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Connecting community: The role of indigenous management in disability care

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Abstract

This manuscript presents findings from a 2023 qualitative Indigenist research project examining disability service providers in Southeast Queensland that tailor services for Indigenous peoples with disabilities. Data were collected through yarning interviews with 14 organisations, including both Indigenous-managed and non-Indigenous-managed entities. The findings highlight distinct differences in approaches to cultural safety, with Indigenous-managed organisations demonstrating an Embedded Cultural Base (CB) model, wherein cultural safety is deeply integrated into service provision, decision-making, and organisational structures. These organisations reported high Indigenous staff representation and strong engagement with Indigenous peoples with disabilities, alongside proactive inclusivity extending to other diversity groups, including LGBTQIA+ communities and refugees. In contrast, non-Indigenous-managed organisations primarily employed Ad Hoc (AH) cultural safety approaches, incorporating cultural initiatives such as reconciliation action plans (RAPs) and cultural competency training, yet lacking the foundational integration seen in CB organisations. The research highlights the potential of Indigenous-led management strategies in fostering holistic, culturally safe, and flexible disability services. Aligning with First Nations scholarship on the custodial ethic and the model of cultural inclusion, this study highlights how Indigenous cultural values serve as both a protective and empowering factor for people with disabilities. The findings suggest that embedding Indigenous management principles within the disability sector could enhance cultural safety, service accessibility, and community-driven care models, prompting further consideration of their role in shaping inclusive and effective management practices.

Keywords: care work; decolonisation; disability; indigenist; indigenous management

Terminology

Indigenous: We use this term to refer to Aboriginal and Torres Strait Islander peoples belonging to the place currently named Australia

Non-Indigenous: We use this term to describe all peoples who are not Indigenous to the place referred to as Australia

First Nations peoples: We use this term to refer to diverse Indigenous people internationally.

Introduction – Australian disability services

In Australia, disability support is accessed through the National Disability Insurance Scheme (NDIS), established in 2013, marking a significant shift in disability support provision (NDIA 2019). Administered by the National Disability Insurance Agency (NDIA), it targets Australians under 65 with substantial disabilities. It aims to provide personalised support, empower individuals, offer funded assistance, and promote community inclusion (NDIA 2019, 2020). 'Substantial disabilities' refer to impairments that significantly limit an individual's ability to perform everyday activities, so that they require ongoing support to enhance their independence, participation, and inclusion in the community (NDIA 2019, 2020). The NDIS was prompted by persistent advocacy for improved disability outcomes globally and recognition of deficiencies in the existing Australian system (NDIA 2019). Aligned with the United Nations Convention on the Rights of Persons with Disabilities, the NDIS seeks to enhance the global quality of life for people with disabilities (NDIA 2019; Thill 2015). Similar individualised funding schemes exist in countries like Canada, the USA, the UK, and Sweden, enabling direct purchase of services by individuals with disabilities (Laragy 2010). The NDIS aims to ensure societal inclusion through mainstream service provision, operating across six key policy areas and adhering to four core insurance principles (ALRC 2008; NDIA 2019). Its Act safeguards the rights and choices of people with disabilities, ensuring privacy, dignity, protection from abuse, and avenues for addressing grievances (NDIA 2019).

Despite growing participation rates of Indigenous people with disabilities in the NDIS, significant disparities still exist compared to non-Indigenous populations (ABS 2016). Indigenous people experience higher rates of disability (35%) compared to non-Indigenous individuals (15.5%) (ABS 2016). The 2018 Survey of Disability, Ageing and Carers (SDAC) (ABS 2018) revealed a complex intersection of disability, age, gender, and location within this demographic. Physical disability rates increase with age, with females and those in remote areas facing higher prevalence rates (ABS 2018). Indigenous peoples with disabilities aged 15–64 encounter challenges in the workforce, with a majority not participating in the labour force (56.2%).

Intersectionality and systemic barriers

Indigenous peoples with disabilities face intersecting challenges related to both their disability and cultural identity. Discrimination remains a persistent issue, with many experiencing unfair treatment and being perceived as difficult to engage with due to their Indigeneity compounded with their disability (Avery 2020). To protect themselves from racism and discrimination, some individuals avoid certain places, people, and services, which further limits their access to essential support. These challenges are further compounded by socioeconomic disadvantages, given that Indigenous peoples are disproportionately affected by poverty, homelessness, and poor health outcomes (ABS 2016; 2018).

Access to culturally safe NDIS providers is particularly limited, especially in remote or isolated communities, further hindering Indigenous peoples from receiving appropriate support (Brough et al 2007; Cooms Muurlink and Leroy-Dyer 2022; Gilroy et al 2023; Riley et al 2019). The scarcity of culturally competent service providers means Indigenous individuals and families often struggle to find service providers who understand and respect their cultural values and needs. This issue is exacerbated by thin markets – where the availability of providers is limited – restricting participants' ability to exercise choice and control over their care. Additionally, the complex administrative processes within the NDIS, such as extensive paperwork, rigid eligibility criteria, and frequent plan reviews, create further barriers to access, placing additional strain on individuals and their families

(Malbon et al 2021). The NDIS, while intended to provide support, operates within a western, bureaucratic, and medicalised framework that prioritises individualised care. This approach often misaligns with Indigenous worldviews, which emphasise community, connection to Country, and holistic well-being (Carey et al 2021; Cooms 2023; Gilroy et al 2023). As a result, Indigenous peoples with disabilities frequently encounter services and providers that fail to address their cultural and social needs effectively.

To address these systemic barriers, this study applies Indigenous management principles to the NDIS framework, aiming to develop culturally responsive strategies. Taking an intersectional approach (Cooms et al 2022), our research acknowledges the overlapping challenges Indigenous peoples face and seeks to create service models that cater to both disability-related and cultural needs. Indigenous-led management strategies, which are grounded in cultural values, provide a way forward by embedding culturally safe practices into service delivery and improving outcomes for Indigenous NDIS participants.

Purpose and Background

Our research explores key themes in disability services, focusing on strategies employed by both Indigenous and non-Indigenous disability support providers to ensure equitable access and culturally appropriate support for Indigenous peoples with disabilities within the NDIS framework. This study contributes to understanding how these organisations deliver NDIS-funded services while embedding Indigenous management principles such as holistic care, relational leadership, and community-driven decision-making.

To achieve these goals, we draw on critical disability studies and Indigenous studies, integrating insights from Indigenous entrepreneurship, business models, and cultural perspectives that prioritise community benefits, holistic care, and cultural integrity.

By exploring Indigenous management principles within the NDIS, we aim to develop effective management strategies that address the systemic barriers faced by Indigenous peoples with disabilities.

Cultural safety and organisational approaches

This study highlights key differences between organisations with an Embedded Cultural Base (CB) and those adopting an Ad Hoc (AH) approach to cultural safety (See Appendix A). These distinctions are shaped by factors such as Indigenous ownership, management, and staff representation, which influence how cultural safety is embedded within disability services.

An Embedded Cultural Base (CB), based on the cultural and spiritual base discussed by Williams (2023), refers to organisations founded on Indigenous cultural and spiritual values, which serve as the guiding framework for all aspects of decision-making, operations, and service delivery. In these organisations, cultural values are deeply integrated, ensuring holistic, community-centred, and sustainable practices that align with Indigenous worldviews.

In contrast, an Ad Hoc (AH) approach is characterised by organisations that are primarily structured on western business principles, with Indigenous cultural elements added later as supplementary components rather than foundational principles. This approach often manifests through initiatives such as reconciliation action plans (RAPs), cultural competency programs, or safety training introduced post-establishment. While these efforts can enhance cultural awareness, they do not fundamentally shape the organisation's core values, strategic direction, or service delivery in the same way as an embedded cultural base.

In this study, the presence or absence of an embedded cultural base reportedly impacted cultural safety, service accessibility, and overall outcomes for Indigenous communities. Organisations with an embedded approach reported being better equipped to provide culturally responsive, community-driven services that effectively meet the unique needs of Indigenous peoples with disabilities. Meanwhile, organisations following an ad hoc approach may struggle to achieve the same depth of cultural integration and responsiveness.

Integrating Indigenous management principles within the NDIS framework offers a powerful opportunity to develop culturally responsive strategies that address systemic barriers and improve service accessibility. Indigenous management approaches prioritise collective well-being, relational accountability, and holistic care – providing a culturally congruent model of leadership and decision-making within disability services (Eva et al 2024; Mika Colbourne and Almeida 2020). This shift from western, individual-centric models to Indigenous frameworks ensures more flexible and community-oriented management practices that are better suited to addressing the complex and intersectional challenges faced by Indigenous peoples with disabilities. Appendix A provides a comparative overview of these organisational approaches, demonstrating how an embedded cultural base fosters stronger cultural safety and better service outcomes compared to ad hoc adaptations.

Indigenous management principles

Indigenous management refers to the application of Indigenous cultural values, principles, and practices within organisational settings. It challenges conventional management theories, which are often rooted in colonial and western paradigms, by promoting inclusive, sustainable, and culturally respectful environments. Indigenous management is grounded in holistic, relational, and community-centred principles that align closely with Indigenous entrepreneurship and business models. At its core, it prioritises collective well-being, cultural sustainability, and social integrity over individual profit – a fundamental contrast to the individualistic, profit-driven focus of western management frameworks (Banerjee 2022; Cooms 2023; Chapman et al 1991). This collective approach has implications for the disability sector, particularly in addressing the systemic challenges Indigenous communities face within structures such as the NDIS (Carey et al 2021; Conaty and Robbins 2023). The presence of Indigenous leadership within organisations is a key determinant of positive employment and service outcomes. As Eva et al (2025) highlight, businesses with Indigenous managers are significantly more likely to achieve and sustain Indigenous employment parity and retain Indigenous staff, suggesting that Indigenous leadership is not only an enabler of cultural safety but also a critical factor in fostering inclusive and effective organisational practices.

Applying Indigenous management principles in the disability sector has the potential to drive transformative change by shifting from deficit-based models to strength-based approaches that emphasise relational accountability, cultural safety, and community empowerment (Jammulamadaka et al 2021). For instance, as Love (2019) highlights, incorporating Māori values into management can create more inclusive and compassionate organisations, fostering relationality, mutual respect, and collective well-being. Similarly, Indigenous enterprise ecosystems, as discussed by Mika et al (2022), operate through interconnected cultural, social, and economic dimensions, reflecting Indigenous management's emphasis on relational dynamics and holistic well-being. However, as Salmon, Chavez, and Murphy (2022) argue, the field of Indigenous management and organisation studies remains fragmented, with a lack of systematic integration between Indigenous knowledge systems and dominant management theories. This highlights the

need for greater theoretical and empirical research into the role of Indigenous leadership, governance, and ownership in improving service outcomes. Their review further emphasises that Indigenous management must be contextualised within structural and policy environments, particularly in sectors like disability services, where Indigenous organisations often operate within frameworks designed for western governance models. Without systemic changes, Indigenous management remains at risk of being co-opted or diluted into mainstream structures rather than fundamentally reshaping them.

Further, Eva et al (2025) underscore the limitations of non-Indigenous organisations that implement Indigenous employment initiatives without genuine commitment or structural change. Superficial strategies such as RAPs or cultural competency training alone do not guarantee sustainable Indigenous employment or cultural safety. Instead, meaningful integration of Indigenous management approaches – led by Indigenous decision-makers – is essential for achieving long-term impact in employment and service delivery. In line with the insights from Salmon et al (2022), future research must also examine the impact of an embedded cultural base on non-Indigenous disability service providers, exploring how the integration of Indigenous management principles might influence service accessibility, cultural competency, and long-term equity in the sector.

Indigenous service models and cultural safety approaches

Indigenous organisations providing disability services are diverse in structure and service approaches; some may adhere to a medical model of disability due to training and systemic influences, while others are finding ways to work around this model. The Aboriginal Community Controlled Health Organisation (ACCHO) model of care exemplifies this work-around approach, viewing health and well-being as interconnected with the social, emotional, and cultural well-being of the entire community (Green et al 2018; Haynes et al 2014). This holistic perspective contrasts sharply with the individualised, segmented approach of the NDIS (Collings et al 2018; Green et al 2018). Research has shown that the ACCHO model is well-suited for First Nations peoples with disabilities, addressing the complexities faced not only by individuals with disabilities but also by their families and communities, thus representing a step away from the medical model of care (Green et al 2018). ACCHOs have demonstrated their ability to navigate intersectional barriers to service access, acknowledging the compounding effects of discrimination related to both disability and Indigenous identity. For instance, White et al (2021) documented the success of an access program trialled with an ACCHO in the Kimberley region of Western Australia. The program's success was attributed to the organisation's established trust within the community, allowing for the provision of culturally appropriate support through a strengths-based approach that effectively addressed long-standing barriers to access. The ACCHO's holistic and culturally appropriate model stands in contrast to the multi-agency approach typically employed for individuals with complex needs, offering families the space to prioritise issues that matter most to them (White et al 2021).

The custodial ethic of care

Graham (1999) describes the custodial ethic as a foundational concept deeply rooted in Indigenous cultures, and one that represents a profound philosophy of interconnectedness and collective responsibility. The custodial ethic of care is not just pre-colonial but ongoing, as Indigenous ways of knowing, being, and doing continue to shape contemporary leadership, governance, and business practices. Rooted in relational accountability, reciprocity, and stewardship, this ethic has persisted despite colonization and remains central to Indigenous community well-being today (Cooms 2023). It encompasses the belief that all aspects of life, including individuals, communities, and the environment, are

inherently interconnected and deserving of care and protection. In essence, the custodial ethic acknowledges the reciprocal relationship between humans and their surroundings, emphasising the importance of respect, reciprocity, and stewardship. This ethic guides Indigenous peoples to share and care with one another and the land, making caring the normative behaviour and promoting sustainable practices and inclusive ways of living. When applied to disability caring, the custodial ethic emphasises the inherent worth and dignity of individuals with disabilities, affirming their rightful place within the community and the collective responsibility to support their well-being (Cooms 2023). By embracing the custodial ethic, Indigenous communities and management approaches foster environments of respect, support, and inclusion, where all members are valued, and their contributions are recognised.

Model of cultural inclusion

The 'Culture is Inclusion' model, spearheaded by the First Peoples Disability Network (FPDN) in Australia, seeks to integrate Indigenous cultural values into disability support frameworks, promoting inclusivity and community participation. The model of cultural inclusion operates at the cultural interface of the NDIS (Nakata 2007), where Aboriginal knowledge and practices are integrated within contemporary service delivery frameworks, bridging Indigenous and western approaches to create culturally responsive disability support. This model, championed by Avery (2018) and the FPDN, emphasises the importance of reanimating Indigenous cultural connections to create a more inclusive environment for individuals with disabilities. Through narratives and community-based research, the model highlights the acceptance and active participation of Indigenous peoples with disabilities within their communities, challenging traditional Western views of disability. It contrasts with Western contemporary models by prioritising community-level inclusion over medical or social interventions, reflecting a cultural approach that values strengths and connections rather than pathologising disability. Instead of viewing disability through a deficit lens, the 'Culture is Inclusion' model celebrates strengths and connections within Indigenous communities. It recognises disability as an integral and valued part of the human experience and seeks to create spaces where individuals with disabilities can thrive within their cultural contexts.

Culture and disability

Culture significantly shapes the understanding and experience of disability, with diverse perspectives contributing to the discourse (Avery 2018; Dew et al 2020; Ineese-Nash 2020). Waldschmidt (2017) critiques the oversimplification of disability as a natural fact, arguing that traditional medical and rehabilitation models overlook cultural influences. She advocates for an interdisciplinary approach, integrating sociology, philosophy, and media studies to understand better how disability is both shaped by, and experienced through, culture. For Indigenous peoples, cultural perspectives are essential to developing inclusive disability frameworks that align with holistic, community-centred approaches to dis/ability, which contrast with Western individualistic models (Barney 2021; Eva et al 2024; Love 2019; Mika et al 2020). However, there is still a lack of research examining how cultural principles in management impact disability service delivery and consumer experiences.

Indigenous peoples with disabilities face unique challenges, as mainstream definitions and statistics often misrepresent their experiences and cultural conceptualisations of disability (Coleman et al 2018). Avery (2018) highlights the importance of grounding inclusion efforts in cultural contexts that integrate traditional knowledge and practices,

viewing Aboriginal culture as a protective factor that fosters identity, community, and resilience. Incorporating cultural insights into management strategies can create more inclusive workplaces and enhance service delivery for Indigenous consumers (Eva et al 2024; Love 2019; Mika et al 2020). A decolonised approach to disability, as advocated by Cooms (2023), weaves Indigenous concepts of care and community support into disability services, aligning with Gilroy et al (2023), who stress the need for culturally competent services, particularly in regional and remote areas with limited access to culturally safe care.

Some scholars are calling for systemic changes that address the colonial foundations of current disability frameworks (Meekosha 2011; Grech and Soldatic 2015). Centring Indigenous voices in management practices and policies can better meet their needs while enriching the broader discourse on disability inclusion and equity (Howard and Barney 2022; Ineese-Nash 2020).

Critical disability studies

Critical disability studies shift the focus from individual impairments to broader socio-political and economic contexts, highlighting intersections with factors like colonialism, poverty, and systemic barriers. Considering critical disability studies is essential when exploring the impact of Indigenous management on disability services because it shifts the focus from an individual, deficit-based view of disability to one that examines the broader socio-political and economic contexts. This perspective helps to uncover how colonial legacies, systemic inequities, and cultural dissonance shape service experiences for Indigenous peoples with disabilities. By applying a critical lens, we can better understand how Indigenous management practices challenge western-centric frameworks – such as those embedded in the NDIS – and offer more culturally responsive, community-driven alternatives that prioritise collective well-being, relational accountability, and holistic care.

Gordon et al (2019) argue that Australia's NDIS reinforces western assumptions about disability, while Collings et al (2018) and Green et al (2018) critique its person-centred and individualised funding model for perpetuating power imbalances. Phuong (2017) notes that NDIS policies fail to address intersecting identities, limiting Indigenous access to services and repeating past systemic mistakes. Cortese et al (2020) identify socio-economic barriers and social isolation as challenges to service access, and Horsell (2020) criticises the NDIS's neoliberal emphasis on 'choice and control' for reinforcing ableist ideals.

Thomas (2021) finds that parents of children with Down Syndrome reject the NDIS's deficit model, because it marginalises disabled individuals by emphasising limitations. Despite aiming to adopt a social model of disability, the NDIS's individualised approach often aligns with a medical model, marginalising many (Ball and Carpenter 2019; Horsell 2020). Leipoldt (2006) calls for centring disability on marginalised voices, while Cooms et al (2022) advocate for an intersectional, decolonised framework to address overlapping disadvantages. Grech and Soldatic (2015) and Meekosha (2011) stress the colonial foundations of disability studies and call for a global perspective that incorporates the experiences of the Global South. Eide and Ingstad (2011) explore how poverty and environment intersect with disability, while Puar (2017) expands the scope to include the impacts of state policies on disabled bodies. These perspectives highlight the need for a decolonial, intersectional approach to disability services, particularly for Indigenous peoples. Our research in Southeast Queensland supports this by demonstrating how Indigenous-managed organisations can create more culturally safe environments within the NDIS, challenging western paradigms and fostering inclusive support.

Disrupting hegemony in management to improve outcomes for indigenous peoples

Traditional management education is predominantly grounded in western, Anglo-centric principles that prioritise analytical frameworks, strategic planning, and efficiency metrics. These approaches often reinforce hierarchical structures that marginalise Indigenous perspectives and fail to account for the relational and community-oriented nature of Indigenous management. Banerjee (2022) critiques these dominant models for perpetuating colonial mindsets, instead advocating for a decolonial shift that incorporates Indigenous approaches, which emphasise holistic, relational, and context-sensitive practices.

Decolonising business

To challenge the hegemony in management thinking, scholars argue for integrating Indigenous perspectives into business education. Doucette et al (2021) highlight the potential of First Nations conversational approaches, which foster inclusivity through dialogue, collaboration, and community-driven decision-making. Similarly, Woods et al (2022) argue that embedding Indigenous pedagogies in entrepreneurship education enhances cultural competence, fosters innovation, and expands market engagement. These shifts are critical in challenging dominant western paradigms and ensuring that Indigenous worldviews are not sidelined in business and management curricula.

Indigenous management and economic self-determination

Indigenous entrepreneurship plays a key role in resisting neoliberal pressures and reclaiming economic self-determination (Eva et al 2024; Evans and Williamson 2017). Indigenous business models, such as the Gongan Business Model (Williams 2023), demonstrate how Indigenous ways of knowing, being, and doing can be integrated with western business strategies to create sustainable, culturally responsive enterprises. The Four R's – Relationship, Responsibility, Reciprocity, and Redistribution – (Pio and Waddock 2021) offer a framework for transforming management practices to address social inequities and empower Indigenous communities.

Implications for disability services

The dominance of western management models in disability services, such as the NDIS, often results in culturally misaligned service delivery that fails to meet the needs of Indigenous peoples with disabilities (Conaty and Robbins 2023). Indigenous management approaches, which emphasise cultural competence, relational accountability, and collective well-being, provide a pathway to disrupt the entrenched power dynamics and systemic barriers in disability service provision. Applying Indigenous business principles to the disability sector can foster culturally safe environments, enhance service accessibility, and prioritise community-led governance (Morley 2015; Bastien et al 2023).

Methodology

This study utilised a qualitative Indigenist research approach to centre Indigenous voices and experiences (Martin 2003; Cooms Leroy-Dyer and Muurlink 2024). Indigenist research, rooted in Indigenous epistemologies, critically examines colonial legacies and prioritises Indigenous methodologies (Cooms et al 2024; Nakata 2007; Rix et al 2019; Smith 1999), aiming to empower communities and honour cultural protocols. In partnership with the

FPDN, the research explored trends in culturally sensitive disability services in southeast Queensland for Indigenous peoples with disabilities.

Guided by Quandamooka ontology, decolonial approaches, and intersectionality theory, the study addressed the limitations of the NDIS for Indigenous peoples (Cooms 2022; Martin 2003; Puszka et al 2022). Quandamooka ontology emphasises interconnectedness among all entities, informing relational care practices (Martin 2003). Decolonisation seeks to dismantle colonial power structures and centre Indigenous perspectives, ensuring accurate representation in disability research (Puszka et al 2022). Intersectionality examines how overlapping social categories shape compounded forms of discrimination (Cooms 2022; Crenshaw 1991). Indigenous Standpoint Theory, recognising unique cultural perspectives, was applied to design, conduct, and analyse the study, led by three Aboriginal women researchers (Cox et al 2021; Foley 2006; Gilroy et al 2016; Nakata 1998).

Method

This project identified 14 organisations in Southeast Queensland offering services tailored to Indigenous people with disabilities. Yarning, a culturally embedded conversational method (Bessarab and Ngandu 2010), was conducted via Zoom and concluded with a networking event to encourage sector collaboration. As a qualitative research tool, yarning fosters rapport and gathers culturally rich data through storytelling, respecting Indigenous protocols (Christensen 2022; Hughes and Barlo 2021). The yarning in this project was guided by some broad questions that stimulated the discussion, including:

- Have you involved elders and/or community in your design and delivery of services, supports, resources, and training?
- How have you considered/ incorporated cultural safety/competence?
- Are there any barriers that you have identified that stop/restrict you from delivering services, supports, resources, and training? (e.g. access to elders or cultural safety training, policy, appropriate staffing)

Ethics

Ethical approval for this research was given by The University of Queensland Human Research Ethics Committee. Ethics approval number: 2022/HE002049. To ensure confidentiality, data have been de-identified, with each participant labelled as 'Industry Participant' (IP) followed by a unique number for clarity and ease of reference.

Analysis

This study employed the Herringbone Stitch Model to facilitate analysis at the intersection of Indigenous and western knowledge systems (Andrews 2021). Grounded in Indigenist methodologies, this approach ensured Indigenous perspectives were central while applying hermeneutic principles to engage systematically and iteratively with the data. The analysis process maintained relational accountability, fostering a co-created understanding of key themes by drawing on the research team's Indigenous standpoints and collaborative reflexivity.

The analysis followed an iterative hermeneutic cycle, involving multiple rounds of engagement with the data to refine insights and ensure alignment with Indigenous ways of knowing.

1. **Initial Coding:**
   The first stage involved close reading of interview transcripts and field notes, applying open coding to identify recurring concepts and patterns related to participants' lived experiences. Particular emphasis was placed on Indigenous storytelling elements, ensuring that meaning was derived not only from content but also from cultural expressions and relational contexts.

2. **Pattern Recognition:**
   Coded data were then grouped into broader categories, reflecting recurring ideas and themes. Through collaborative reflexivity, the research team discussed and validated emerging patterns by drawing on their Indigenous standpoints, ensuring interpretations were culturally grounded and reflective of community priorities. This process helped surface deeper cultural themes such as relationality, reciprocity, and holistic well-being.

3. **Theme Development:**
   As patterns solidified, the research team engaged in an ongoing dialogue to refine emergent themes, ensuring coherence and depth. The themes were further examined through collective analysis sessions, which allowed for a deeper exploration of Indigenous epistemologies and their relevance to the findings. The concept of 'fusion of horizons' (Andrews 2021) was employed to balance Indigenous and western perspectives in the interpretation process.

4. **Storytelling Integration:**
   Indigenous storytelling principles were integrated into the analysis to honour oral traditions and ensure findings were conveyed in culturally meaningful ways. This dual focus on narrative and textual interpretation helped to preserve the integrity of Indigenous knowledge while offering actionable insights for service improvement.

The Herringbone Stitch Model provided a culturally responsive framework for analysis, balancing rigorous inquiry with respect for Indigenous values. This approach not only deepened the understanding of disability service experiences but also contributed to a decolonised research process that centres Indigenous voices and priorities.

Results

This study has examined 14 disability service providers in Southeast Queensland that support Indigenous peoples. These organisations vary in structure, encompassing for-profit and not-for-profit models with differing levels of Indigenous ownership, management, and workforce representation. While some organisations are Indigenous-managed, embedding cultural values into their service delivery, others operate within mainstream frameworks, incorporating cultural safety to varying degrees.

To evaluate Indigenous employment representation, we applied 3.8% as a benchmark, following Eva et al (2025), who references this figure as the national Indigenous workforce parity target, reflecting the proportion of Indigenous Australians in the general population. This measure allowed us to assess whether organisations in the study meet or exceed workforce parity, providing insight into Indigenous employment, leadership, and cultural safety practices. Similarly, Appendix A presents a comparative analysis of Indigenous client engagement, using 10% as the benchmark (the lowest reported proportion of Indigenous disability clients served by Indigenous-managed organisations in our study). This comparison enables us to examine whether non-Indigenous-managed providers demonstrate similar levels of client engagement. While Appendix A details the ownership structures, Indigenous management representation, workforce composition, and client demographics of these organisations, Figure 1 illustrates the range of disability

Services and support	Services and support by Indigenous-managed entity	Services and support by non-Indigenous-managed entity
Support coordination	4	1
Personal care	3	2
Support letters and advocacy	3	1
Community access support	3	1
Domestic and in-home care – domestic tasks, cooking, cleaning, lawn mowing	3	1
Allied health and other health worker services	4	0
Employment and education support	4	0
Social and recreational activities	3	1
Cultural activities, services, or resources (native products, medicine, foods, culture, and Lore therapy)	4	0
Community capacity building – to support service delivery in community	2	1
NDIS access	3	0
Complex care	1	1
Cultural liaison in justice system	2	0
Transport	2	0
Research, evaluations and consultancy in NDIS/Disability	1	1
Behavioural supports	1	0
Case management	1	0
DV support	1	0
Early intervention	1	0
Cultural awareness training	1	0
Food support	1	0
NDIS Training (workshops, webinars, seminars, etc)	0	1
Plan Management	1	0
Support managing financial affairs	1	0
Respite	1	0
Support within mental health facilities	0	1
Supported independent living	0	1
White goods and house furnishing	1	0

Figure 1. Disability services and supports being tailored to indigenous peoples in Southeast Queensland in 2023.

services and supports available across them. The data highlights key distinctions between Indigenous-managed and non-Indigenous-managed services, showing that Indigenous-managed organisations tend to offer more holistic, culturally embedded care, including access to native foods, connections to Country, and culturally tailored support. These differences underscore the importance of Indigenous governance in shaping responsive and culturally safe disability service models.

Services and support in indigenous and non-indigenous disability entities

Across the 14 organisations participating in this project in Southeast Queensland, 65 different services and supports were identified and grouped into 28 categories (see Figure 1). The most common services were Personal Care, Support Coordination, Community Access, and Domestic/In-home Care. However, significant differences emerged between Indigenous-managed and non-Indigenous-managed disability entities.

Indigenous-managed organisations provided services across 26 categories, compared to only 10 categories offered by non-Indigenous-managed entities, which primarily focused on core NDIS-funded disability supports. Indigenous-managed organisations were the sole providers of cultural, employment, and justice liaison services, reinforcing their role in delivering culturally responsive care. These organisations adopt a holistic, flexible, and community-driven approach, integrating cultural identity, economic empowerment, and systemic advocacy into their service models:

We respond to the need first, not funding. We are flexible, collaborative, and have principles of mob looking after mob. (IP 13)

Indigenous-led services also extend beyond conventional disability care, offering cultural connections, links to Country, and practical support such as white goods and furnishings – addressing broader family and community needs. In contrast, non-Indigenous-managed services remained largely within the scope of standard NDIS-funded support, with additional offerings typically limited to disability-adjacent services like advocacy and community capacity building.

Demographics of service providers

Appendix A provides an overview of the 14 organisations, detailing ownership, management, workforce composition, and client demographics. These organisations were evenly split between for-profit and not-for-profit entities, with 57% Indigenous-owned, including two Indigenous community-owned organisations. Notably, all seven Indigenous-managed organisations were Indigenous-owned, suggesting that Indigenous ownership strongly influences management structures.

High Indigenous staff representation (3.8% or above) was found in only five organisations – all Indigenous-managed – demonstrating a direct link between Indigenous leadership and workforce composition. Twelve organisations primarily served Indigenous clients (defined as 10% or more of their client base identifying as Indigenous), including some non-Indigenous-owned entities making efforts to engage Indigenous communities. These findings reinforce that Indigenous ownership, leadership, management, and staffing contribute to culturally competent service delivery, aligning with existing research (Avery 2018; Eva et al 2024; Gilroy et al 2023; Mika et al 2020). Indigenous-managed organisations not only provide a broader range of services (see Figure 1) but also foster stronger engagement and improved service experiences for Indigenous participants, reflecting a more holistic and responsive service model.

Organisational breakdown and cultural safety approaches

Among the 14 organisations analysed, 64% (9/14) utilised an embedded Cultural Base (CB), while 36% (5/14) relied on an Ad Hoc (AH) approach to cultural safety. Of the organisations with an embedded CB, 78% (7/9) were Indigenous-owned, with the remaining 22% (2/9) being non-Indigenous-owned but nonetheless adopting Indigenous-management practices in their operations. In contrast, all five organisations adopting an ad hoc approach were non-Indigenous owned, illustrating a trend where non-Indigenous entities tend to layer cultural safety initiatives onto mainstream business frameworks rather than embedding

them as foundational principles. Further, organisations with high Indigenous management and high Indigenous staff representation (3.8% or more) were overwhelmingly associated with embedded cultural safety, accounting for 86% (6/7) of the CB organisations. These entities demonstrated cultural safety as an intrinsic part of their services. As one participant described:

It's not something we need to formally write or think about because culture and safety is part of the business. Culture and safety are embedded in this organisation. (IP 3)

Holistic and flexible support models

Organisations with an embedded CB reported a commitment to holistic, flexible service delivery, addressing needs beyond conventional disability services. This approach was unique to CB organisations, as none of the AH organisations described extending services in this way. Several CB organisations emphasised how their services extended to address co-morbidities, trauma, homelessness, poverty, and cycles of incarceration. One participant shared:

We consider what the client and their family needs are and try to fill the gap . . . because our focus is on breaking the cycles of poverty. (IP 3)

Another participant emphasised a grassroots approach, explaining:

Whatever they [the client] need, we do it. We don't say no to anyone. It's case by case, needs-based, tailored to the client. (IP 6)

Out of the nine CB organisations, 100% (9/9) indicated a willingness to provide support beyond what is covered by the NDIS, focusing instead on the broader context of client and family needs. For example, some organisations supported clients within the justice system, provided training and employment assistance to families, and supplied essential items like white goods and laptops to address systemic barriers to independence and quality of life.

Impact of embedded cultural safety on non-indigenous clients

The study also uncovered a notable trend: the benefits of an embedded CB extend beyond Indigenous clients, appealing to non-Indigenous and culturally diverse clients. Of the CB organisations, 67% (6/9) reported that their culturally safe environments attracted non-Indigenous clients, with many expressing that Indigenous values created a more compassionate and inclusive service model. One participant commented:

Our Indigenous services are good for all people . . . Indigenous approaches are more compassionate, have more empathy, deal with crises better, and have a better understanding of hardship and trauma. (IP 3)

Another participant observed:

People of different backgrounds find that our business can relate, and they feel safe, accepted, and comfortable working with us. (IP 13)

Additionally, 22% (2/9) of CB organisations reported that LGBTQIA+ clients specifically sought out their services, noting that they felt safer in Indigenous settings. One participant explained:

A person with disability and of the LGBTQIA+ community sought out our service because they felt safer in an Indigenous setting. (IP 14)

This feedback suggests that culturally embedded organisations meet a broader demand for inclusive, empathetic services that mainstream providers may struggle to replicate.

Comparative analysis of Ad Hoc vs. embedded cultural safety

The Ad Hoc cultural safety approach, seen in 36% (5/14) of organisations, was predominantly characterised by the use of RAPs or cultural competency initiatives to introduce cultural considerations to a mainstream, often corporate-oriented business

model. None of the AH organisations were Indigenous-owned, and only 20% (1/5) had any Indigenous staff representation. This finding highlights a trend where non-Indigenous entities incorporate cultural safety in a more limited and structured way, primarily through policy and training, rather than through a deeply integrated organisational culture.

While the AH approach indicates an awareness of the need for cultural safety, it contrasts sharply with CB organisations, where cultural safety was described as inherent and inseparable from the organisation's identity. For example, AH organisations did not report offering services beyond NDIS requirements, with participants explaining that their models were more structured and less flexible.

Discussion

This study highlights significant differences between Indigenous-managed and non-Indigenous-managed disability service providers in Southeast Queensland, reinforcing broader discussions in the literature on Indigenous management, cultural safety, and disability care. The findings demonstrate that Indigenous-managed organisations employ an Embedded Cultural Base (CB) approach, where cultural safety is integrated into service delivery, management, and decision-making. In contrast, non-Indigenous organisations typically adopt an Ad Hoc (AH) approach, where cultural safety initiatives, such as RAPs and cultural competency training, are added onto an existing western management structure rather than being foundational to operations. These distinctions reflect broader discussions in Indigenous business and disability literature, emphasizing the need for culturally embedded practices to achieve inclusive and effective service provision (Avery 2018; Cooms 2023; Gilroy et al 2023; Pio and Waddock 2021).

Embedded cultural safety: relational and community-centred care

The findings reveal that 64% of participating organisations employed an Embedded Cultural Base (CB) approach, predominantly within Indigenous-owned entities. These organisations had high Indigenous management and staff representation, reinforcing arguments in the literature that culturally safe services are most effective when deeply embedded within an organisation rather than introduced as supplementary initiatives (Avery 2018; Cooms 2023; Gilroy et al 2023; Williams 2023). Participants emphasized that cultural safety was integral to their organisational identity:

People talk about cultural safety, that they have Elders and reference groups. But it's what black fullas do—we have a safe space where they can talk up. (IP 5)

Cultural competency is embedded in everything we do. We weave it in through stories and experience, especially with our diverse workforce. (IP 11)

In contrast to mainstream disability service models, Indigenous-managed organisations consistently provided holistic and flexible services that extended beyond conventional disability supports. These included access to essential household items, family support, employment and training assistance, and advocacy within the justice system. Such practices align with relational and community-based care models, mirroring the Aboriginal Community Controlled Health Organisation (ACCHO) model, which integrates well-being as a communal rather than individual responsibility (Green et al 2018). The willingness of 100% (9/9) of CB organisations to provide services beyond standard NDIS funding structures highlights the misalignment between Indigenous service models and the individualised, medicalised approach embedded within the NDIS framework (Avery 2020; Cooms et al 2022; Meekosha 2011; Carey et al 2021).

Ad Hoc cultural safety: structured but limited approaches

The five organisations adopting an Ad Hoc (AH) approach (36% of the sample) were non-Indigenous-owned and generally lacked Indigenous management or staff representation. Their approach to cultural safety primarily involved policy-driven initiatives such as RAPs and cultural competency training – efforts that, while valuable, lack the depth and responsiveness seen in CB organisations. This structured approach reflects critiques by Banerjee (2022) and Gilroy et al (2016) that standardised diversity initiatives alone do not address systemic challenges.

Unlike CB organisations, none of the AH organisations reported offering services beyond the scope of NDIS funding. This structured and compliance-driven model contrasts with the adaptability and holistic care practices of CB organisations. As one participant explained:

It's not something we need to formally write or think about because culture and safety is part of the business. Culture and safety are embedded in this organisation. (IP 3)

The findings reinforce Avery's (2018), Gilroy et al (2023), Eva et al (2023) and Cooms's (2023) arguments that non-Indigenous-managed organisations struggle to integrate Indigenous cultural frameworks effectively due to their limited engagement with Indigenous governance and staffing structures.

Expanding cultural safety beyond indigenous clients

A unique contribution of this study is its evidence that Indigenous-led disability services appeal beyond Indigenous clients. Of the CB organisations, 67% (6/9) reported significant engagement from non-Indigenous and culturally diverse clients, including LGBTQIA+ individuals. Participants attributed this trend to the inclusive, relationship-focused approach embedded within Indigenous service models, which prioritise relational accountability – ensuring culturally responsive care while fostering trust, reciprocity, and collective well-being (Eva et al 2024; Mika et al 2020; Pio and Waddock 2021).

Rooted in Indigenous governance, relational accountability strengthens service accessibility by embedding interconnectedness and shared responsibility (Cooms 2023; Graham 1999). It also aligns with Māori management values that emphasise mutual respect and holistic care (Love 2019) and is central to Indigenous enterprise ecosystems, which integrate social, cultural, and economic dimensions for inclusive service delivery (Mika et al 2022). By challenging western individualistic models, Indigenous approaches create more responsive, community-centred disability services (Jammulamadaka et al 2021; Banerjee 2022).

As one participant noted:

Our Indigenous services are good for all people… Indigenous approaches are more compassionate, have more empathy, deal with crises better, and have a better understanding of hardship and trauma (IP 3).

Another added:

People of different backgrounds find that our business can relate, and they feel safe, accepted, and comfortable working with us (IP 13).

These findings suggest that Indigenous management, grounded in relational accountability, offers a model for enhancing cultural safety and inclusivity in mainstream disability services (Banerjee 2022; Jammulamadaka et al 2021).

Resisting neoliberal pressures: the role of indigenous management

The study further demonstrates that Indigenous-managed organisations actively resist neoliberal pressures by prioritising community well-being over market-driven efficiency. As one participant explained:

We respond to the need first, not funding. We are flexible, collaborative and have principles of mob looking after mob. (IP 13)

This resistance aligns with critical disability studies' critiques of the NDIS, which emphasise the scheme's neoliberal focus on individual choice and control at the expense of collective well-being (Dew et al 2020; Horsell 2020; Cortese et al 2020). Indigenous management practices, by contrast, prioritise relational accountability, reciprocal care, and community empowerment, making them an effective alternative to deficit-based disability service models (Banerjee 2022; Meekosha 2011).

Implications for policy and practice

This study highlights the potential of Indigenous management approaches in the disability sector to address service gaps, improve client outcomes, and enhance social equity. The findings support policy recommendations advocating for greater Indigenous leadership and governance within the NDIS, as Indigenous-managed organisations demonstrate a commitment to holistic and culturally safe services that mainstream providers often fail to replicate (Avery 2018; Gilroy et al 2023). Moreover, the results suggest that embedding cultural safety within organisational structures can improve intersectional experiences, benefiting non-Indigenous, culturally diverse, and LGBTQIA+ clients. This aligns with research indicating that Indigenous-led service models, grounded in relational accountability and holistic care, foster inclusive and empathetic environments that extend beyond Indigenous communities (Eva et al 2024; Mika Colbourne and Almeida 2020; Pio and Waddock 2021). The evidence from this study further supports Indigenous governance as a model for broader service inclusivity, reinforcing prior research on the strengths of Indigenous management in fostering collective well-being and challenging western individualistic paradigms (Jammulamadaka et al 2021; Love 2019; Mika et al 2022). Given that the NDIS struggles to align with Indigenous values, integrating Indigenous management frameworks could transform disability services into more equitable, responsive, and inclusive systems (Banerjee 2022; Eva et al 2024; Love 2019; Mika et al 2022; Meekosha 2011).

Conclusion

This study contributes to the scholarship on Indigenous management and cultural safety by demonstrating how Indigenous-led disability services create more inclusive, responsive, and culturally safe environments. Organisations with an embedded cultural base offer a decolonised approach to disability care, prioritising strength-based, relational models over deficit-driven frameworks. By integrating cultural principles into governance and service delivery, Indigenous management fosters compassion, accountability, and holistic well-being while challenging the limitations of mainstream disability service paradigms.

The findings highlight the need to untangle the interrelated but distinct dynamics of Indigenous ownership, leadership, and management in the disability sector. While these elements are often conflated, they each play a critical role in improving service accessibility and cultural safety. Indigenous governance must be embedded in disability policy to ensure that leadership is positioned at decision-making levels and that service models reflect the priorities of Indigenous communities. At the same time, cultural safety must be recognised as more than symbolic representation. Many mainstream disability providers adopt cultural competency initiatives without fundamentally restructuring their governance or management practices. Meaningful engagement requires embedding

Indigenous leadership within organisational structures rather than treating cultural safety as an add-on to existing western frameworks.

Addressing structural barriers is also essential. Indigenous-led disability services often operate within funding landscapes that favour bureaucratic, western models, creating additional administrative burdens. Reforming funding structures and streamlining processes within the NDIS would allow for more equitable access and ensure that Indigenous organisations can sustain culturally appropriate service models. Research must also continue to explore the relationship between Indigenous governance, ownership, and service delivery. Future studies should prioritise Indigenous data sovereignty and community-led evaluation frameworks to develop policies that genuinely support Indigenous disability services rather than imposing western metrics of success. Additionally, further research is needed to examine how adopting an embedded cultural base within non-Indigenous disability service providers might influence service accessibility, client outcomes, and organisational practices. Understanding the potential for Indigenous management principles to transform the broader disability sector could provide valuable insights into building a more equitable and culturally safe service environment for all.

This study underscores the transformative potential of Indigenous-led disability services in advancing social equity. However, realising this potential requires structural reforms that recognise and support Indigenous governance, leadership, and management as distinct but interdependent drivers of equity. Integrating Indigenous frameworks of relational accountability, collective care, and self-determination into disability services would move the sector beyond superficial inclusivity measures toward models that are more culturally embedded, adaptable, and effective for both Indigenous and non-Indigenous clients.

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Appendix A

Industry Participant (IP) Identifier	Entity Type	Ownership	Indigenous Managed	High Indigenous Staff (<3.8%)	High Indigenous Client Base (<10%)	Ad hoc (AH)/ embedded cultural base (CB)
1	Not-for-profit	Indigenous community-owned	Y	Y	Y	CB
2	Not-for-profit	Non-Indigenous	N	N	N	AH
3	Not-for-profit	Non-Indigenous	Y	Y	Y	CB
4	Government	Non-Indigenous	Y	Y	Y	CB
5	Not-for-profit	Indigenous community-owned	Y	Y	Y	CB
6	For-profit	Indigenous	Y	Y	Y	CB
7	For-profit	Indigenous	Y	Y	Y	CB
8	For-profit	Indigenous	N	N	N	AH
9	Not-for-profit	Non-Indigenous	N	N	N	AH
10	For-profit	Indigenous (targeting non-Indigenous clients)	Y	Y	N	CB
11	For-profit	Indigenous	Y	Y	Y	CB
12	For-profit	Indigenous	Y	Y	Y	CB
13	For-profit	Indigenous	Y	Y	Y	CB
14	For-profit	Indigenous	Y	Y	Y	CB