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MARKETING THAT WORKS

PRACTICAL GUIDE FOR AUSTRALIAN NDIS PROVIDERS

NDIS Provider Marketing Checklist

23 Common Marketing Mistakes That Can Cost You Enquiries, Referrals and Sustainable Growth

A PRACTICAL CHECKLIST FOR NDIS PROVIDERS

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After 20+ years of marketing experience in Australia, I keep seeing the same pattern: NDIS providers can deliver excellent support and still struggle to generate a steady flow of the right enquiries. Often the problem is not one big mistake – it is a collection of small gaps across advertising, follow-up, SEO, social media and the website.

Participants & families

Clear services, trust and easy contact

Support coordinators

Fast capacity information and referral pathways

Referral partners

Professional visibility and consistent follow-up

Local searchers

Service + location pages that are easy to find

How to use it: Tick any issue that applies to your organisation. You do not need to fix everything at once – prioritise the gaps that are most likely to affect enquiries, trust and follow-up.

Before You Market:
Four NDIS-Specific Checks

Marketing in this sector is not just about generating more leads.
It also needs to be accurate, respectful and easy for people to understand.

1

Be precise about your registration status

Only describe your organisation as a registered provider if your NDIS Commission registration is current and approved. Avoid wording that implies an official affiliation with the NDIA or that a service is automatically funded.

2

Do not imply guaranteed NDIS funding

Avoid phrases such as “NDIS approved”, “100% NDIS funded” or “guaranteed funding”. Whether a support can be purchased depends on the participant's plan and applicable NDIS rules.

3

Treat participant information as sensitive

Use participant stories, photos, testimonials and personal information only with appropriate consent and privacy controls. Do not use disability or health information for direct marketing simply because you already hold it for service delivery.

4

Keep email and SMS marketing compliant

Commercial messages should have an appropriate basis for contact, identify the sender and provide a working way to unsubscribe. Be particularly careful with purchased or scraped lists and with any information that could reveal a person's disability or health status.

What prospective participants are doing now: The NDIS encourages people to research providers, check reviews and seek help from trusted people, including support coordinators or recovery coaches. Your marketing therefore needs to work for both direct enquiries and professional referrals.

Current guidance used in this edition: NDIS logo and provider wording guidance (NDIS, 2026); NDIS provider information (2026); ACMA Spam Act guidance (2026); ACMA health information and direct marketing guidance. This checklist is general marketing information, not legal advice.

1

Meta Advertising – Are You Reaching the Right People?

Meta can be useful for creating awareness with participants, families and local communities – especially when your service is not something people search for every day. The biggest gains come from clear offers, local relevance and disciplined tracking.

ISSUE 1

Not using Meta ads even though you have capacity to take new participants.

Why it matters: When you have genuine capacity, relying only on referrals can make growth unpredictable. Facebook and Instagram can help you reach people who may need support now or soon, as well as family members and nominees who are researching options.

What to do: Run tightly targeted local campaigns around one service at a time. Lead with the service, location and practical benefit – for example, support coordination in your area, consistent support workers, transport assistance or SIL vacancies. Use a low-friction call to action such as Check availability, Request a call-back or Speak with our team.

ISSUE 2

Running Meta ads without proper conversion tracking.

Why it matters: Clicks and boosted posts can look busy while producing no real enquiries. If Meta cannot see which users submit a form, call, book or complete another meaningful action, it has less useful data to optimise towards people who are likely to enquire.

What to do: Set up the Meta Pixel and relevant conversion events on your website. Track at least enquiry forms, referral forms and important phone or contact clicks. Optimise campaigns for leads or completed enquiries – not likes, reach or website traffic alone. Test the full journey yourself after every website or campaign change.

Meta Advertising –
Are You Reaching the Right People? *(continued)*

ISSUE
3

Using generic ads that sound like every other NDIS provider.

Why it matters: Phrases such as 'quality care', 'person-centred support' and 'compassionate team' are common across the sector. They may be true, but on their own they do not explain why someone should contact you rather than the next provider.

What to do: Make the message concrete. Show what makes the experience different: consistent workers, fast response, languages spoken, after-hours availability, specific suburbs, current capacity, specialist experience or a clear referral process. Keep ad wording service-focused rather than implying personal attributes. Pair it with real, respectful imagery and a simple next step.

ISSUE
4

Ignoring retargeting and warm audiences – or using them carelessly.

Why it matters: Many people visit a provider website, look at social posts or watch a video and then leave without enquiring. A gentle reminder can bring them back. However, disability and health-related information is sensitive, so marketing data needs to be handled with care.

What to do: Use website visitor, video-view and social-engagement audiences where appropriate. Avoid uploading participant lists or sensitive health information to advertising platforms unless you have a clear lawful basis and appropriate consent. Retarget with useful messages – availability, a service explainer, a testimonial or an invitation to ask a question – rather than aggressive sales pressure.

2

Google Ads – Are You Paying for Enquiries or Just Clicks?

Google captures people who are actively searching for a provider, but NDIS keywords can be expensive and messy. Relevance, location and conversion tracking matter more than raw traffic.

ISSUE 5

Your Google Ads spend is high, but enquiries are low-quality or irrelevant.

Why it matters: Broad terms such as 'NDIS', 'support' or 'disability services' can trigger searches from jobseekers, students, people looking for the NDIS contact number, provider registration information or services outside your area. Those clicks can drain budget quickly.

What to do: Build campaigns around high-intent service and location phrases such as 'support coordinator Brisbane', 'SIL provider Adelaide' or 'NDIS support workers eastern Melbourne'. Review search terms frequently and add negatives such as jobs, careers, salary, course, training, provider registration and portal. Use precise location settings so ads are shown where you can actually deliver support.

ISSUE 6

No reliable Google Ads conversion tracking.

Why it matters: Without conversion tracking, you cannot tell which keyword generated a real referral or participant enquiry. Google also cannot learn which searches are more likely to produce meaningful actions.

What to do: Track completed enquiry forms, referral forms, calls from ads, click-to-call actions and booking events where relevant. Connect Google Ads, Google Analytics and Google Tag Manager correctly, and test every conversion. Once you have enough clean data, use conversion-focused bidding rather than optimising for clicks alone.

ISSUE 7

Assuming Google Ads is the problem when the real issue is the landing page or offer.

Why it matters: A strong ad cannot rescue a confusing website. If the search is for support coordination but the click lands on a generic homepage listing ten services, the person may not know whether you have capacity, cover their suburb or can help with what they need.

What to do: Match each important campaign to a dedicated landing page. Make the service, area, eligibility or funding information, current capacity and next step obvious. Keep the form short. Test the page on mobile, submit the form yourself and confirm the enquiry reaches the right person.

3

Social Media – Does Your Online Presence Build Trust?

People often check a provider's Facebook, Instagram or LinkedIn before making contact. In the NDIS sector, social media is less about chasing likes and more about showing that your organisation is active, credible and easy to deal with.

ISSUE 8

Your last social media post was months ago.

Why it matters: An inactive profile can make a provider look unavailable, understaffed or no longer operating. It also removes an easy way to demonstrate your team, local presence and the practical support you provide.

What to do: Post consistently, even if that means one or two useful posts a week. Rotate staff introductions, service explainers, current capacity, local community information, frequently asked questions and testimonials. If you share participant stories or images, use an appropriate consent process and protect privacy and dignity.

ISSUE 9

Comments, messages and social enquiries are going unanswered.

Why it matters: A message may come from a participant, family member, support coordinator or another referrer who is actively trying to find support. Waiting several days can mean they move on to another provider – and an unanswered public comment can also affect trust.

What to do: Assign responsibility for checking social messages and comments every business day. Route genuine enquiries into your CRM or referral process immediately. Use an automatic acknowledgement if helpful, but follow it with a real human response. For complaints or concerns, respond professionally and move sensitive details to a private channel.

ISSUE 10

Using only one social channel and missing other referral audiences.

Why it matters: Different audiences behave differently. Facebook and Instagram may help with local awareness and participant or family audiences, while LinkedIn can be more useful for support coordinators, recovery coaches, allied health professionals, community organisations and other referral partners.

What to do: Repurpose the same core content across channels, then adjust the tone and format. Use LinkedIn for referral relationships, professional updates and sector insights; Facebook and Instagram for local visibility, team content and accessible service information.

4

CRM & Follow-up – Are Good Enquiries Slipping Through the Cracks?

For many providers, the biggest marketing loss happens after the enquiry arrives. A simple follow-up system can improve conversion without spending another dollar on advertising.

ISSUE
11

Enquiries arrive by email, phone and referrals, but there is no central tracking system.

Why it matters: When leads live in individual inboxes, spreadsheets and staff phones, follow-up becomes inconsistent. You also lose visibility on which services and referral sources are producing participants who actually commence support.

What to do: Use a CRM or structured referral tracker. At minimum record the contact, service requested, suburb or service area, referral source, current status, next action, outcome and responsible staff member. Keep marketing records separate from detailed case notes and avoid collecting sensitive participant information that is not needed for the enquiry process.

ISSUE
12

Slow or inconsistent response to new enquiries.

Why it matters: People looking for support often contact more than one provider. A fast, clear response signals that your organisation is organised and responsive.

What to do: Set a response standard your team can realistically meet. Send an immediate acknowledgement, then aim for personal follow-up within hours during business days rather than days. Make ownership clear: who calls, who checks service capacity, who follows up with the referrer, and what happens when the first attempt does not connect.

ISSUE
13

No nurture process for people who are interested but not ready yet.

Why it matters: Some enquiries are waiting on a plan review, discharge date, family decision, housing arrangement, support coordinator conversation or future service capacity. If you make one call and forget them, that opportunity can disappear.

What to do: Create simple follow-up sequences for different lead types: participant or family, referrer, waitlist and future-start enquiries. Share helpful information such as how onboarding works, what to prepare, service areas, team introductions, availability updates and relevant case studies.

5

Email Marketing – Are You Staying Visible to Referral Partners?

Email remains one of the most cost-effective ways to stay in front of people who already know your organisation and to build professional referral relationships when used carefully and compliantly.

ISSUE
14

Not using email marketing or referral-partner outreach in a structured way.

Why it matters: Many providers depend heavily on a small number of referral relationships. If those people move roles, become busy or simply forget your current capacity, enquiries can drop suddenly. Email gives you a low-cost way to stay visible.

What to do: Build segmented lists for legitimate audiences such as existing referral partners, past enquirers who have opted in, professional contacts and relevant community networks. Send useful updates: service capacity, new locations, team changes, referral pathways, practical NDIS content and occasional offers.

For commercial email or SMS, follow Australian consent, sender-identification and unsubscribe requirements. Never use sensitive participant information for direct marketing without appropriate consent.

Useful email update ideas

- **Current capacity**
- **New locations or services**
- **Team updates**
- **Referral pathways**
- **Practical NDIS content**
- **Occasional offers**

6

SEO – Can Participants and Referrers Find You on Google?

Organic search can become a steady source of enquiries, but a generic 'NDIS services' website is rarely enough. Google needs clear signals about what you do, where you do it and why each page is useful.

ISSUE 15

No clear service-and-location keyword strategy.

Why it matters: People usually search with a specific need and location: support coordination, SIL, community access, psychosocial recovery coaching, support workers, transport, respite, behaviour support or another service. A single broad services page gives Google little detail to work with.

What to do: Create focused pages around your priority services and genuine service areas. Use natural phrases such as 'support coordination in [location]' or 'SIL provider in [region]'. Avoid creating dozens of thin suburb pages with copied text; each page should contain useful local and service-specific information.

ISSUE 16

Your website has almost no authority signals or quality backlinks.

Why it matters: Google uses links and citations from other reputable websites as one indicator of trust and relevance. A provider website with no external references can struggle to compete, especially in crowded metropolitan markets.

What to do: Pursue genuine links and listings: local business and community directories, professional associations, partner organisations, allied health or community collaborations, local media and useful sector resources. If you are registered, ensure your registration details are accurate in official provider channels. Avoid buying bulk backlinks.

SEO – Can Participants and Referrers Find You on Google? *(continued)*

ISSUE **17**

Your website is static and does not answer the questions people actually search for.

Why it matters: Useful content creates more ways for people to find you and helps referrers assess whether you are a good fit. It also demonstrates knowledge beyond generic service descriptions.

What to do: Publish practical, accurate content based on real questions: what your onboarding process looks like, how referrals work, what areas you cover, how a particular support works, what to expect from a first meeting, or the difference between related service types. Update old articles when NDIS terminology, processes or pricing rules change.

ISSUE **18**

Publishing generic AI-written NDIS content without expert review.

Why it matters: AI can produce polished text that is vague, repetitive or factually wrong. In the NDIS sector, inaccurate statements about eligibility, registration, funding or what a plan will cover can damage trust and create compliance risk.

What to do: Use AI to speed up drafts, outlines and editing – then add your organisation's real process, locations, experience and examples. Verify factual NDIS information against current official sources before publishing. Remove unsupported claims and make sure the content sounds like your team.

ISSUE **19**

Not tracking SEO progress or enquiry sources.

Why it matters: Without tracking, you will not know whether your service pages are moving up, which search terms are bringing visitors or whether organic traffic is producing real enquiries.

What to do: Set up Google Search Console and Google Analytics. Review search queries, page visibility, organic enquiries and conversions by service and location each month. Look for trends rather than obsessing over a single ranking.

7

Website Basics – Does Your Website Make It Easy to Choose You?

Your website is often where a participant, family member or referrer decides whether to make contact. The strongest NDIS websites remove uncertainty quickly and make the next step obvious.

ISSUE 20

Not using website analytics.

Why it matters: If you do not know which pages people visit, which campaigns bring them in and where they drop out, website decisions become guesswork. A beautiful site can still be a poor lead generator.

What to do: Use Google Analytics to track visits and key actions. Focus on practical questions: Which service pages attract traffic? What percentage of visitors reach the contact or referral page? Which campaigns produce completed enquiries? Are mobile visitors converting? Build a simple monthly dashboard rather than collecting data you never use.

ISSUE 21

Not using Google Search Console.

Why it matters: Search Console shows how Google sees your website: the queries you appear for, pages that are indexed, indexing problems and changes in search performance. It is one of the easiest ways to spot SEO opportunities and technical issues.

What to do: Connect Search Console, submit your sitemap and review it regularly. Check whether important service pages are indexed, which queries are generating clicks and whether there are sudden drops. Use this information to prioritise content and technical fixes instead of relying on guesswork.

Website Basics – Does Your Website Make It Easy to Choose You? *(continued)*

ISSUE 22

Important enquiry or referral functions are not working properly.

Why it matters: A broken form, incorrect notification email or unusable mobile button can silently lose referrals for weeks. Long, complicated forms can also discourage people who simply want to ask whether you have capacity.

What to do: Test every important action regularly on desktop and mobile: contact form, referral form, click-to-call, email link, booking link and thank-you confirmation. Confirm the notification reaches the right staff member. Keep first-contact forms short and only ask for information you genuinely need at that stage.

ISSUE 23

Your website copy is generic, unclear or undermines trust.

Why it matters: Visitors should not have to hunt for basic answers. Typos matter, but so does vague wording. If people cannot quickly tell what you offer, where you work, whether you have capacity or how to refer, they are more likely to leave.

What to do: Proofread every page and make your key information obvious: services, locations, current capacity or waitlist position, referral pathway, contact options, response expectations and registration status where relevant. Only describe yourself as a registered provider if that is accurate. Avoid claims such as "NDIS approved", "official NDIS provider", "100% NDIS funded" or guaranteed funding. Use plain, respectful language and accessible page design.

NDIS WEBSITE ESSENTIALS

- Services and genuine service areas are easy to find
- Registration status is accurate and not misleading
- Capacity or waitlist messaging is current where appropriate
- Referral and participant enquiry pathways are obvious
- Mobile forms and click-to-call work
- Privacy policy and consent wording are accessible
- Testimonials and participant stories are used respectfully

Quick Action Plan

WHERE MOST NDIS PROVIDERS CAN IMPROVE FIRST

Use this page to turn the checklist into action.
Start with the areas most likely to affect enquiries, trust and follow-up.

1

Fix your compliance wording

Check registration status wording, avoid misleading funding claims and review privacy and consent language.

2

Tighten your tracking

Make sure Meta, Google Ads, Analytics and Search Console are connected and working.

3

Clarify your offer

Be specific about services, locations, capacity, response times and referral pathways.

4

Improve follow-up

Set response standards, centralise enquiry tracking and create simple nurture sequences.

5

Strengthen your website

Test forms, improve service pages and make the next step obvious on mobile and desktop.

Tip: You do not need to fix everything at once. Prioritise the gaps that affect enquiries, trust or referral confidence first.

Ready to Find Out Where Your NDIS Marketing Is Leaking Enquiries?

If you ticked several boxes, that is useful information: you now have a practical list of areas to improve. The next step is to identify which gaps are actually costing your organisation enquiries and which can wait.

FREE, NO-OBLIGATION NDIS MARKETING AUDIT

I will personally review your website, SEO, social presence, follow-up process and paid advertising setup to identify the most important opportunities for your NDIS business.

This is a manual audit – not an automated scorecard. You will receive practical, prioritised recommendations you can act on.

Rusty Gimaev

Rusty Gimaev
Marketing professional with 20+ years of experience in Australia.

Book your free marketing audit

Scan the QR code or visit:
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Important marketing reminder:
The NDIS name can be used descriptively, but providers should not imply an affiliation with the NDIS. The main NDIS logo cannot be used by providers without written consent, and only registered providers may advertise themselves as a 'registered provider'. Always verify current NDIS, privacy and Spam Act requirements before publishing campaigns.