



4 May 2024

NDIS Provider and Worker Registration Taskforce
Department of Social Services

FPDN Submission: NDIS Provider and Worker Registration

The First Peoples Disability Network (FPDN) welcomes the opportunity to make a submission regarding the design and implementation of the new graduated risk-proportionate regulatory model proposed in the 2023 NDIS Review Final Report ('the NDIS Final Report'). This submission provides key points for consideration in relation to the design and implementation of any such scheme.

About FPDN

The First Peoples Disability Network (FPDN) is the national peak organisation of and for Australia's First Peoples with disability, their families and communities. We actively engage with communities around Australia and represent Aboriginal and Torres Strait Islander people with disability in Australia and internationally. Our goal is to influence public policy within a human rights framework established by the United Nations Convention on the Rights of Persons with Disability ('UNCRPD') and the United Nations Declaration on the Rights of Indigenous Peoples ('UNDRIP'). Consistent with our principle of community control, our organisation is governed by First Peoples with lived experience of disability.

More information about FPDN and the First Nations disability policy context has been included in [Appendix A](#).



FPDN Recommendations

1. Any change to the NDIS registration scheme must ensure as a priority, that First Nations participants will not be disadvantaged.
2. Any changes must be developed in co-design with appropriate First Nations input from participants, community organisations, and bodies such as the proposed First Nations Disability Forum, NDIS community-controlled service providers and the First Nations Advisory Council of the NDIS.
3. First Nations participants higher risk tolerance for emerging, established and rebuilding community-controlled organisations, Indigenous business and sole traders needs to be better understood and reflected in the new regulatory model.
4. The taskforce must expediently release a more comprehensive and detailed proposal for the registration changes.
5. Each registration requirement is backed by analysis demonstrating purpose without excessive cost to participants.
6. The new requirements take into consideration factors disproportionately impacting First Nations participants, such as geographical and culturally 'thin markets' and existing community concerns regarding worker screening.
7. Dedicated funds will be needed to grow the governance capacity of Aboriginal Community-Controlled Organisations and Indigenous business to understand, implement and comply with any introduction of complex regulatory models.



Introduction

Like a number of other Disability Representative Organisations (DROs), in theory FPDN is not opposed to the concept of NDIS provider registration. In fact, it has become apparent that some form of government intervention is required. However, registration will accomplish nothing if it is not accompanied by effective enforcement, and there is serious concern that NDIS participants could even be worse off via a 'false sense of security' the existence of an ineffective regulatory model provide.

Presently under the voluntary NDIS registration scheme, people with disability are urged in the first instance to attempt to raise their complaints with the very provider who may be abusing or exploiting them. If this is not appropriate or no resolution can be achieved, the National Disability Supports Quality and Safeguards Commission (the 'NDIS Commission') may pursue compliance and enforcement actions (i.e. banning and suspension orders).

Even under this limited and reactionary complaints model, there are already significant concerns regarding the NDIS Commission's existing capacity to effectively respond to and investigate complaints and reportable incidents, given factors such as high caseload, lack of resourcing, and not enough training for staff.

It would be difficult for the current NDIS Commission to successfully carry out large-scale *preventative* work targeted at non-compliant NDIS providers without significant organisational and funding changes. Additionally, the NDIS Commission is currently a joint complaints and enforcement body, whereas an ideal system would instead involve the NDIS Commission receiving complaints only, before being able to refer those complaints to a separate enforcement body possessing the power to levy meaningful penalties for non-compliance beyond suspension, banning orders, etc. (e.g. significant financial and criminal penalties).

What First Nations people with disability need from a registration scheme



From the outset, FPDN must emphasize that it would not be acceptable for the Taskforce's efforts to result in a registration scheme that would directly or indirectly disadvantage First Nations persons with disability.

In terms of intersectional discrimination, First Nations persons with disability are the most systemically disadvantaged group within Australia. If registration requirements are poorly designed and implemented, the predictable consequence will be that these people are unfairly deprived of their (already limited) essential supports. The only way to avoid this will be a holistic and genuine assessment undertaken in conjunction with First Nations communities, peak bodies and NDIS participants themselves.

In particular, any registration scheme must incorporate the reality of the NDIS Final Report's conclusion (which is ultimately reflected via the existence of Recommendation 14) that *'[t]here is limited access to supports for remote and First Nations participants'*:

For all participants living in remote communities who have been in the scheme for at least one year:

- *around two in five participants are not getting daily activity supports*
- *over one in three participants are not getting therapy services.*

Even in towns and cities, many NDIS services are not culturally appropriate for First Nations people with disability. As a result, First Nations participants may need to choose between supports that are not culturally safe or not getting funded supports at all.¹

Poor implementation of a registration scheme could occur in a multitude of ways. The most obvious concern is the possibility that existing providers will be unable (or simply unwilling) to satisfy the registration requirements (particularly should they be too complex, onerous and/or expensive).

¹ Independent Review of the National Disability Insurance Scheme, 'Working together to deliver the NDIS: Final Report', 27 October 2023, 186-197.



Other interactions between a registration scheme and the adequate provision of culturally appropriate supports to First Nations communities are likely to be more subtle, multi-faceted and difficult to quantify.

For example, Action 14.1 of the NDIS Final Report specifically advises that:

The National Disability Insurance Agency, in partnership with First Nations representatives, communities, participants and relevant government agencies should progressively roll-out alternative commissioning arrangements for both First Nations communities and remote communities, starting as soon as possible.²

FPDN does not suggest that any of these alternative commissioning arrangements be rushed without concern for safety of participants and the burden on selected providers. However, FPDN is concerned that this is one of many areas where a registration scheme requirements could actually serve as a barrier towards the expedient rolling out of services to vulnerable communities.

FPDN strongly suggests that, in order to address these concerns, the Taskforce commit to incorporating one of the NDIS Final Report's other conclusions, that '*[g]overnments must share power with First Nations communities*':

The National Agreement for Closing the Gap commits all Australian governments to work in full and genuine partnership with First Nations people in making policies. It emphasises the importance of four key priority reforms:

- *shared decision-making*
- *community controlled delivery*
- *transforming government organisations to be more accountable and responsive*
- *providing shared access to data and information at a regional level.*

These key priority reforms are central to ensuring progress and delivering fundamental change. These apply to all government activities involving First Nations communities.

The Disability Sector Strengthening Plan was developed under the National Agreement for Closing the Gap to support achievement of the priority reform regarding community controlled delivery within the disability sector. It also tells

² Ibid 190.



*governments how they should engage with and respond to the needs of First Nations people with disability...*³

Any time that the Taskforce considers the introduction of a given registration requirement, it must then ask whether that requirement will have a disproportionate effect (directly or indirectly) on First Nations persons with disability. If the answer is ‘yes’, then effective countermeasures and exceptions must be designed and introduced from the outset, before the measure is even approved; not as an afterthought.

In addition to utilising the expertise of individual peak bodies, this is absolutely an area where FPDN would anticipate a large role for entities such as the proposed First Nations Disability Forum (which was suggested to be established by the end of March 2024 under Recommendation 9.10 of the Disability Royal Commission)⁴ and the First Nations Advisory Council of the NDIS.

Given that the goal is to ensure that the services which are offered by NDIS providers are safe, effective and culturally appropriate for First Nations persons with disability *within* a specific community, First Nations representatives are going to be the resident experts in scenarios where further knowledge is required, especially where those services are being provided by local Aboriginal Community-Controlled Organisations (ACCOs). Government processes should not just acknowledge this fact, but actively take advantage of it; this is the essence of the ‘sharing of power’ which is contemplated by the National Agreement for Closing the Gap (CTG Agreement).

The need for more detailed information from the Taskforce

In order for FPDN to provide meaningful input to the Taskforce, it is imperative that the Taskforce itself is able to convey a clear representation of what it will investigate. Before

³ Ibid 187.

⁴ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, ‘Final Report: Volume 9, First Nations people with disability’, September 2023, 10.



then it will be difficult for DROs to contribute beyond generalized statements as to what must or must not result from any proposed registration scheme.

Lack of direction

FPDN desires an NDIS which can prevent violence, abuse, and any exploitation of people with disability. The creation of some form of provider/worker registration is a valuable step towards those outcomes.

In FPDN's view, the Taskforce is yet to present a clear and coherent framework for a registration scheme for DROs to respond to. It appears that the Taskforce is generally starting from a position that reflects the proposed model in Figure 14 of the NDIS Final Report.⁵ However, that level of detail is not adequate. There is only one example of an activity that might be subjected to the tabled 'provider obligations' and 'processes' for each graduated risk category (e.g. medium-risk), and how exactly these could function in practice is still speculative. We suggest that the Taskforce needs to tell DROs and participants the details of the proposal, and what information the Taskforce specifically requires to facilitate a process of co-design.

More specifically, is the Taskforce seeking input and refinements to the proposed model in Figure 14, and seeking input that will refine the activities that will be placed into each risk category? Alternatively, is the Taskforce open to considering entirely different models and registration requirements?

DROs and individual participants need answers to meaningful questions on a mixture of basic and crucial matters such as:

- (i) how/whether the scheme will restrict self-managed participants,
 - (ii) the extent to which mainstream providers of consumables will be affected,
- and;

⁵ Above n 1, 214.



- (iii) whether the Government is going to make any advance commitments to ensure that the 'NDIS Commission will have the resources and mandate to ensure that a registration scheme is adequately monitored and enforced.

Currently, FPDN expects that the Taskforce will receive an incredibly broad range of responses, as the sector tries to predict how the Taskforce might proceed. This is not effective co-design and future consultations must be better implemented. This is generally reflected in the 'Questions and Answers' document for the Taskforce's first public webinar on 4 April 2024.⁶

Each registration requirement must fulfil a useful purpose without excessive cost to participants

If the Taskforce assumes a position of a mandatory/positive registration for all providers, 'enrolment' is probably not a helpful distinction, although it is used within the NDIS Final Report within Action 17.1.⁷ The mandatory 'enrolment' is just a different level of regulation via registration.

Consistent with the model in the NDIS Final Report and a graduated risk approach, the proposal suggests that some providers will only be required to provide basic information and worker screening.

However, beyond that FPDN has concerns that the approach depicted in Figure 14 has not been subject to proper cost/benefit analyses for the registration model that was proposed. There is a danger that the result imposes unnecessary costs upon the scheme, to the detriment of individual/smaller providers and the participants currently using their services.

We cannot assume that increased regulatory obligations will correlate with improvements to safety and the functionality of the NDIS scheme. First Nations people with disability are already experiencing the consequences of an overcommercialised approach to the NDIS

⁶ NDIS Provider and Worker Registration Taskforce, 'Webinar: Questions and Answers', 4 April 2024.

⁷ Above n 1, 215.



which neglects their needs. To the extent that individual/smaller providers are affected, the burdens of registration should be kept to a minimum unless:

- (i) the Taskforce can identify a clearly defined issue (e.g. carer abuse in group home settings) which obviously outweighs more generalised concerns (e.g. availability of services):
- (ii) the Taskforce can demonstrate that a specific registration requirement (e.g. ongoing monitoring and compliance) is likely to have a meaningful impact on the problem (without introducing overregulation / regulatory creep); and
- (iii) registration is the only viable option for resolving the problem. If an alternative is perceived to be more difficult, but would preserve the self-determination of First Nations people with disability, then the alternative option needs to be pursued.

For example:

- Consumables and similar:

Does the Taskforce intend to proceed with 'enrolment' (i.e. lesser registration) requirements for *'[s]upports where general protections available under Australian Consumer Law are sufficient, such as consumables, equipment, technology, and home and vehicle modifications'*?

If it is being acknowledged from the outset that the Australian Consumer Law (ACL) protections are sufficient, what benefit there is to be gained from imposing enrolment, and how will enrolment obligations affect disability supports (particularly consumables) which can be purchased from mainstream businesses, including whether these purchases will be restricted.

Participants deserve dignity, such as knowing what will happen with their funding when they need to urgently access a service, but are able to reasonably self-assess that the cheapest and most effective (and sometimes only) solution available to



them is to use a non-enrolled business. Notably, such personal stories are abundant for emergency wheelchair repairs and battery replacements.

- *Costs and availability for self-managed participants and individual/smaller providers*
Given that the Taskforce has a mandate to '*[e]nable people who are self-managing in the NDIS and employing and engaging their own workers and providers to continue to do so*',⁸ clear answers must be provided to the series of reasonable concerns faced by self-managed participants and smaller providers.

According to the vision presented in the NDIS Final Report, it is anticipated that supports involving 1:1 contact with people with disability will require general (class B) or basic (class C) registration.

The reality is that a not insignificant amount of self-managed participants are currently using unregistered providers for these 1:1 contacts. For many (especially First Nations persons with disability in rural and remote areas), individual providers may be known to them or their family in the community, and can be paid to facilitate social and community participation or day-to-day assistance under the NDIS in a way that is not only flexible, but often far more comfortable than the experience of using a larger, commercial 'regulated' provider. The preferences and positive experiences of these participants cannot be discounted.

Registration systems inevitably bring costs and lower accessibility to services. At an absolute minimum (ignoring time costs of the registration process and other requirements, which are likely to be significant), a provider previously needing a

⁸ Department of Social Services, 'NDIS Provider and Worker Registration Taskforce Terms of Reference', last updated 11 April 2024.
<https://www.dss.gov.au/disability-and-carers-standards-and-quality-assurance/ndis-provider-and-worker-registration-taskforce-terms-of-reference>



simple ABN will now have registration costs to recoup from the participant. Additionally, larger providers may pass on costs in the same way.

Perhaps worst of all, many individual/small providers who were formerly comfortable engaging with self-managed participants (especially on a casual basis) will simply not have any desire to undergo mandatory registration. At this early stage, the exact burdens of certain obligations (e.g. auditing, worker screening) are unknown, but some degree of provider exclusion will result..

Further, FPDN understands that the NDIS Final Report indicated a number of concerns with the ability of self-managed participants to pay unregistered providers directly. Unless it is accepted within the co-design process that this is a legitimate concern the autonomy of self-managed participants needs to be prioritised. This is true especially in light of the large-scale frauds which registered providers have managed to carry out upon the NDIS.

Many larger providers will likely advocate for equalised registration requirements, assuming that providers are established businesses which can absorb the burdens of registration. The Taskforce should carefully scrutinise this position and not distort the foundations of participant choice which are supposed to underpin the NDIS. More than anyone, First Nations persons with disability rely on these foundations holding true.

- *Auditing and insurance:*

Currently, to pass an audit and become registered under the voluntary NDIS registration scheme, a provider must have the necessary public liability insurance, professional indemnity insurance and personal accident insurance.



There has currently been little/no indication as to whether these types of requirements will apply under mandatory NDIS registration. If they did, it would be devastating and impractical for smaller providers, and enable control of the sector for medium-large service providers.

Until DROs are given a clear understanding of the whole process that is being considered, there are numerous other issues which may need to be addressed.

Further concerns for First Nations persons with disability

Will the assessment of 'risk' be flexible enough to consider the provision of NDIS services to 'thin-markets' by ACCOs and other providers in First Nations communities?

FPDN dislikes the dismissive nature of the term 'thin-markets', as it shifts the blame to an external force and takes no responsibility for the culturally inept and immature approach the NDIS relies on for effective delivery. However, as the term is familiar to Government policy discussion it will be used below.

Because of the overcommercialisation of the NDIS, First Nations people with disability are disproportionately likely to live in 'thin-market' areas. To these communities, a 'thin-market' should more accurately be considered a location where the commercial approach to an NDIS rollout has faltered, and further innovation is required. As described above, the CTG Agreement mandates that much of this innovation should be placed in the hands of First Nations Communities and ACCOs.

While the concept of using a 'graduated and risk-proportionate' approach has been widely discussed while the specific details remain largely undefined. The concept of 'risk' must be discussed, monitored and conceptualised with First Nations, participants, service providers and communities. Currently it is unclear whose definition of risk will be acceptable and inform the approach? FPDN is also concerned that while community may be willing to take a risk to give their preferred service providers a change to grow the agency and Government



will take a more reserved approach. We suspect such a reserved approach would just continue to favour traditional approaches and commercial markets, while locking ACCOs and small Indigenous business out of the NDIS service market all together.

Additionally, any new and complex implementation of regulatory models will require dedicated funding for ACCO's to build their understandings and application of the appropriate requirements.

Worker screening

Worker screening should not arbitrarily disqualify support workers with an irrelevant criminal history, or whose specific criminal history (taking into account the nature and timeline of offences, etc.) does not justify a conclusion that they may pose a risk to a person with a disability (please contact FPDN for more tailored information on First Nations community concerns with NDIS Worker Screening processes).

Improvements to be found in other licensing and registration schemes

FPDN is supportive of conceptualised expansions of the NDIS Commission's role. While new for this sector, well-established examples of mandatory industry/occupational regulation are certainly not. The needs of the NDIS provider sector will be unique, but the taskforce need not start from zero. The taskforce should seek out and start framing the more nuanced components of an NDIS registration scheme by referencing existing forms of regulation.

For example, it is true that the National Disability Supports Commission maintains a publicly searchable database of registered providers, but the system does not prioritise ease of use and transparency for those attempting to find information about their chosen provider. The information is limited, to the extent to that a participant cannot see whether a provider has a compliance action against them unless they search the separate 'part 2' NDIS Provider



Register document.⁹ To compare and contrast, anyone who conducts an online search for a NSW builder (via Service NSW) will immediately be provided a checklist of compliance information regarding license cancellation, insurance claims, disciplinary actions, prosecutions, public warnings, suspensions and more.¹⁰ In this case, FPDN would suggest that this type of transparency is something that the NDIS should aspire towards.

Conclusion

FPDN thanks the NDIS Provider and Worker Registration Taskforce for the opportunity to participate in this submission. FPDN welcomes discussion on any aspects of this submission.

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⁹ NDIS Quality and Safeguards Commission, 'NDIS Provider Register'.
<https://www.ndiscommission.gov.au/resources/find-registered-provider/list-registered-providers?id=4-4GHG-28>

¹⁰ Service NSW, 'Contractor and Tradespeople'.
<https://verify.licence.nsw.gov.au/home/Trades>



APPENDIX A

Further information about FPDN and the First Nation Disability Policy Context

FPDN is the community-controlled disability peak and a member of the Coalition of Peaks, a partner to all Australian governments to the Closing the Gap National Agreement. We are also the First Nations Disability Representative Organisation actively representing the voices of First Nations peoples within Australia's Disability Strategy governance structures. For millennia, First Nations peoples, communities, and cultures have practiced models of inclusion. However, despite this, since colonisation, First Peoples with disability and their families have been and continue to be amongst the most seriously disadvantaged and disempowered members of the Australian community. FPDN gives voice to their aspirations, needs and concerns and shares their narratives of lived experience. Our purpose is to promote recognition, respect, protection, and fulfilment of human rights, secure social justice, and empower First Peoples with disability to participate in Australian society on an equal basis with others. To do this, we proactively engage with communities around the country, influence public policy and advocate for the interests of First Peoples with disability in Australia and internationally.

Our extensive national work includes community engagement, capacity building and rights education; systemic advocacy, policy, research, evaluation and data; the development and delivery of evidence-informed training and resources with community for community and to a range of sectors including the Community Controlled sector and mainstream disability sector, Commonwealth and state/territory government policy and service delivery agencies and departments. FPDN also has an international presence and networks, including with the United Nations, and provides consultancy and support to international regions.

We follow the human rights framework established by the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), to which Australia is a signatory, and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP).



We are also guided by both the social and cultural models of disability. The social model views disability to be the result of barriers to equal participation in the social and physical environment. These barriers can and must be dismantled. However, FPDN recognises the critical need to move beyond a social model to ensure the cultural determinants of what keeps First Nations people with disability strong is centred when working with and in designing policies and programs to improve outcomes for First Nations people. We call this a cultural model of inclusion.

A cultural model of inclusion recognises the diversity of cultures, languages, knowledge systems and beliefs of First Nations people and the importance of valuing and enabling participation in society in ways that are meaningful to First Peoples.¹¹ A First Nations cultural model of inclusion includes the human rights framework and the social model of disability to ensure that enablers, approaches, services and supports are culturally safe and inclusive, and disability rights informed. It is the only disability model that seeks to improve the human condition through focussing on what keeps people strong, as distinct to merely negating the adverse impact of difference.

Our community has to operate in multiple worlds – First Nations, disability, and mainstream society. The disability sector reflects this and is a complex and interconnected web of approaches to enable First Nations people with disabilities to realise their rights to participate in all aspects of their life, including safe, affordable, accessible and inclusive housing. These enablers, approaches, services and supports need to exist across the entire life-course, including the Aboriginal and Torres Strait Islander Community Controlled Sector and mainstream disability sector, as well as mainstream organisations and services.

The policy context

FPDN recognises the unique opportunity both Closing the Gap and Australia's Disability Strategy to ensure the legislation, policies, programs and service delivery are accessible, inclusive and equitable for First Nations people with disability.

¹¹ S Avery, 'Culture is Inclusion,' 2018, First Peoples Disability Network.



FPDN discussion points and recommendations are in line with the Closing the Gap (CTG) National Agreement Priority Reforms and the Disability Sector Strengthening Plan (Disability SSP) and its Guiding Principles. The Priority Reforms focus on changing the way governments work with Aboriginal and Torres Strait Islander peoples and the Disability SSP outlines high-level priorities and actions at a national level to strengthen and build a Community Controlled Disability Sector. The Commonwealth government, all State and Territory Governments and the Local Government Authority are signatories and partners to the National Agreement and also the Disability SSP. The CTG Priority Reforms are:

1. Formal partnerships and shared decision-making
2. Building the community-controlled sector
3. Transforming government organisations
4. Shared access to data and information at a regional level

Applying the Closing the Gap approach to disability as a cross-cutting outcome through the Priority Reforms offer structure to government to ensure First Nations peoples with disability have:

- A greater say in how policies and programs are designed and delivered;
- Have access to community-controlled services and sectors that delivers culturally safe, accessible and inclusive, and disability right informed services;
- Have access to mainstream organisations and services, such as NDIS services, hospitals, schools and government agencies, that are culturally safe, accessible and inclusive, and disability right informed;
- And have access to, and the capability to use, locally-relevant, First Nations disability informed, data and information.

Australia's Disability Strategy

Australia's Disability Strategy (2021-2030) (ADS) is Australia's national disability policy framework and plays a role in protecting, promoting and realising the human rights of people with disability, in line with Australia's commitments under the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD). All levels of government



developed and committed to the Strategy, which sets out priorities and plans for governments to work with the community, businesses, and peoples with disability to deliver the needed changes identified by the sector. The Strategy recognises the importance of making sure actions taken to deliver on its policy priorities are implemented with an intersectional and diversity lens.

First Nations Inclusion and Disability

For millennia, First Nations peoples, communities, and cultures have practiced models of inclusion. This embracing of diversity and inclusion “is derived from a belief system and worldview of humanity in which biological, physical and intellectual differences are accepted as part of the fabric of society”.¹² Drawing on nation-wide available data, First Nations people with disability are included in their own communities across social, cultural and community events on average more than other Australians with disability.

However, despite this strength, since colonisation First Nations people with disability experience significant levels of inequality across all other life areas compared to other Australians, including in areas of health, education and social inequality.¹³ Whilst population prevalence data is limited, First Nations people are twice as likely to experience disability than the rest of the Australian population.¹⁴ Using the statistical definitions of ‘severe and profound disability’ in the Australian Bureau of Statistics (ABS) datasets, including the ABS Survey of Disability, Ageing and Carers (SDAC), 2018,¹⁵ it is estimated that over 60,000 Aboriginal and Torres Strait Islander people live with severe or profound disability in Australia today.¹⁶

¹² S Avery, ‘Culture is Inclusion,’ 2018, First Peoples Disability Network.

¹³ S Avery, ‘Culture is Inclusion,’ 2018, First Peoples Disability Network: Australian Bureau of Statistics (ABS) (2016) National Aboriginal and Torres Strait Islander Social Survey, (NATSISS) 2014-15 (Release 4714.0).

¹⁴ Australian Bureau of Statistics (ABS) (2016) National Aboriginal and Torres Strait Islander Social Survey, (NATSISS) 2014-15 (Release 4714.0).

¹⁵ ABS, ‘Disability, Ageing and Carers, Australia: Summary of Findings,’ 2018, accessed 29 August 2023.

¹⁶ S Avery, ‘Culture is Inclusion,’ 2018, First Peoples Disability Network.



First Nations people with disability experience many intersectional forms of discrimination, including discrimination based on age, gender, sexuality and geographic location. These intersecting forms of discrimination are institutionalised and embedded in how policies and programs have been designed, including the NDIS.

Consistent with the social and cultural models of disability within which FPDN works, we recognise that Aboriginal and Torres Strait Islander people are disproportionately affected by poor outcomes. This impact is widespread and has social, emotional, physical, economic and cultural impacts.

Disability Sector Strengthening Guiding Principles

The CTG Disability SSP included Guiding Principles to reflect the unique experiences of First Nations people with disability and their specific social and cultural rights and needs. These principles were developed in line with both the Closing the Gap Agreement and Australia's Disability Strategy and were endorsed by all levels of government. The Guiding Principles set a minimum standard for all existing and future work with First Nations Peoples with disability and further developing jurisdiction led sector strengthening actions in Implementation Plans. They also align with both the Australia's Disability Strategy Guiding Principles and CtG.

The Disability Sector Strengthening Plan Guiding Principles focus on the following:

- Human rights
- Self-determination
- Cultural integrity
- Cultural safety
- Partnership
- Place based
- Innovation
- Empowerment
- Equity



- Sustainability
- Knowledge
- Nationally consistent approach.

More needs to be done by all governments to meet the minimum standard set by the Disability SSP Guiding Principles and to achieve outstanding commitments to First Nations people, their communities, services providers and peak organisation under the National Agreement on Closing the Gap.