Statement:** In a truly multicultural Australia, our health and social care system is committed to health equity, and works proactively towards sustained improvement in the physical, mental and spiritual health and wellbeing of our multicultural communities.*

The Collaborative

The Collaborative is an initiative of the FECCA. We provide a national voice, leadership and advice on policy, research, data, and practice to improve access and equity, address systemic racism, and achieve better health and wellbeing outcomes for Australians from multicultural backgrounds. The Collaborative is representative, and membership based. Members include consumers and carers; health services and wellbeing/social care services; practitioners; and researchers. The Collaborative also welcomes as affiliates other national health peak organisations.

Introduction

FECCA is the national peak body representing multicultural communities and their organisations across Australia and the Collaborative is a national peak health body for multicultural health. We encourage the Department of Health, Disability and Ageing (the Department) to ensure that input is sought and considered from organisations such as the National Ethnic Disability Alliance, and other multicultural organisations, as part of these reforms.

This submission focuses on equitable support coordination for multicultural participants in the National Disability Insurance Scheme (NDIS), their families and carers.

FECCA and the Collaborative supports the objectives of improving service quality, consistency and safeguarding. The proposed Support Coordination and Connection (SCC) service would replace support coordination purchased through individual NDIS plans

with services commissioned by the National Disability Insurance Agency (NDIA) from 1 July 2028.¹ Cultural responsiveness and language access should be explicit requirements in eligibility assessment, procurement, funding and service delivery.

The NDIA's Cultural and Linguistic Diversity Strategy 2024-2028 identifies inaccessible communication, limited availability of culturally appropriate disability services and inadequate data on participants' experiences. The SCC reform should help address these barriers and carry the Strategy's commitments into the new service.

Below are FECCA and the Collaborative's (collectively as 'FECCA') comments and recommendations organised under themes, in response to the NDIS Support Coordination and Connection Reform Consultation Paper (the Paper).

1. Equitable eligibility and assessment

The proposed Support Coordination and Connection (SCC) service would help eligible NDIS participants understand and use their plans, find suitable services and organise their supports. The consultation paper proposes two levels of assistance:

- SCC would provide ongoing help to connect with services and coordinate supports, so that different providers and services work together to meet the participant's needs.
- SCC+ would provide more intensive help for a small proportion of participants with very complex circumstances. This could include significant safety concerns, several service systems needing to work together, or a heightened risk of losing contact with services. It would likely involve more contact time and workers with specialist skills.

FECCA acknowledges that the NDIA would decide who can receive SCC and which level they need, using eligibility criteria agreed by Government, also that the final criteria are still being developed, and not every NDIS participant would be eligible.³

The proposed assessment factors include a participant's understanding of support systems and risk of losing contact with services. FECCA recommends considering language and communication needs, ability to understand service information and use online systems, and the practical availability of help from family, friends or unpaid carers. Living with family should not, by itself, be taken as evidence that adequate coordination support is available.

Assessors must distinguish a need for English language assistance from a person's ability to make decisions. Cultural background alone should not determine whether someone receives SCC or SCC+. The assessment should identify the help needed in the person's circumstances, including how communication barriers, support needs and safety risks interact.

Recommendation 1: Publish clear eligibility criteria for SCC and SCC+, explain decisions and how to seek a review in accessible languages and formats, and enable reassessment when a participant's needs change.

2. Language access and workforce capability

Service contracts should require professional interpreting, accessible information and trained bilingual and bicultural workforce capability. Providers should identify communication preferences with participants and offer face-to-face support where it improves access. Written translations should be complemented by oral, audio, visual or Easy Read information as appropriate.

Specify who books and funds interpreters, using existing language service arrangements where applicable. Participants should not pay personally or lose disability support funding to cover interpreting fees. Workforce training should address cultural responsiveness, disability rights, trauma and supported decision-making.

Recommendation 2: Make language access and cultural responsiveness measurable contract requirements, with funded interpreting arrangements, workforce development and sufficient time for accessible communication.

3. Commissioning that includes multicultural expertise

The paper identifies a lead organisation for each region as the preferred commissioning approach, while also considering multiple providers.² FECCA recommends testing each approach against its capacity to meet local cultural and language needs and preserve participant choice. A large regional contract could otherwise make it harder for smaller specialist organisations to participate.

¹ Department of Health, Disability and Ageing and National Disability Insurance Agency, Consultation Paper, September 2026, p. 6. [Consultation paper](#).

² Department of Health, Disability and Ageing and National Disability Insurance Agency, Consultation Paper, September 2026, p. 8. [Consultation paper](#).

Procurement should assess demonstrated community relationships, language capability and experience coordinating across disability, health and other services. Funded partnerships with multicultural and ethnospecific organisations should be required where they are needed to meet local demand. Consortium and subcontracting arrangements should allow smaller organisations a meaningful role, fair payment and input into service design.

Action 22 of the NDIA's diversity strategy commits to addressing barriers faced by multicultural community organisations delivering disability supports, including support coordination.³ SCC procurement should implement that commitment through proportionate requirements and support for organisations to demonstrate their capability.

Recommendation 3: Assess commissioning options against local cultural and language needs, enable specialist and multi-provider arrangements where appropriate, and fund multicultural organisations' participation in design and delivery.

4. Funding that reflects the work required

We acknowledge that the payment model remains under development.⁴ FECCA recommends funding arrangements that recognise the additional time required for interpreted appointments, building understanding and trust, outreach and coordination across multiple systems. Regional planning should also recognise language groups dispersed across service boundaries and the cost of reaching participants where suitable services are scarce.

Any bundled or caseload-based payment should adjust for the intensity of support required and allow additional resources when needs increase. Providers should not face incentives to avoid participants who require more time or to reduce essential contact to meet throughput targets. Service capacity, waiting times and unmet demand should be monitored so that funding can respond to actual need.

Connection should include practical follow-up. Giving a participant a referral does not establish that they can use the service. SCC workers should confirm whether the service is accessible, support the connection where required and escalate unresolved gaps to the responsible agency.

Recommendation 4: Fund assessed support intensity and communication needs, maintain manageable caseloads, and provide a mechanism to increase service capacity when demand or complexity exceeds forecasts.

5. Choice safeguarding and accountability

Participants should be able to request a worker with appropriate cultural and language capability, change workers or providers through an accessible process, and receive support to understand their options. Where a region has one lead organisation, contracts should provide workable alternatives if that organisation cannot meet a participant's needs or a relationship breaks down.

Families and carers should be involved according to the participant's preferences and consent. Participants must also be able to communicate privately with a worker and interpreter. Conflict-of-interest requirements should cover referrals, subcontracting and commercial relationships, with clear accountability retained by the commissioned organisation.

FECCA notes that the proposed SCC role excludes advocacy.⁵ Providers should therefore maintain clear referral pathways to independent disability advocacy and accessible complaints mechanisms. Participants should receive information about these options in their preferred language and format, with assistance to raise concerns when needed.

Performance reporting should track waiting times, unmet needs, successful connections, continuity and participant experience. Collect and report relevant cultural and language information with appropriate consent, privacy protections and safeguards for small groups. Publish aggregate results to show whether access and outcomes are equitable, and use findings to improve contracts and delivery.

Recommendation 5: Protect meaningful choice, require accessible complaints and independent advocacy referrals, and report service access and outcomes for multicultural participants.

³ National Disability Insurance Agency, Cultural and Linguistic Diversity Strategy 2024-2028, February 2024, pp. 24-25, especially action 22. [NDIA strategy](#).

⁴ Department of Health, Disability and Ageing and National Disability Insurance Agency, Consultation Paper, September 2026, pp. 9-10. [Consultation paper](#).

⁵ Department of Health, Disability and Ageing and National Disability Insurance Agency, Consultation Paper, September 2026, p. 7. [Consultation paper](#).

6. A supported transition to the new service

The Paper recognises that participants may need to change support coordinators under the new arrangements.⁶ Transition planning should identify effective existing relationships, language capability and specialist expertise that should be retained wherever possible and consistent with quality requirements. Workforce pathways into commissioned organisations should help preserve this capability.

Provide participants with clear, accessible information about eligibility, available providers and the steps involved. Fund supported handovers, allow time to establish new relationships and confirm that the receiving service can meet the participant's needs. For current recipients who are not eligible for SCC, identify an appropriate alternative pathway and confirm access before existing coordination arrangements end.

Multicultural people with disability should be involved in testing eligibility processes, communication materials and service models before implementation. Participation should be accessible, supported by interpreters where needed and remunerated. Engagement should include disability representative and multicultural organisations, with feedback explaining how community input informed decisions.

Recommendation 6: Fund individual transition planning and supported handovers, establish workable alternatives for participants ineligible for SCC, and involve multicultural people with disability in design and implementation.

Conclusion

FECCA supports a service that helps participants understand their options and obtain the support they need. The final design should make cultural responsiveness and language access enforceable, funded and measurable, with clear responsibility for service gaps and continuity.

FECCA supports reforms that improve quality, consistency and safeguarding. For multicultural participants, the new service should provide effective support that responds to their language, communication and cultural needs.

The NDIA should make these requirements explicit in eligibility, procurement, funding and performance measures. Commissioning should retain community expertise, involve multicultural organisations and protect participant choice, with accessible complaints pathways and a supported transition.

Multicultural people with disability should help finalise and test the model. Published reporting should assess their experience and access to services, and inform action to correct inequities.

FECCA welcomes the opportunity to work with the Department and the NDIA to refine and implement these reforms. We would be pleased to support engagement with multicultural people with disability and community organisations through our member network, provide advice on cultural responsiveness and language access, and help test whether information and service pathways are accessible. We are available to discuss these recommendations and how FECCA can assist the Department's work.

⁶ Department of Health, Disability and Ageing and National Disability Insurance Agency, Consultation Paper, September 2026, pp. 10-11. [Consultation paper](#).



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