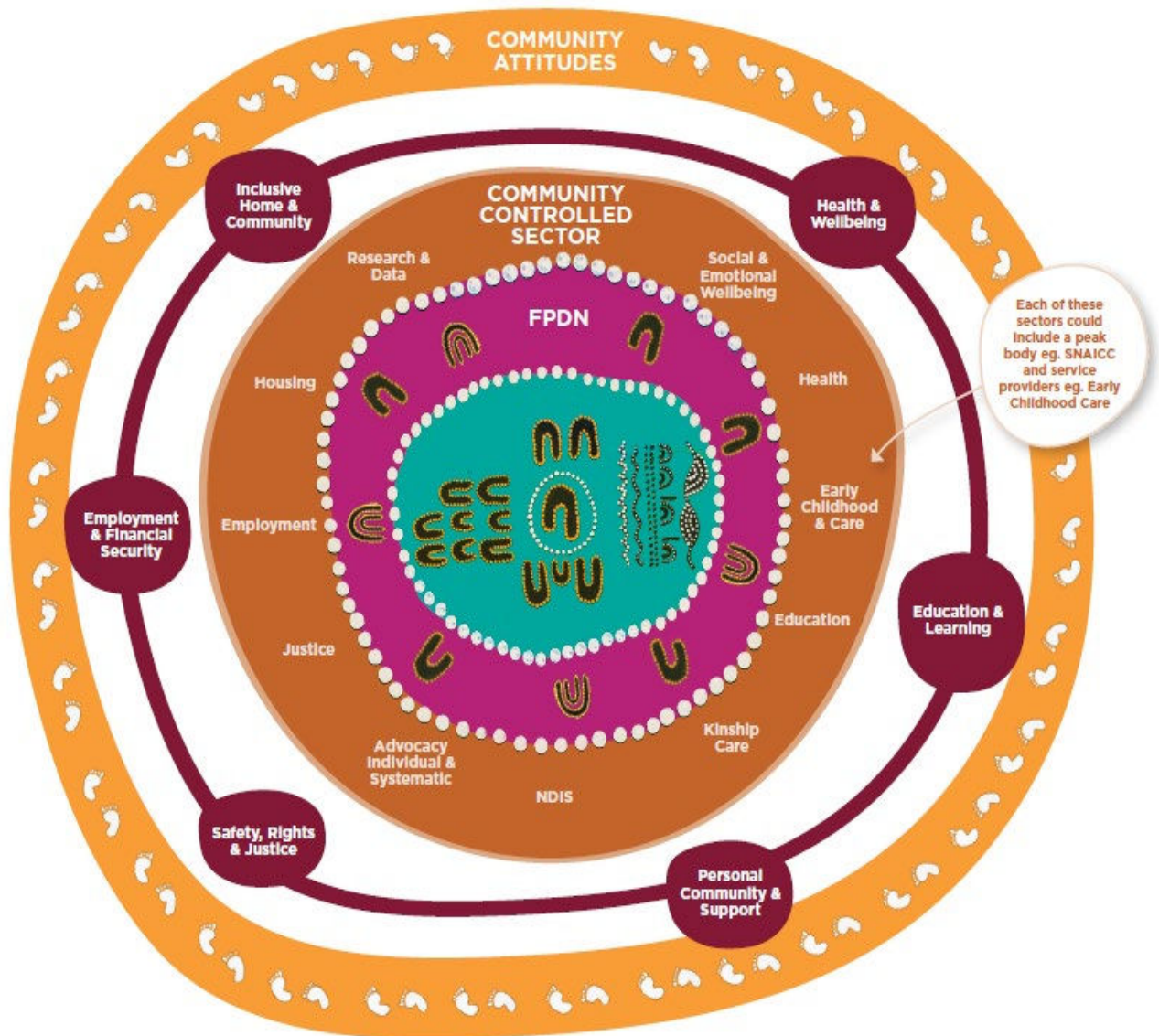


COMMUNITY CONTROLLED DISABILITY SECTOR



DISABILITY SECTOR STRENGTHENING PLAN

Acknowledgement of Country

The Parties to the Disability Sector Strengthening Plan acknowledge the traditional custodians and owners of the lands, waterways and seas on which Australians live and work, and pay respects to their Elders past, present and emerging.

The Parties also acknowledge the contribution of the Aboriginal and Torres Strait Islander peoples with disability, their families and communities who participated towards the development of this Plan.

We thank them for providing their stories, insights and guidance, without which this plan would not be possible.

Recognition of contribution

The Disability Sector Strengthening Plan (Disability SSP) was developed through comprehensive national consultation, as well as input from all levels of government and the community-controlled sector.

The Disability SSP recognises the extensive national consultation efforts carried out throughout development by the First Peoples Disability Network (FPDN). The Disability SSP also recognises FPDN's decades of experience in delivering community consultation and engagement efforts with First Nations people with disability. This expertise has informed the Disability SSP. More information on the consultation is available in **Supporting Document 1 – Consultation and Engagement**.

The Coalition of Aboriginal and Torres Strait Islander Peak Organisations, and all Australian Governments, including:

- The Commonwealth of Australia
- New South Wales
- Victoria
- Queensland
- Western Australia
- South Australia
- Tasmania
- the Australian Capital Territory
- the Northern Territory

The *Disability Sector Strengthening Plan Working Group* (DSSPWG) is also recognised as a key contributor to the development of the Disability SSP. Detailed information on the DSSPWG is provided in **Supporting Document 2 – DSSPWG Terms of Reference**.

Acronyms and Abbreviations

SSP	Sector Strengthening Plan
DSSPWG	Disability Sector Strengthening Plan Working Group
FPDN	First Peoples Disability Network (Australia)
UNCRPD	United Nations Convention on the Rights of People with Disability
UNDRIP	United Nations Declaration on the Rights of Indigenous Peoples
ACCOS	Aboriginal Community-Controlled Organisations
ACCHOs	Aboriginal Community-Controlled Health Organisations (for the purpose of this plan, this includes Aboriginal Medical Services)
CoP	Coalition of Peaks or Coalition of Aboriginal and Torres Strait Islander Community-Controlled Peak Organisations
CtG	Closing the Gap
National Agreement	The National Agreement on Closing the Gap
NIAA	National Indigenous Australians Agency
DSS	Department of Social Services
AINDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
The Strategy	<i>Australia's Disability Strategy 2021-2031</i>

Terminology used in the Disability SSP

The terms **First Nations people** and **Aboriginal and Torres Strait Islander peoples** are used interchangeably in this Plan. We recognise these terms do not always reflect the diversity of an individual's cultures and identities, or preferred naming conventions.

The term '**disability**' is understood to include, but is not restricted to, individuals with long-term physical, mental, cognitive, intellectual or sensory impairments. The Disability SSP further recognises an individual's experience of disability intersects with other aspects of their identity, including gender, age, sexuality, race and cultural background.

The terms '**jurisdiction**' or '**jurisdictional**' are used throughout this Plan and refer to the Commonwealth and all states and territories, as well as commonwealth, state and territory governments.

The terms '**services and supports**' are used throughout this Plan implying people with disability are service or support recipients. We note such language does not acknowledge the agency and rights of people with disability as active participants in determining what would enable their participation in cultural, social, community and economic life. Alternative language will develop over time as the Disability SSP is implemented.

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The Disability Sector Strengthening Plan

1. Disability Sector Strengthening Plan (Disability SSP)

2. Date approved by the Joint Council on Closing the Gap

3. Executive Summary

The Disability Sector Strengthening Plan (Disability SSP) has been developed to support achievement of Priority Reform Two of the *National Agreement on Closing the Gap* (the National Agreement) to build the community-controlled disability sector. The Disability SSP outlines high-level priorities and actions at a national level, which all Parties, through the Joint Council on Closing the Gap (the Joint Council), agree to in-principle.

The Disability SSP is offered as a resource to be used over the next three years to prioritise, partner and negotiate beneficial sector-strengthening strategies. Jurisdictions, through shared decision-making processes, will implement the Disability SSP and include specific localised actions, including funding commitments, in their annual Closing the Gap Implementation Plan updates.

The definition of community-controlled disability sector used in the Disability SSP aligns with *Australia's Disability Strategy 2021-2031* (the Strategy), Australia's national disability policy framework. It also supports the community-controlled sector to operationalise disability as a cross cutting outcome for all socio-economic targets under the National Agreement.

The community-controlled disability sector 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. These approaches, services and supports exist across the entire service system, including the early childhood development and care, education, health, social and emotional wellbeing, employment, housing and justice sectors. As such, a strong community-controlled disability sector requires the entire sector to be responsive, inclusive, accessible and enabling for First Nations people with disability. The current community-controlled disability sector is broad, consisting of a peak disability representative organisation, service providers, enablers, supports and social and cultural support systems. It is a diverse, changing and expanding sector, with wide ranging expertise and experience.

The Disability SSP's overall objectives are to strengthen the community-controlled disability sector, both within the discrete disability service system and across all service systems, as well as improving outcomes with, for and the rights of First Nations people with disability.

4. National Agreement on Closing the Gap

The *National Agreement on Closing the Gap* (the *National Agreement*) was endorsed in July 2020. The National Agreement was developed in partnership with all Australian Governments (Commonwealth, States and Territories, and the Local Government Authority) and the Coalition of Aboriginal and Torres Strait Islander Peak Organisations (the Parties).

At the centre of the National Agreement are four Priority Reforms that focus on changing the way governments work with Aboriginal and Torres Strait Islander peoples. They 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

4.1. Priority Reform Two - Strengthening the Community-Controlled Sector

Priority Reform Two commits Parties to build strong Aboriginal and Torres Strait Islander community-controlled sectors to deliver services that support progress under the National Agreement. Community-controlled organisations deliver services that strengthen and empower Aboriginal and Torres Strait Islander peoples, families and communities and are:

1. Incorporated under relevant legislation and not-for-profit
2. Controlled and operated by Aboriginal and Torres Strait Islander peoples
3. Connected to the community, or communities, in which they deliver services
4. Governed by a majority Aboriginal and Torres Strait Islander governing body

Disability is identified as one of four initial sectors as part of a joint national strengthening effort and the development of a three-year Sector Strengthening Plan. The other sectors are Early Childhood Care and Development; Housing; and Health (Clauses 48-50). The sectors were chosen due to their potential to have cross-cutting impact over a wide-range of the 17 socio-economic targets identified under the National Agreement, while also enabling positive structural change in the most immediate and relevant policy areas. There may be other sector strengthening plans in the future (clause 54).

The National Agreement states that elements of a strong sector are:

1. Where there is sustained capacity building and investment
2. Where there is a dedicated and identified Aboriginal and Torres Strait Islander workforce
3. That are supported by a Peak Body which has strong governance, policy development, and influencing capacity
4. Have a dedicated, reliable and consistent funding model designed to suit the types of services required by communities

The Government Parties also committed to increase the proportion of services delivered by Aboriginal and Torres Strait Islander organisations, particularly community-controlled organisations (clause 55) and to improve the transparency of resource allocation to, and

distribution by, mainstream institutions in relation to dedicated Aboriginal and Torres Strait Islander service-delivery (clause 59(d)).

4.2. The Disability Sector Strengthening Plan as a Resource

This Disability SSP outlines high-level priorities and actions at a national level, which all stakeholders, through the Joint Council, agree to in-principle. In recognition of the complexity associated with the implementation of the Disability SSP all Parties are afforded flexibility to develop actions that support the achievement of one (or more) of the Disability SSP priorities and meet jurisdictional and/ or organisational-specific objectives, in accordance with their own policies, budget priorities and timeframes.

Jurisdictions, through shared decision-making processes, will implement the Disability SSP and include their specific actions and any funding commitments, in their annual updates to their jurisdiction-level Closing the Gap Implementation Plans. Jurisdictions are responsible for seeking authority, and any funding and resources for their specific actions through jurisdiction budget processes.

While not designed to commit any specific party to resources or actions not already announced, the Disability SSP is offered as a resource to be used over the next three years to prioritise, partner and negotiate beneficial sector-strengthening strategies. To ensure the Disability SSP is successful it is important to ensure a nationally coordinated and consistent approach informs its implementation. All Parties to the Disability SSP are encouraged to develop actions that support the achievement of one (or more) Disability SSP priorities and meet jurisdictional and/or organisational-specific objectives, in accordance with their own policies, budget priorities and timeframes. The Disability SSP provides flexibility for jurisdictions to implement their own, localised responses. This is particularly important as the Commonwealth, state and territories, national peaks and community-controlled sector are all working towards implementing pre-existing programs, policies, frameworks and strategies.

In recognition of the existing commitments in parallel to the actions and outcomes of the Disability SSP, all jurisdictions, through local decision making processes and in collaboration with relevant partners and stakeholders, will need to prioritise different actions at different times, depending on the requirements of the sector in their jurisdiction. The Disability SSP also recognises that jurisdictions retain decision-making authority for the use of funds they allocate to their Sector Strengthening Virtual Funding Pool.

4.3. Disability Sector Strengthening Plan and alignment with Australia's Disability Strategy

The Disability SSP aims to have strong alignment with the Strategy, Australia's national disability policy framework. The Strategy will play an important 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 endorsement of both the National Agreement and the Strategy by all levels of government in the past two years presents a unique opportunity to drive national action and improve outcomes with and for First Nations people with disability.

The Disability SSP serves as a key linking document that provides a framework to align the key priorities of the Strategy and the National Agreement. The Disability SSP sets out a framework of actions to enhance, strengthen, and where needed, build the Aboriginal and Torres Strait Islander community-controlled disability sector to lead the alignment and implementation of the National Agreement and the Strategy with and for First Nations people with disability. The alignment of the Disability SSP, the Strategy and broader Closing the Gap implementation initiatives is outlined in **Supporting Document 3 – The Disability SSP and the Strategy** and **Supporting Document 4 – Alignment of CtG and the Strategy**.

4.4. Alignment with other Sector Strengthening Plans and Priority Reforms

The *Commonwealth Implementation Plan on Closing the Gap (2021)* recognises disability as a cross-cutting outcome across all socio-economic targets, priority reforms, and other aspects of the National Agreement including SSPs, to ensure all actions are accessible, inclusive and equitable for First Nations people with disability. A strong community-controlled disability sector that encompasses a life stage approach that transcends the service system will contribute to the operationalisation of disability as a cross-cutting outcome as well as benefit the strengthening of inclusion and accessibility throughout the wider community-controlled sector.

The Disability SSP sits within a broader ecosystem of Disability policy, Indigenous Affairs policy and non-Indigenous/non-disability specific government policy. This includes, for example, the National Disability Insurance Scheme, disability employment services, social security payments and the Indigenous Advancement Strategy.

In addition, the implementation of the Disability SSP must consider a range of strategies, plans and reports (including but not limited to):

- The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (interim and final report)
 - *The Royal Commission is due to report in late 2023. The parties to the Disability SSP will consider the final report and governments' responses once they are released, and will work to review and incorporate recommendations as necessary.*
- National Disability Data Asset
- NDIS National Workforce Plan 2021-2025
- Aboriginal and Torres Strait Islander National Health Plan
- Australia's Disability Strategy (2021 – 2031).

For a comprehensive overview of all key strategies, frameworks, plan and policies unlinking the work of the Disability SSP, refer to **Supporting Document 5 – The Disability Ecosystem**.

4.5. Guiding Principles

To achieve the objectives and outcomes of the Sector Strengthening Plan, all levels of government should consider applying the following *Guiding Principles* when developing policies, programs, services and systems for First Nations Peoples with disability. The non-government sector, business and broader community are also encouraged to adopt the *Guiding Principles* as best practice.

The following *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.

Principle One	Human rights
Principle Two	Self-determination
Principle Three	Cultural integrity
Principle Four	Cultural safety
Principle Five	Partnership
Principle Six	Place based
Principle Seven	Innovation
Principle Eight	Empowerment
Principle Nine	Equity
Principle Ten	Sustainability
Principle Eleven	Knowledge
Principle Twelve	Nationally consistent approaches

The *Disability SSP Guiding Principles* have been developed 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 National Agreement and the Strategy guiding principles, which have been agreed on and endorsed by all levels of government. A Guide to implementing the Strategy Guiding Principles is currently being developed. Once this resource is developed, all signatories to the Strategy will incorporate this guidance into their standard approach to ensure best practice that recognises and applies a specific focus on First Nations people with disability are implemented.

4.5.1. Implementing the Guiding Principles

The following table provides an overview of how each *Guiding Principles* can be implemented in practice:

Human rights	<ul style="list-style-type: none"> • First Nations People with disability are recognised as the experts on determining how best to enshrine their rights and resource their needs. • A rights based approach unpins all work with First Nations Peoples with disability. • Alignment of all work with the UNCRPD and UNDRIP.
Self-determination	<ul style="list-style-type: none"> • Decisions are made by and in partnership with First Nations Peoples with disability. • Recognition and support of self-determination for First Nations Peoples with disability.
Cultural integrity	<ul style="list-style-type: none"> • The unique cultural knowledge, practices, languages, traditions and perspectives of First Nations Peoples with disability are respected. • These knowledge systems are valued and help shape future policy and programs. • Cultural integrity also refers to the need to be responsive to diversity and the need for place-based approaches
Cultural safety	<ul style="list-style-type: none"> • Culturally safe and appropriate practices are used when working with First Nations Peoples with disability, their families and communities. • Recognition that culturally safe practice is different in each community and should be implemented according to local systems.
Partnership	<ul style="list-style-type: none"> • Principles of co-design and partnership are embedded in all work with First Nations Peoples with disability and their communities. • Aboriginal and Torres Strait Islander expertise is recognised and supported. • The development and implementation of the Disability SSP should be based on extensive engagement and consultation with First Nations people with disability and the sector.
Place based	<ul style="list-style-type: none"> • Local approaches, practices, ideas and solutions are developed and implemented in co-design with the local community. • Recognition of the ongoing work taking place on the ground in local communities; whether regional, remote or urban contexts. • Building on and investing in existing place based solutions that are valued by First Nations people with disability, their families and communities.
Innovation	<ul style="list-style-type: none"> • Ensure new work builds on and augments existing efforts, particularly work that is valued by the community-controlled sector, First Nations communities and First Nations people with disabilities. • Recognise barriers in previous efforts and models (i.e. medical model of disability). • Adopt transformative approaches, which aim to build on existing strengths and approaches proven to work. • Ensure new efforts are not duplicative or tokenistic, and that all corresponding actions are implemented with integrity and innovation.
Empowerment	<ul style="list-style-type: none"> • Recognising, affirming and supporting community-controlled efforts. • Increased capacity and resourcing of community-controlled organisations. • Ensure the voices of First Nations people with disability are at the forefront of all actions and decisions. • Increased pathways to leadership within the sector for First Nations People, including those with disability.

Human rights	<ul style="list-style-type: none"> • First Nations People with disability are recognised as the experts on determining how best to enshrine their rights and resource their needs. • A rights based approach unpins all work with First Nations Peoples with disability. • Alignment of all work with the UNCRPD and UNDRIP.
	<ul style="list-style-type: none"> • Increased access to and holding of qualifications and skills, alongside professional recognition of community-based skills, relationships and cultural knowledge.
Equity	<ul style="list-style-type: none"> • Stronger focus on and support of First Nations Peoples with disability living in regional, remote and very remote areas. • Recognition of the importance of place-based approaches, and not a one-size fits all approach
Sustainability	<ul style="list-style-type: none"> • Dedicated and consistent funding models for the sector. • A strong peak body governing the sector that has a sustainable model of care and resourcing. • Supporting sustainability beyond the life of the Disability SSP (i.e. reform).
Knowledge	<ul style="list-style-type: none"> • Investment in strengthening the evidence base through improved data and research. • All data and research efforts align with principles of data sovereignty.
Nationally consistent approaches	<ul style="list-style-type: none"> • All work with First Nations Peoples with disability aligns with and/or complements existing relevant frameworks and strategies, including: <ul style="list-style-type: none"> ○ Australia's Disability Strategy 2021-2031 ○ The National Agreement on Closing the Gap ○ State and territory disability strategies, frameworks and action plans¹. • Recognition of the ongoing policy and program priorities of jurisdictions, and ensuring to augment rather than duplicate efforts.

5. Governance of the Plan

The National Agreement is a commitment from all Parties to set out a future where policy making that affects the lives of First Nations people is undertaken in full and genuine partnership. Development of the Disability SSP reflects this partnership approach between the community-controlled sector and governments to effectively develop and deliver key strategies and actions that support progression under the National Agreement.

The Disability Sector Strengthening Plan Working Group (DSSPWG) was established to oversee the development of the Disability SSP. The DSSPWG was co-chaired by a representative of each First Peoples Disability Network Australia (FPDN) and the Commonwealth Department of Social Services. The DSSPWG membership included Coalition of Peaks representatives and government representatives. As the Disability SSP has now been completed and endorsed, the DSSPWG has been disbanded. Refer to **Supporting Document 2 – DSSPWG Terms of Reference**.

Joint Council is responsible for monitoring implementation of the National Agreement, including progress by the Parties. Jurisdictional annual Closing the Gap reporting, and its review by Joint Council, are the key accountability mechanisms for monitoring and reporting on implementation of the Sector Strengthening Plan. The former DSSPWG could be re-

¹ Note= Guiding Principles will extend into all forms of government policy and programs relating to First Nations Peoples with disability, beyond strategies and other formats listed above.

convened for any additional tasks or updates to the Disability SSP, at the request of the Partnership Working Group.

All Parties to the National Agreement will consider and incorporate the Disability SSP as part of standard governance of their ongoing Closing the Gap initiatives and Implementation Plans. Jurisdictional Closing the Gap Implementation Plans and Annual Reports (clauses 118 and 119) of the National Agreement will report on specific jurisdictional actions, including any future funding commitments not already announced for sector strengthening.

As set out in section 32c of the National Agreement:

- These governance structures will support governments and First Nations people' representatives to make decisions together, by consensus
- Governments will be committed to sharing data and information with First Nations people' representatives, and ensuring all parties have adequate time to understand the implications of decisions
- Communication between all parties will be open and transparent
- First Nations' voices will hold as much weight as governments
- The importance of self-determination will be supported
- First Nations people' experiences will be understood and respected.

Noting the importance of the governance structure which underpins the Strategy, in future, the Disability SSP governance structure will be considered within the broader context of the Strategy governance structure. This approach will ensure ongoing alignment, efficiency and coherence of the Disability SSP governance.

6. Review of the Plan

The Disability SSP is for three years initially. Progress on implementation of this Disability SSP will be reviewed annually through PWG and Joint Council consideration of progress reporting. PWG and Joint Council will consider at that time whether any updates are required to the Plan and highlight key areas where Parties can work together to achieve shared outcomes. Any adjustments to the Disability SSP will take account of the progression of actions and lessons.

The Strategy is also supported by several key implementation and reporting mechanisms, including an Outcomes Framework, Targeted Actions Plans, Associated Plans, State Inclusion/Action Plans, and a Data Improvement Plan. Jurisdictions may incorporate a review of the Disability SSP into the Strategy's review processes to ensure ongoing alignment, efficiencies and cohesion between the Disability SSP, the National Agreement and the Strategy. Mechanisms that would increase the ability of all parties to work more cohesively with the Disability SSP, such as establishing more formal arrangements within existing governance structures of both the National Agreement and the Strategy will be developed.

7. Reporting on the Plan

All governments and the community-controlled sector will report on progress against actions in the Plan in their Closing the Gap Implementation Plans and annual reports. In line with the National Agreement, a partnership approach between the community-controlled sector and governments is critical to delivery of the SSP for Disability.

It is expected that jurisdictions will engage early with Peaks and community-controlled organisations as part of their annual report preparation and budget processes and that the views of community-controlled organisations are reflected in these reports. The Coalition of Peaks also prepares an annual report, which may include more in-depth analysis of any community-controlled sector views on Sector Strengthening Plan implementation.

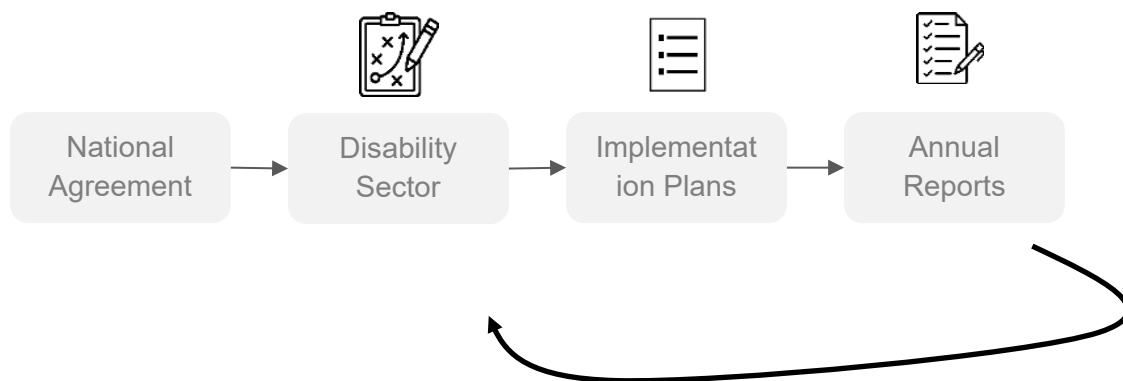
The Strategy is also supported by several key reporting mechanisms. Jurisdictions may also incorporate reporting of the Disability SSP as part of the Strategy's reporting processes to ensure ongoing alignment, efficiencies and coherence between the National Agreement and the Strategy.

7.1 Monitoring and Reporting of the Disability Sector Strengthening Plan

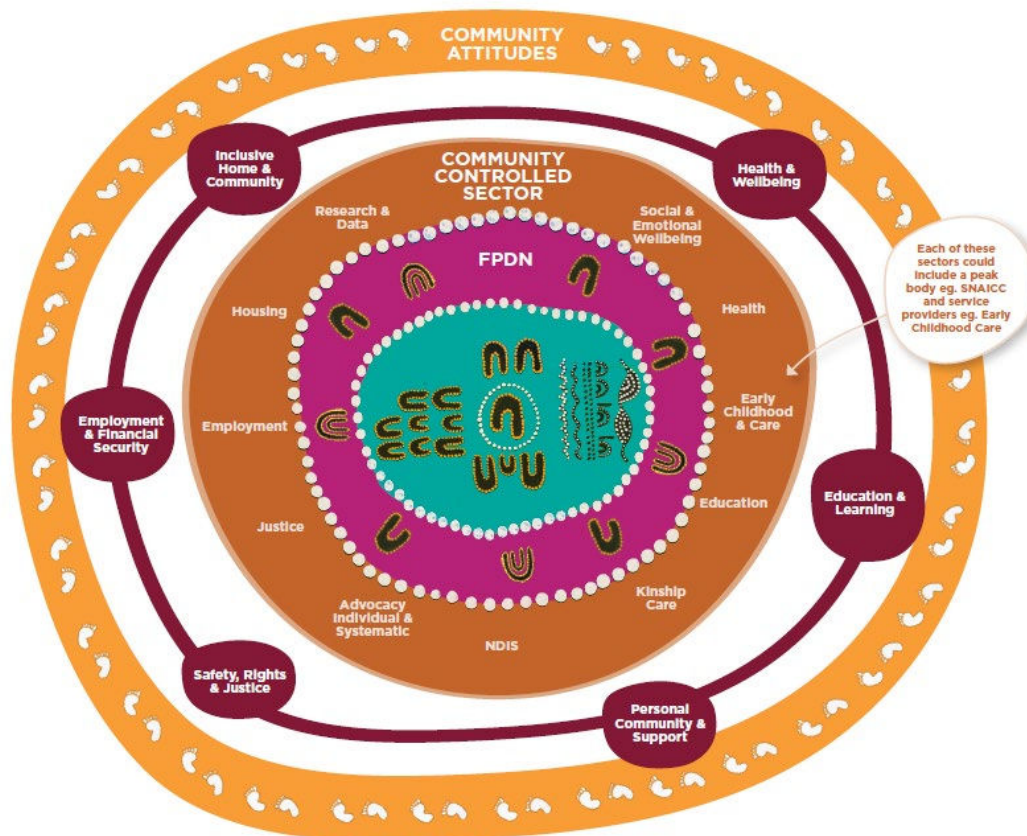
The Joint Council is responsible for monitoring implementation of the National Agreement through all Parties' annual reporting on their Closing the Gap Implementation Plans.

All Parties to the National Agreement will report on progress against their specific actions to implement the Disability SSP as part of governance of their ongoing Closing the Gap Implementation Plans. Jurisdictional Closing the Gap Implementation Plans and their Annual Reports (clauses 118 and 119) of the National Agreement will set out and report on specific jurisdictional actions, including any future funding commitments not already announced for sector strengthening. Any additional reporting of collective jurisdictional progress to implement the Plans, such as for the annual review by PWG described above, should draw on individual jurisdictional reporting, rather than create additional reporting requirements.

The diagram below shows how the Disability SSP will describe priorities for jurisdictions to adapt into their Implementation Plans for funding and accounting for their progress and maturity in this sector. Annual reports then provide a point of accountability and consideration of the next step of the Disability SSP's priorities.



8. Sector Snapshot: key challenges; relevant data; timeframes



This artwork depicts the community-controlled sector for First Nations People with disability. In the centre is the 'U' shaped used to represent the shape a person leaves in the sand. This shape is shorter on one side, and represents a person with disability, illustrating that they leave a different mark metaphorically (and sometimes physically) in the sand than a person without disability. Closest surrounding them is their families, communities, their connection to Country, culture and songlines. The next layer represents FPDN and the work that is done walking alongside First Nations people with disability and centres the person as the expert on their aspirations and need. The next layer represents the community-controlled sector, which includes disability specific services, as well as key systems and supports which provide the necessary inclusive and holistic support for First Nations people with disability. The next layer provides an overarching support for the community-controlled sector and First Nations people with disability through six of the seven Outcome Areas of the Strategy. The final layer is the seventh Outcome Area, which focuses on community attitudes. This layer represents the importance of supportive, inclusive and culturally safe attitudes for building a robust and resilient inclusive community-controlled disability sector.

8.1. Setting the Context

In order to define the community-controlled disability sector, it is important to have a shared understanding of disability. The following section provides this context of definitions, models and experiences of disability for First Nations people. This is then followed by a description of the community-controlled disability sector.

8.1.1. Keeping Strong – Centring Culture

For First Nations people with disability, connection to culture, to Country, land and sea, is deeply important to both individual and collective identity, to wellbeing, to resilience.

First Nations communities have been inclusive of peoples with all capabilities and supported participation in community and cultural life for millennia. The story of the one-legged Mungo Man, provides a demonstration of a culture of inclusion in First Peoples cultures:

The archaeological site at Lake Mungo, part of the Willandra Lakes Heritage site in south west New South Wales, contains the oldest footprints found in Australia, giving insight into Aboriginal society in ancient times.

Amongst the collection of footprints is a single track-line of one right footprint deeply impressed into the clay, but no corresponding left footprint was discovered. Trackers from the Pintubi people of Central Australia, traditional custodians of the land, were sought for their advice on what this meant. Looking at the track, they told the archaeological research team, “yes, this is definitely a one-legged man”.

Using sophisticated scientific modelling techniques, further analysis by the archaeological team indicated that the one-legged man was possibly moving as part of a hunting pack and moving at pace, upwards of an incredible twenty kilometres an hour.

Using traditional knowledge, the Pintubi people, skilled in reading the nuances in the track-lines, suggested that the one-legged man simply threw away his walking stick and hopped at speed to keep pace with the hunting pack.

- As narrated in *Culture is Inclusion* (Avery 2018)

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* (Avery, 2018).” Dr Scott Avery’s, a Worimi scholar, landmark research *Culture is Inclusion*² found that 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. This demonstrates a key difference in perspectives about disability, and inclusion, from a Western perspective, which need to be incorporated into the design and implementation of access, inclusion and disability policies and programs. The community-controlled sector is best placed to understand this.

8.1.2. What is disability?

² Avery, S. (2018) ‘Culture is Inclusion: A Narrative of Aboriginal and Torres Strait Islander People with Disability’ <https://fpdn.org.au/product/cultureisinclusion/>

The United Nations Convention on the Rights of Persons with Disability describes disability as:

“Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others” (Article 1, CRPD).

Disability is a construct that emerged through particular historic, political and economic circumstances, and is not a concept that translates readily in Aboriginal languages and cultures. First Nations concepts of disability are radically different to the Western construct of disability dominant in Australia and other Western contexts, wherein disability is constructed as a deficit against a perceived ‘normal’ level of functioning, and a problem that has to be fixed, rehabilitated or prevented (Avery, 2018). In many First Nations languages, there is no equivalent word for disability (Avery, 2018) and as such, the term ‘disability’, may not necessarily express First Nations’ concepts or experiences. Further to this, very often, the participation of First Nations people with disabilities in their families, community and cultural life is often enabled through inclusive attitudes, responsibilities and care provided by their families (Puszka and Walsh 2021). Some of the impact of this is “some Aboriginal and Torres Strait Islander communities may not have a general concept of disability, resulting in underreporting of disability and underutilisation of disability services” (Australian Human Rights Commission’s Social Justice and Native Title Report 2015).

It is also important to acknowledge that First Nations people with disabilities participation in their families and communities is often enabled through inclusive attitudes and the care provided by their families (Pushka and Walsh 2020). Practices of caregiving are in and of themselves viewed as cultural and community responsibilities. Given the high prevalence of First Nation people with disability, many carers are likely to live with disability themselves. Whilst this is viewed as a strength, it can also lead to financial, physical, emotional and mental hardship in First Nations families, and is often very gendered role (Pushka and Walsh 2020; DiGiacomo et al., 2017; Fitts & Soldatic, 2020; Green et al., 2018). More support is needed to kinship carers to undertake this role.

Understanding the way disability is conceptualised and experienced by First Nations people is critical to understanding the strengths within supports and participation systems, as well as existing barriers to accessing resources and services and ultimately how to improve outcomes with and for First Nations people with disability.

8.1.3. Different Models of Disability

There are multiple models of disability, such as:

- a. The ‘medical’ model of disability:** This model considers people to be disabled by their functional impairments or differences, and provides models of care based on what is ‘wrong’ with the person. The medical model of disability creates low expectations and leads to people losing independence, choice and control in their lives.
- b. The ‘social’ model of disability:** This model has been widely accepted as best practice, and is enshrined in the United Nations Convention on the Rights of Persons with Disability. The social model of disability suggests barriers in society disable people,

including physical and attitudinal barriers. When barriers are removed, people with disability can be independent and participate in society on an equal basis with their non-disabled peers.

- c. **The ‘human rights’ model of disability:** This emerging model is also aligned with the United Nations Convention on the Rights of Persons with Disability (CRPD) and the United Nations Declaration on the Rights of Indigenous People (UNDRIP).

The Human Rights Model marks a transition from people with disability being perceived as predominately recipients of health treatment, services, welfare and social protection, and the societal barriers that disable people, towards recognising people them as independent “rights-holders” and active members of society. Within the rights model, as documented by the CRPD, there are specific Articles which describe the different and important roles of disability representative and service provision organisations.

It is widely acknowledged that support for people with disability must extend beyond the medical model of disability, which focuses on treatments and rehabilitation measures only. The social and human rights models of disability provides a strong foundation, however the Disability SSP recognises the importance of adopting a more ambitious Cultural Model of Inclusion when working with First Nations people.

It is acknowledged that the term ‘service’ is the common language used throughout the community-controlled disability and other sectors, in line with the language under the National Agreement, and is subsequently used throughout this plan. Given the importance of language in progressing positive attitudinal change, and the rights model, which moves away from viewing people with disability as service recipients, the Disability SSP notes that this is not the preferred language of FPDN. Attitudinal change will be a focus of much of FPDN's Sector Strengthening work, and this will include changes to language used.

8.1.4. Keeping Strong – Developing a Cultural Model of Inclusion

Building on Dr Avery’s *Cultural Model of Inclusion*, the development and adoption of a Cultural Model of Inclusion as a pillar of the community-controlled disability sector recognised the diversity of cultures, languages, knowledge systems and beliefs of First Nations people. This acknowledgement ensures First Nations people with disability are valued and supported to participate in society in ways that are meaningful to them (Avery 2018), including where they live.

The importance of developing a cultural model of care and services that reflect First Nations peoples’ values and needs was also recently highlighted in a Department of Social Services commissioned report, *Systematic Review of Aboriginal and Torres Strait Islander Voices in Disability Support Services* (Walsh & Puszka, 2016). Among the key findings of the Review³, were the importance of developing new models for working with First Nations people with disability, models with a more local and regional focus, the need to support flexible program guidelines and funding streams, as well as ensuring new models are evaluated and assessed according to First Nations peoples’ experiences and metrics of success. The review also noted the importance of recognising new models may not necessarily be

³ The review applied an Indigenous Standpoint and Research Methodology to ensure that only reports that prioritised the voices and experiences of First Nation people were included in the review.

transferable across all contexts and community-controlled organisations, and may require a Country or place-based approach. In some locations, cultural models of inclusion may have already been developed.

From an implementation perspective, the Cultural Model of Inclusion proposes to focus on co-design and First Nations-led initiatives, while also centring concepts of culture, Country and community. This approach ensures the strengths and skills of people with lived experience are at the heart of decision-making processes. Embedding a Cultural Model of Inclusion is necessary for developing a robust foundation for improving other critical aspects of the sector such as governance, quality, funding models and workforce development (CoP Mapping 2021). By committing to the design of a Cultural Model of Inclusion, the Disability SSP recognises the agency of First Nations people with disability across the country, and the unique perspectives they can bring to the policy and program solutions and the community-controlled sector and service system.

Larry's Story (as told to FPDN)

Larry uses his wheelchair all the time to get around. He lives in a remote place where there are a number of distinct First Nations communities from different language groups, many of these living in separated town camps. The only place to get groceries in town needed to be re-located, and this meant that Larry needed to travel long way to get to it (about 3 kilometres) because of draining systems and inaccessible paths). Larry went to the regional Council, who also provide programs and supports for people with disability. The Council decided that they could build a pathway from Larry's town camp that went through a neighbouring town camp, and ended at the shop; this was a much cheaper option than building a bridge over the drains and making sure the pathways were accessible. Larry explained to the Council that he was not allowed to travel through the neighbouring camp. To date, the Council has not supplied a resolution, and Larry needs to make the long trek for groceries.

8.1.5. Life-stage approach

Disability can affect someone's life at any point in life. The Disability SSP recognises all experiences of disability, whether present from birth or acquired through illness, injury, accident or the aging process. In line with the Strategy, the Disability SSP recognises disability as a multitude of experiences, ranging from long-term physical, social and emotional, mental, cognitive, intellectual or sensory impairments. Experience of disability may also change over the course of someone's life as a result of other cultural, social or structural determinants. The Disability SSP considers a life-stage approach in terms of navigating the available resources and capabilities to enable full participation of First Nations people with disability in all aspects of life.

For example,

- accessing programs for families who may have children with development delays
- accessing resourcing during formal education, which often requires a specific disability diagnosis
- access to services such as health and housing at different times in a person's life
- accessing NDIS supports (where eligible) at different life stages, including the transition from NDIS to Aged Care supports.

All of these services and experiences are understood as interconnected through the life-stage approach. For more information on the life-stage approach, refer to **Supporting Document 6 – Life-Stage Approach**.

8.1.6. Key challenges to keeping Strong - social and structural determinants

Whilst participation and cultural inclusion is stronger for First Nations people with disability compared with other Australians, 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 (Avery 2018; ABS 2016). Whilst population prevalence data is limited⁴, First Nations people are twice as likely to experience disability than the rest of the Australian population (ABS, 2016). 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, it is estimated that over 60,000 Aboriginal and Torres Strait Islander people live with severe or profound disability in Australia today (Avery 2018)⁵.

The following provides further examples of the experiences of First Nations people with disability:

- One in nine (11.0%) children aged 0-14 years had a profound or severe limitation (SDAC 2018)
- Women are more likely to experience disability overall (SDAC 2018)
- Girls and women with disability more likely to experience violence (Avery 2020).
- Stolen Generation survivors are 1.4 times as likely to have a disability compared to other First Nations people (same age) (Australian Institute of Health and Welfare (AIHW) / Healing Foundation May 2021).
- First Nations people with disability are particularly vulnerable to experiencing violent crimes.
- 15.8% of those living with disability had completed year 11 or 12 (SDAC 2018). Less than half (44.3%) had completed Year 10 or below (SDAC 2018).
- 56.2% of people with disability were not in the labour force (SDAC 2018).
- 34.4% of people with disability lived in households with an equivalised weekly gross income in the lowest quintile (SDAC 2018).
- 27% of those living with severe & profound disability had difficulty in accessing health services (AIHW 2017)
- In NSW, 23.8% of young Aboriginal and Torres Strait Islander peoples in juvenile detention were indicative of having severe intellectual disability (*2015 Young People in Custody Health Survey* (Justice Health and Forensic Mental Health Network NSW, 2017)

⁴ For example, the SDAC data set does not include at least 17percent of the Aboriginal and Torres Strait Islander population.

⁵ This may not equate to the number of Aboriginal and Torres Strait Islanders who may be eligible for the NDIS.

- In a WA youth detention study, 47% of the Aboriginal youth incarcerated was diagnosed with Fetal alcohol spectrum disorder (Bower, Watkins, Mutch, et. al. 2018)

The experiences of First Nations people with disability is further compounded for those living in remote areas.

8.1.7. Intersectionality

In 1991, Uncle Lester Bostock, Leader of the First Peoples disability rights movement and esteemed Aboriginal Elder, presented the Meares Oration and used the term ‘Double Disadvantage’ to illustrate the intersection of racism and ableism First Nations people experience. Bostock describes that First Nations people “are at the lowest rung of the servicing ladder” in access to both services and the workforce (Avery, 2018., Bostock, 1991).

Extending this double discrimination, First Nations people with disability experience many intersecting forms of discrimination, including discrimination based on age, gender, sexuality and geographic location. These intersecting forms of discrimination need to be taken into account for the way policies and programs are designed as well as how First Nations people with disability interact with service systems, including the community-controlled sector.

First Nations people with disability and their families are often reluctant to obtain an official diagnosis of a condition or engage with disability services, as this process has the potential to increase the already high risk of a First Nations child being removed from family care.

8.2. The Disability Community-controlled Sector

8.2.1. The Sector

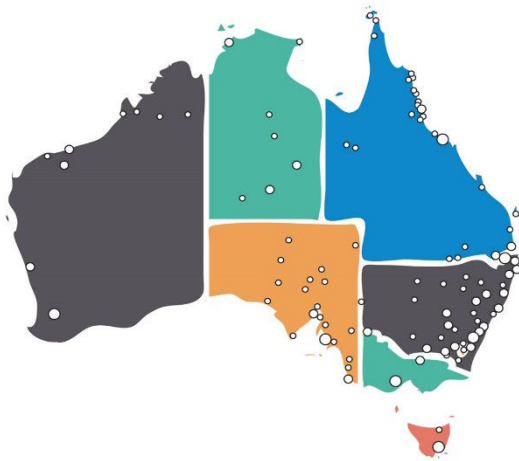
The disability community-controlled sector is broad, consisting of a peak disability representative organisation, service provision, enablers, supports and social and cultural support systems. It is a diverse, changing and expanding sector, with wide ranging expertise and experience. There is an assumption that disability services are predominately for the provision of personal and community supports, such as available to NDIS participants, however, the sector is much broader and encompasses a range of First Nations organisations and providers supporting and working with First Nations people with disability at a local and national level. These inclusive enablers and supports exist across the entire service system, such as in the early childhood development and care, education, health and justice system. A strong disability community-controlled sector requires the entire community-controlled disability sector to be responsive, inclusive and enabling. In some instances, this requires an increase in understanding of disability rights, inclusion and accessibility, as well as attitudinal change towards people with disability.

Whilst the Disability SSP recognises the growing network of strong and effective disability supports and approaches across Australia being delivered by the community-controlled sector, the specific needs of First Nations people with disability historically has not been a priority in an already fragmented and under-resourced community-controlled disability sector. Additional mapping of both NDIS and non-NDIS funded community-controlled organisations is required to gather a stronger understanding of the existing sector.

Extending this, the disability community-controlled sector includes services that ensure the entire system is accessible and cognisant of people with disability. These could include the

justice system, early childhood development and care, education system and the health system. The approach of the Disability SSP recognises that we can positively influence life outcomes by elevating First Nations people with disability to be central in decision making. This is done by building the community-controlled disability sector and fundamentally shifting attitudes to be responsive, appropriate and enabling, including within the service system. This would influence outcomes from education and employment, to justice, the protection and safety of women and children, and the overall health and well-being of our communities.

8.2.2. First Peoples Disability Network



First Peoples Disability Network (Australia) is the national peak organisation of and for Australia's First Peoples with disability, their families and communities. FPDN is entirely governed by First Nations people with lived experience of disability, and follows both the human rights framework established by the UNCRPD and the UNDRIP.

FPDN was established informally in 2010 and registered as a public company limited by guarantee in 2014. The peak founders are leaders of the Aboriginal disability movement, who have been working to uphold the rights of First Nations people since the 1960s.

FPDN is the community-controlled disability sector's dedicated disability peak body. FPDN are in a unique position as both the disability representative organisation and a community-controlled organisation operating in the disability sector.

The map provided illustrates FPDN's national reach and breadth of work delivered over the past 20 years. FPDN is uniquely placed as its members are First Nations people with disability, their families and communities, rather than organisations that provide services (though is regularly called upon to support those organisations). This unique position means that FPDN has the ability to sit and listen to, to give voice and privilege the stories, needs and concerns which come directly from First Nations people with disability, use those voices to inform policy and decision-making and support ACCOs in their delivery of disability supports. FPDN's extensive work includes systemic advocacy, training and resources, support and advice for ACCOs and government agencies and departments. FPDN also has an international presence, including presenting at United Nations Conferences, and providing consultancy and support to international regions.

8.2.3. Community-Controlled Health Organisations

There is a growing number of Aboriginal Community-Controlled Health Organisations (ACCHO) and Aboriginal Medical Services (AMS) in urban, regional, rural and remote locations delivering disability support services within their holistic model of care. These services have a broad set of preventive, population, chronic illness, environmental health, emergency and disability services. This includes being a registered or non-registered NDIS provider. The ACCHO network is a critical service provider in communities and a collaborative approach that includes an expansion of their model to centre a Cultural Model of Inclusion will strengthen these approaches. It is noted that some ACCHOs may already be applying localised cultural models of inclusion. There are 143 ACCHOs operating more than 500 clinics across Australia. It is unknown how many deliver disability services. Some examples of ACCHOs and health peaks and the diversity of their disability services include:

- NACCHO delivers the NDIS Ready project aimed to increase ACCHO and AMS registrations to deliver NDIS services. This will help build capacity for these organisations to transition to and operate as NDIS providers and, in turn, grow the Aboriginal and Torres Strait Islander NDIS market and workforce.
- South Australian West Coast ACCHO Network (SAWCAN) is a consortium of five Aboriginal Community-controlled Health Organisations (ACCHOs) expanding across the Eyre and Far West Coast region in South Australia. They have pooled resources to develop, implement and deliver the Aboriginal disAbility Alliance project
- Aboriginal Health Council of Western Australia (AHCWA) is enhancing their Mappa system, a free-to-use online mapping tool to include information about NDIS providers. This will include a Cultural Security Framework that NDIS providers can use to undertake a self-assessment of their cultural competency. The overall aim is to provide current and accurate information for Aboriginal people with disability and their families to enable them to exercise genuine choice in accessing service providers

Note: The above examples are not an exhaustive list of all community-controlled health organisations in Australia delivery disability services or programs.

8.2.4. Aboriginal Community-Controlled Organisations

There is also a growing number of Aboriginal Community-Controlled Organisations (ACCOs) providing supports for First Nations people with disability across different aspects of the services system in addition to health. The ACCO network is a critical service provider in communities and a collaborative approach that includes an expansion of their sector specific models (such as early childhood development and care) to centre a Cultural Model of Inclusion will strengthen these approaches. Some examples of ACCOs and their services include:

- Kimberley Stolen Generation Aboriginal Corporation provides targeted counselling for First Nations people with disability
- Taoundi Aboriginal Community College provides literacy and numeracy training and other training and career supports

- North Australian Aboriginal Justice Agency provides specific supports for incarcerated First Nations people with disability

Note: The above examples are not an exhaustive list of all community-controlled health organisations in Australia delivery disability services or programs.

8.2.5. Disability Specific Services within the Community-Controlled Sector

A broad range of services exist to enable and support people with disability and assist people to participate in their day to day lives in community and society.

The following are some examples of disability specific services that the community-controlled sector already plays a role, however, can be strengthened.

8.2.6. National Disability Insurance Scheme

The National Disability Insurance Scheme (NDIS) provides individualised funding to eligible NDIS participants for supports and services that help them in their daily life, to participate in the community and reach their goals. Individuals purchase supports from a provider of their choice (within relevant provider registration requirements, which may vary). Control and choice of an individual is central to the NDIS. The NDIS does not directly fund organisations.

However, the NDIS can also provide all people with disability with information and connections to services in their communities such as doctors, sporting clubs, support groups, libraries, and schools, as well as information about what support is provided by each state and territory government.

- 35,733 (or 7.1 percent) of NDIS participants identify as Aboriginal and Torres Strait Islander
- Average committed supports for Indigenous NDIS participants are 13% higher than non-indigenous participants, and utilisation rates are 60% for Indigenous participants compared to 67% for non-indigenous participants.

Tracking and monitoring the number of community-controlled registered and non-registered NDIS providers can be complex.

The Disability SSP acknowledges that while the NDIS is one part of the broader disability sector, it is a major focus for many ACCHOs. The importance of working with and leveraging off the NDIA's ongoing work in delivering the NDIS will be integral to strengthening a community-controlled disability sector.

8.2.7. Disability advocacy

Advocacy programs for people with disability is considered a key aspect of the disability sector to ensure rights are maintained consistent with the UNCRPD. Advocacy programs provide people with disability with access to effective disability advocacy that promotes, protects and ensures their full and equal enjoyment of all human rights enabling community participation. There are a range of funded models of disability advocacy, including systemic, individual, self and legal advocacy. Both the Australian Government and state and territory governments are committed to disability advocacy for people with disability. This includes advocacy delivered by community-controlled organisations at both a national and local level.

8.2.8. Community and Personal Supports

Community and personal supports acknowledges the extent to which the participation of people with disability is limited by societal barriers to participate as well as access the service system. It articulates the need for communities and services to be accessible to people with disability in order to facilitate their full and equal participation in the community.

Supports could include structural modifications, provision of sign language interpreters (including access to First Nation sign language interpreters), braille and culturally inclusive easy read versions of information, to accessible buildings and capital infrastructure. It also includes therapeutic supports, assistance in different life stages within multiple activities, transition and supports including use of assistive or adaptive technologies; facilitation of employment opportunities and programs for the individual and organisation during employment.

8.2.9. Information and Linkages Supports

Culturally responsive information and linkage support programs create connections between people with disability, the communities they live in and in accessing services across the service system. Supports aim to build the knowledge, skills and confidence of people with disability, and improve their access to community and services.

8.3. A Community-Controlled Disability Research and Data Sector

First Nations people with disability sit on the periphery of both national disability policies, frameworks, data infrastructure or research agendas. In effect, this means data about and evidence by First Nations people with disability are often not captured in its own right. This has key implications for how data and evidence is captured in relation to First Nations people with disability and their unique experiences of interaction with the service systems and all other aspects of life, including what living well looks like for a First Nation person with disability. Existing data and research is often limited in scope, and often does not provide sufficient focus to all experiences of disability in regional, remote or urban contexts. Other key data and research limitations are the use of Western methodologies, which do not capture the entire experience and perspective of First Nations people living with disability (Avery 2018, Walsh & Puszka 2021).

As noted earlier due to a range of reasons, the prevalence of under-reporting has many

lead-on impacts, including individuals and their families not knowing about the types of services and supports available to them and for the community-controlled sector to design and deliver inclusive and responsive services. Having access to relevant and appropriate local and national data and evidence is critical to enabling community-controlled organisations and the sector to grow and strengthen their disability service delivery offer.

Adopting a more culturally inclusive method of research and data, one which is grounded in community, will ultimately give more voice to First Nations people with disability and in turn help shape a stronger understanding of the barriers, issues faced and their potential solutions, required for the community-controlled sector. The importance of a First Nation - disability data and research agenda is central to the success of strengthening the community-controlled sector, all SSPs, and other key policy and programs working with and for First Nations people with disability. Ongoing alignment with Priority Reform 4, data improvement plan and the Strategy's data improvement plan will be applied to this work.

8.4. Non-Indigenous Disability Sector

The Disability SSP acknowledges the disability sector also includes non-Indigenous disability services. A culturally safe and responsive non-Indigenous disability sector will enable choice and control for First Nations people with disability to access any organisation they choose. In addition this choice and control also recognises for a range of reasons First Nations people with disability are not able to access all services in their community-controlled organisations. In some locations, community-controlled organisations are not available to deliver disability support services. Furthermore, acknowledging the non-Indigenous sector recognises that bringing together a range of expertise can strengthen the responsiveness and quality and range of services to be delivered to First Nation people with disability. Actions that relate to transforming mainstream organisations (Priority Reform 3) or the non-Indigenous disability sector, fall outside the scope of this plan.

8.5. Key national challenges

The following key national challenges have been identified by FPDN through comprehensive national consultation efforts, as well as stemming from FPDNs decades of work with and for First Nations people with disability. These challenges have been considered throughout the development of the Disability SSP.⁶ A more detailed overview of key national challenges is available in **Supporting document 1 – Consultation and Engagement (section 4)**.

The challenges outlined below provide a high-level overview of the most significant challenges faced by First Nations people with disability and the community-controlled service system:

- Pervasive attitudinal barriers and systemic discrimination
- Limited knowledge
- Structural barriers

⁶ Key challenges have been identified through consultation and engagement with First Nation people with disability, previous consultations with First Nation people and service providers inc. during the development of the Australia's Disability Strategy, the Wiyi Yani U Thangani (Women's Voices) report, Disability Royal Commission hearings and related submissions, and Indigenous led academic resources.

- Poverty and the need to prioritise basic needs
- Service / practitioner capacity, capability and disability rights and cultural gaps
- Lack of data and knowledge of what works and what doesn't work for First Nation people with disability, from their perspective

In line with the National Agreement, the following sections set out more specific challenges relating to the six elements of a strong community-controlled sector.

8.5.1. Workforce – First Nations people working within the community-controlled disability sector

While there is a lack of current and comprehensive workforce data across the sector, the available data suggests that overall the First Nation disability workforce is either emerging or limited. While there are many jurisdictional and national employment and workforce strategies, they do not pay specific attention to the community-controlled disability workforce. It is anticipated that the *Aboriginal and Torres Strait Islander Human Services Workforce Plan* will go some way to address this gap. However, a broader focus on workforce data will be required to achieve more comprehensive understanding of existing gaps.

There are a range of workforce challenges identified by DSSPWG members and other sources (such as the NDIS Workforce Plan) including:

- Workforce attraction and retention to meet growth and demand, including non- competitive remuneration
- Limited recognition, opportunities and / or support for the development of local First Nations workforce and their cultural knowledge, community connection and skills and the long-term commitment to supporting their communities.
- In Regional and remote communities, services are often reliant on an external workforce; the need for transportation into and between remote communities, difficulty recruiting, training and retaining staff, lack of accommodation options for staff and limited support for staff.
- First Nations people also experience further barriers in obtaining requisite qualifications.

For more information on the workforce and employment implications associated with the implementation of the Disability SSP, refer to **Supporting Document 7 – Employment**.

8.5.2. Capital Infrastructure

Most ACCO and ACCHOs currently delivering disability services and programs were initially established for the purpose of delivering other services, such as Aboriginal Medical Services. As accessibility standards have progressed, funding to support community-controlled organisations to address these requirements have been limited. Many of the ACCOs providing services today operate in buildings with non-accessible and poor

infrastructure, design and safety consideration. Some examples shared and observed by FPDN include:

- An eye clinic at a prominent Aboriginal Medical Centre, on the second floor of a building complex which has no elevator
- People in wheelchairs not being able to see (or be seen) over high reception counters
- Deaf and Hard of Hearing people not being able to access interpreters at appointments
- People with Autism not offered an alternative waiting space, despite not being able to wait in the reception area for their appointment because of the noise from the television, receptionist, phones and foot traffic all at once.

It is noted that some of the examples here are universal design considerations.

Improvements to capital infrastructure include a cross-sector commitment to considering accessibility and universal design requirements for all new builds and when doing upgrades on existing infrastructure. This includes information technology infrastructure. Improvements to accessibility should consider factors such as bench heights at reception areas, access to transport and ensuring accessible information and the appropriate technological infrastructure is available (e.g. easy read, audio versions, access to interpreters).

Further to accessible and inclusive capital infrastructure, a focus in the Disability SSP includes broader organisational infrastructure needs for the disability community-controlled sector, particularly in regional, remote and very remote communities. This includes consideration for staff housing and infrastructure to support ACCO and ACCHOs at different stages of their delivery capacity with distinct needs to be taken into account (e.g. for new disability ACCOs to establish a base for operations, or the expansion of ACCOs and their disability service offering).

8.5.3. Service Delivery

Service delivery is a central component of building the community-controlled sector and improving outcomes with and for First Nations people with disability. Engagement with the sector and community members throughout the development of the Disability SSP, supported by First Nation led research into the service system (Avery 2018; Pushka and Walsh 2020) acknowledges a fundamental need to develop and implement a consistent Cultural Model of Inclusion to ensure all organisations delivering disability services are both culturally and disability rights inclusive. A key challenge in service delivery is that many non-disability specific services across different sectors do not recognise and are not aware of the social and rights based models of disability and the role that their sector plays in ensuring they are accessible and inclusive. This requires awareness and at times attitudinal change about people with disability and their rights to be involved in service design, and to access equitable services.

Within the disability community-controlled sector, elements of service provision include:

Frontline services:	Back end services:
<ul style="list-style-type: none"> • NDIS funded services and supports • Information services • Linkage services • Advocacy • Interface services within and between the broader service system, such as legal services or education 	<ul style="list-style-type: none"> • Administrative supports • Data • Regulatory reporting • Training • Leadership • Governance

Whilst there are thin markets and gaps in available disability services and supports in all locations that are culturally inclusive and safe, there are additional thin market challenges in rural, remote, very remote locations. For example, cost, existence of community-controlled organisations already delivering a range of services with different reporting, regulatory and governance requirements, workforce, and appropriate infrastructure. This exists for both NDIS and non-NDIS related service delivery.

8.5.4. Governance

Given the broad scope and diverse nature of the disability community-controlled sector, investing in strengthening governance structures to enable the inclusion of a Cultural Model of Inclusion within the community-controlled sector is essential. The provision of approaches within a Cultural Model of Inclusion, and First Nations approaches to governance premised on relationships and social roles may be at conflict with current funding agreements and contravene colonised compliance-based constructs of governance (King et. al, 2014). This conflict is evident for community-controlled organisations specifically delivering NDIS services; the governance and funding model of the NDIS can be complex for some organisation to navigate, and there is a need to build capability and systematise best practice across the sector, particularly with smaller ACCOs (CoP Disability Sector Mapping Report 2021).

Further to this, some members of the DSSPWG reported overburden of reporting to meet the obligations under the various standards. Whilst such burdens are not only specific to organisations registered to deliver the NDIS, examples include, arrangements reflecting both the strict requirements of the NDIS Practice Standards and Code of Conduct, as well as ACCHO specific health related standards and governance requirements. Additionally, there are a variety of state and territory based regulatory frameworks that may be required to be incorporated by organisations, and these vary significantly depending on the jurisdiction and types of services provided. Maintaining compliance with the required standards can be difficult and confusing for some organisations.

Another aspect of governance that has been identified across the disability community-controlled sector, is the lack of leadership positions for people with disability in community-controlled organisations.

8.5.5. Consistent Funding Models

Service providers and other stakeholders have identified that dedicated, reliable and consistent funding for supporting organisation would enable services to address the barriers to accessing inclusive disability supports more effectively, including thin markets, service quality, transport and geographic location.

NDIS specific challenges

Consideration of how the NDIS operates in many communities can help build the capacity of organisations and ACCHOs and ACCOs providing services in these communities. The successful operation of the scheme faces significant challenges in some areas where the individualised funding model and fee for service/market mechanisms may require innovative market solutions to improve the provision of supports for First Nations NDIS participants, particularly for those living in remote and very remote communities. NDIS participants living in remote and very remote locations often do not have access to all the providers they need to enable them to access their NDIS funded supports. Further, the Coalition of Peaks Disability Sector Mapping Report (2021) identified that the several jurisdictions considered the market-based nature of the NDIS funding model impacts client relationships as it does not allow for community relationship building and storytelling / information gathering to ensure informed decision making for First Nations people with disability.

Other market mechanisms or solutions will be required to stimulate growth of the NDIS provider market at the local level, including NDIA thin market projects, leveraging NDIS participant funds at a community level, aligning through commissioned supports and co-commissioned supports in certain circumstances, and innovative integration with local mainstream services (Ferdinand, et al., 2019). The NDIA shares specialist data such as NDIS Market Dashboards that includes indicators such as plan utilisation and provider concentration, in addition to the comprehensive quarterly and other reports regularly released to assist stakeholders to understand thin market trends. Other participant data is also available on the NDIS website.

Furthermore, the Mapping Report outlines that the requirements in becoming a registered NDIS provider and maintaining registration presents significant challenges, particularly for smaller service providers. This shows there is a need to build capability and systematise promising practice across the sector, particularly with smaller ACCOs. This can lead to some First Nations NDIS participants missing out on accessing NDIS registered providers in their communities. Further work is needed to consider the market mix of registered and unregistered providers in remote markets and whether policy settings around the use of registered and unregistered providers are best enabling participants to purchase the services they need. This would include considering registration requirements and other settings that shape the market.

Start up / seed funding has been considered to address some of these market and provider issues, including the Boosting the Local Care Workforce Transitional Assistance Funding⁷,

⁷ **The Transition Assistance Funding** was an initiative of the Boosting the Local Care Workforce Program (BLCW Program), delivered by EY Australia and the Community Services Industry Alliance. The BLCW Program is administered through a Grant Agreement with the Department of Social Services. Eligible disability service providers were able to apply for Transition Assistance Funding (TAF) of up to \$20,000 in two rounds in 2019 and 2020. This funded the purchase of tailored professional services including business advice, to grow their business and workforce capability.

and more recently the NDIS Ready Project. The NDIS Ready Project included grants distributed by NACCHO to support ACCHOs and ACCOs to register and become sustainable NDIS providers. The breadth of these initiatives, and the impacts and effectiveness in generating delivery of NDIS funded services, particularly in remote communities, needs to be further explored.

Non-NDIS specific challenges

Beyond the NDIS, community-controlled organisations delivering other disability services and programs face challenges meeting the need of all First Nations people with disability. Current funding initiatives and strategies are often short term project based, and do not address the long term need, with little consideration of the 'back-end' requirements of organisations, including administration, strategic and financial planning and training. Furthermore, access to specialised First Nations and disability funding is often limited for supports such as advocacy and communications, either falling out of scope in either Indigenous policy programs, or in disability policy programs. Specific opportunities for First Nations Disability models within existing policies and programs will ensure that funding initiatives are both culturally responsive and inclusive.

8.5.6. Peak Body

First Peoples Disability Network (Australia) is the national peak organisations for First Nations people with disability. While FPDN's work is extensive and has a wide reach, much of this, including supporting ACCOs, is under-resourced. Strengthening FPDN's funding opportunities will greatly improve the organisation's capacity to continue delivering important support across Australia. The support of a peak body that is well established, resourced and consisting of the people it represents is critical in providing meaningful support to community-controlled organisations operating or looking to commence operating in the disability sector. This enhancement is to operationalise disability as a cross-cutting outcome across all Closing the Gap initiatives.

Enhancing FPDN's role as the national peak will enable a range of supports to be provided to community-controlled organisations and providers and relevant peaks. These include the development and implementation supports and tools for the Cultural Model of Inclusion Framework and Organisational Tools. A Communities of Practice Model will be developed to establish working relationships with peaks and community-controlled organisations.

A key action under the Disability SSP is the development and implementation of FPDN's National Disability Footprint to ensure that disability is an intersectional and actionable consideration in the priority reforms and socio-economic targets of the National Agreement. The National Disability Footprint aims to enhance FPDN's policy and national presence, to engage with governments, community-controlled organisations, and First Nations people with disability.

To address the unmet needs of First Nations people with disability FPDN uses a human rights approach aligned to the social model of disability. FPDN's work is informed 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*.

Obligations under the UNCRPD are not widely known by First Nations people and their community-controlled organisations.

9. Objectives and Measures of success

The Disability SSP has been developed through a human-centred approach. The various principles, actions, outcomes, measures of success and key performance indicators outlined within the Disability SSP aim to centre First Nations people with disability and the community-controlled sector.

Further to this, all actions and other forms of reporting mechanisms mentioned have been developed to ensure a strong alignment with the Strategy's Outcomes Framework. More detailed information on the Disability SSPs' alignment with the Strategy is available in **Supporting Document 3 – The Disability SSP and the Strategy**.

10. Key Areas for Action

In 2021, the Joint Council identified six Key Areas for Action to structure each Sector Strengthening Plan. The Disability SSP identifies 31 Action and Outcome areas under these six headings which outlines the various levels of local and national focus required to strengthen the community-controlled sector.

Responsibility for various actions and outcomes are separated at the Commonwealth, state and territory, peak body or community-controlled sector level (where appropriate). Where more than one of the aforementioned groups is responsible for achieving outcomes, actions have been outlined as a collective responsibility. This approach further imbeds the focus on a nationally coordinated and collective approach to strengthening the sector and improving outcomes for First Nations people with disability.

The Actions and Outcomes are not designed to commit the Commonwealth, state and territory governments, the peak or the community-controlled sector to addressing, implementing and realising each action and outcome simultaneously. Instead, the table provides comprehensive guidance to all Parties on their responsibilities in supporting and working with First Nations people with disability, their families, communities and the community-controlled disability sector.

It is important to recognise that these actions are intended to be positioned at a high level so that stakeholders have the flexibility to implement outcomes and actions that meet jurisdictional need in accordance with their own policies, budget priorities and timeframes.

The Disability SSP recognises the pre-existing efforts and commitments already underway at the Commonwealth, state and territory, peak and community-controlled sector level, and seeks to provide a framework to support a collaborative rather than duplicative approach to achieving stronger outcomes. More information regarding the relevant jurisdictional policies can be found in **Supporting Document 8 – Jurisdictional Mapping**.

10.1. Actions and Outcomes

These actions and outcomes are to involve First Nations people with disability in all aspects of design and delivery.

A. Workforce

Objective: Strengthen a dedicated First Nations disability workforce for the community-controlled disability sector, that has the capacity and capability to deliver culturally safe, accessible and inclusive, and disability right informed services.	
Outcomes:	Actions:
Grow the community-controlled disability sector workforce (existing and new)	Actions A1, A2, A6
Strengthen investment in a permanent, highly skilled and nationally credentialed sustainable workforce	Actions A1-A6
Improve and maintain quality of community-controlled sector workforce to be culturally safe and inclusive, and disability rights informed (Cultural Model of Inclusion)	Actions A4, A6
Enhance supply and demand workforce data in alignment with data improvement plans to enable more flexible use of the workforce and drive innovation throughout the community-controlled sector	Actions A5, A6

No.	Action	Description	Responsibilities	Resources	Timelines
A1.	Map strengths, challenges and gaps and identify specific actions to grow the First Nations disability workforce – for	A1.1 Define the specific areas of workforce where growth is required A1.2 Define key skill sets and skill pathways for core members of disability support teams including disability support workers, kinship care roles, allied health professionals, co-ordination roles. Ensure	Community-controlled sector	TBD	Year 1-3

No.	Action	Description	Responsibilities	Resources	Timelines
	urban, regional and remote	<p>this also includes required sector needs in finance, remuneration and broader HR attraction and retention levers.</p> <p>A1.3 Identify existing First Nations and disability urban, rural, remote and very remote human services workforce strategies and data.</p> <p>A1.4 Develop actions to address challenges, for example: increased security in employment contracts; adequate and competitive remuneration for disability sector workers; accommodation support for workers in regional and remote areas; e-learning opportunities for staff; increasing the transferability of skills/qualifications across different roles.</p>	All jurisdictions		
A2.	Map existing Disability and First Nations peoples' workforce strategies and identify specific principles to be inclusive of a First Nation Disability Workforce Sector	<p>A2.1 Identification and mapping of existing disability and First Nations workforce initiatives and review outcomes of existing First Nations and Disability workforce plans (strategies and frameworks) (for example, Aboriginal and Community Services Workforce Strategy, Human Community Development Program and NDIS National Workforce Plan). This could include both ACCO and government strategies.</p> <p>A2.2 Develop principles / accountability framework for workforce plans to take account of First Nations peoples' disability sector needs and barriers (eg. casualisation and transient workforce; unpaid workforce; urban, regional and remote differences; the breadth of the sector; cultural perspectives; gender perspectives; data collation and dissemination to the sector).</p>	<p>FPDN</p> <p>Community-controlled sector</p> <p>All jurisdictions</p>	TBD	Years 1-2

No.	Action	Description	Responsibilities	Resources	Timelines
		<p>A2.3 Develop principles and accountability requirements of workforce plans to ensure the inclusion of First Nations people with disability who want to work in the sector.</p> <p>A2.4 Identify opportunities for reviewing and refreshing existing First Nations and disability workforce plans (strategies and frameworks) to ensure these principles and accountability requirements are embedded.</p>			
A3.	<p>Invest in and support a permanent, highly skilled and nationally credentialed, sustainable First Nations disability workforce</p>	<p>A3.1 Attract workers to meet growth and demand throughout the community-controlled disability sector, including support workers, allied health professionals and specialist roles throughout the service system.</p> <p>A3.2 Enhance disability sector jobs to retain suitable existing workers, including a focus on kinship carers and people with disability.</p> <p>A3.3 Support First Nations workforce sustainability through multiple entry points, pathways and career development, especially for First Nations people with disability</p> <p>A3.4 Develop a training and education strategy that identifies pathways into the sector and to increase career pathways for new and existing workforce, with a focus on kinship carers and people with disability; including:</p> <ul style="list-style-type: none"> • on the job training and nationally accredited training • longer-term career pathway training • development opportunities for progression and variety, 	<p>FPDN</p> <p>Community-controlled sector</p> <p>All jurisdictions</p>	TBD	Years 1-3

No.	Action	Description	Responsibilities	Resources	Timelines
		<ul style="list-style-type: none"> • mobility • multiple levels of entry points into the sector • tertiary pathways • mentoring, leadership and stewardship models. <p>A3.5 Establish a dedicated research and data pathways bridging community knowledge, research and policy translation, supported by research scholarships for community</p>			
A4	<p>Strengthen and develop workforce capabilities to be culturally safe and inclusive, and disability rights informed (Cultural Model of Inclusion)</p>	<p>A4.1 Design, embed and continuously improve the specialised capability needs of the community-controlled sector workforce</p> <p>A4.2 Develop capability framework and required skill sets for the community-controlled sector across the service system, aligned with the development of Cultural Models of Inclusion Framework and the Cultural Models of Inclusion Organisational Tool.</p> <p>A4.3 Identify and map existing First Nations and disability capability frameworks, and develop principles / accountability framework that ensures capability strategies take account of Cultural Models of Inclusion.</p> <p>A4.4 Applying the capability framework, map current availability and adequacy of relevant training courses and qualifications to identify opportunities.</p> <p>A4.5 Utilise community-controlled sector and RTOs to develop and deliver required skill sets.</p>	<p>FPDN</p> <p>Community-controlled sector</p> <p>All jurisdictions</p>	TBD	Years 1-3

No.	Action	Description	Responsibilities	Resources	Timelines
		<p>A4.6 Embed continuous improvement and evaluations of capability development resources.</p> <p>A4.7 Identify options to introduce and embed capabilities within the community-controlled sector.</p>			
A5.	Ensure community-controlled organisations have access to supply and demand workforce data and capability needs	<p>A5.1 Scope data gaps, barriers to obtaining data, and barriers to effective data management throughout its lifecycle.</p> <p>A5.2 Identify existing data improvement activities to inform the development and implementation of a First Nations disability workforce data improvement plan.</p> <p>A5.3 Improve access to relevant workforce data.</p>	<p>Community-controlled sector</p> <p>All jurisdictions</p>	TBD	Years 1-3
A6.	Implement Australia's Disability Strategy aligned with Priority Reform 2	A6.1 Jurisdictions to identify opportunities to strengthen the community-controlled sector in implementing Australia's Disability Strategy specifically in relation to Outcome Area 'Employment and Financial Security'. The Disability SSP Guiding Principles to be used to inform this alignment.	All jurisdictions	TBD	Years 1-3

B. Capital Infrastructure

Objective: Ensure that the Community-controlled Sector’s capital infrastructure, services and facilities are accessible for all First Nations people with disability

Outcomes:	Actions:
Community-controlled organisations have the organisational infrastructure to deliver disability services.	Action B1 – B4
Community-controlled organisations and buildings meet accessibility standards.	Actions B2 – B4
Information and communication systems used by community-controlled sector are accessible.	Actions B3
Community-controlled organisations infrastructure is inclusive and accessible to people with disability.	Actions B1 - B4

No.	Action	Description	Responsibilities	Resources	Timelines
B1.	Enhance and support ACCO / ACCHOs organisational infrastructure needs to be able to increase service offer to deliver disability services.	<p>B1.1 Service design needs to incorporate staff housing and infrastructure to support ACCOs at different stages of their delivery capacity (e.g. for new disability ACCOs to establish a base for operations). This may include additional transport and/o physical facilities to enable ACCOs to deliver accessible, inclusive programs and events.</p> <p>B1.2 Scope the potential of collaborative approaches with other community-controlled organisations for shared infrastructure.</p>	All jurisdictions	TBD	Years 1-3

No.	Action	Description	Responsibilities	Resources	Timelines
B2.	<p>Ensure all new community-controlled infrastructure and upgrades to existing infrastructure meet accessibility and inclusion requirements (Premise Standards and Reviews)</p>	<p>B1.1 The development of a universal design policy and principles for ACCHOs and CCO's, conducting of accredited access audits for funded services.</p> <p>B1.2 Jurisdictions identify opportunities to provide the necessary capital funding to upgrade government owned infrastructure identified through the audit to ensure accessibility. Develop a prioritisation criteria for upgrades to realistically ensure resourcing and scheduling.</p> <p>B1.3 Increased funding opportunities for the community-controlled disability sector to renew, upgrade or expand existing capital infrastructure.</p> <p>B1.4 Identify options for privately owned buildings.</p>	<p>Community-controlled sector</p> <p>All jurisdictions</p>	<p>TBD</p>	<p>Year 1-2</p>
B3.	<p>Support community-controlled organisations to meet inclusion and accessibility standards for:</p> <ol style="list-style-type: none"> 1. transport 2. housing, building and physical accessibility including for community-controlled service buildings 	<p>B2.1 Peak to develop communication packs regarding accessibility requirements to the community-controlled sector, including a style guide, fact sheets, and directory</p> <p>B2.2 Jurisdictions incorporate standards of accessibility in grants, KPIs and reporting frameworks to the community-controlled sector.</p>	<p>FPDN</p> <p>Community-controlled sector</p> <p>All jurisdictions</p>	<p>TBD</p>	<p>Years 1-2</p>

No.	Action	Description	Responsibilities	Resources	Timelines
	3. language, example - easy readers, access to sign language interpreters				
B4	Ensure information and communication systems, including IT infrastructure used by community-controlled sector are accessible	<p>B4.1 Ensure information and communication systems used by community-controlled sector are accessible through funding reliable IT capacity and connectivity for clinical information systems, telehealth, community engagement, and client connection in every region (urban, regional and remote) and equitable access to other technological and digital innovations to improve.</p> <p>B4.2 Ensure appropriate funding is included in grant processes to meet accessible IT infrastructure standards Including accurate estimates of cost of accessible communications and KPIs for organisations to prove they are meeting these.</p>	<p>Community-controlled sector</p> <p>All jurisdictions</p>	TBD	Years 1-3
B5	Strengthen collaboration between Housing and Disability through implementation of the Housing SSP.	<p>B5.1. Community-controlled Sector and Jurisdiction through implementing actions under the Housing Sector Strengthening Plan ensure actions are inclusive of the accessibility needs of people with disability and align with Australia's Disability Strategy.</p> <p>B5.2 Identify partnership opportunities between national and local housing and disability peaks, and community-controlled organisations.</p>	<p>Community-controlled sector</p> <p>All jurisdictions</p>	TBD	Years 1-3
B6	Align Priority Reform 2 with the Strategy	B6.1 Jurisdictions to identify opportunities for the community-controlled sector to be strengthened and engaged in implementing	All jurisdictions	TBD	Years 1-3

No.	Action	Description	Responsibilities	Resources	Timelines
		<p>the Strategy specifically in relation to Outcome Area 'Inclusive Homes and Communities'.</p> <p><i>The Disability SSP Guiding Principles to inform this alignment.</i></p>			

C. Service Delivery

Objective: Build the capacity of existing and new community-controlled disability services to deliver a full range of culturally safe and inclusive services, centring human rights to achieve much greater social and economic participation of First Nations people with disability.	
Outcomes:	Actions:
First Nations people with disability have greater choice and control through increased number and proportion of community controlled organisations delivering disability specific services, and through maximised current service delivery capacity.	Actions C2, C3, C4, C5, C8, C9
Community-controlled organisations implement Cultural Model of Inclusion across the service system.	Actions C1, C7
First Nations people with disability, their families and communities are empowered to advocate for their inclusion and accessibility rights to achieve equal access to social and economic participation	Actions C1 – C9
Service Delivery is underpinned by evidence-based policy, informed by First Nations disability research, data, and evaluation	Actions C1, C2, C6, C7

No.	Action	Description	Responsibilities	Resources	Timelines
C1.	Develop and Implement Cultural Model of Inclusion Framework	<p>C1.1 Peak to develop Cultural Model of Inclusion Framework with First Nations people with disability and community-controlled sector</p> <p>C1.2 Peak to develop Cultural Model of Inclusion Organisation Tool (to include all elements of an organisation – e.g., governance, leadership, capability, training, policies).</p>	<p>FPDN</p> <p>Community-controlled sector</p> <p>All jurisdictions</p>	TBD	Year 1

No.	Action	Description	Responsibilities	Resources	Timelines
		C1.3 Identify and/or build on opportunities to require and demonstrate the Cultural Model of Inclusion Framework for quality standards, capabilities and accountability processes in the disability community-controlled sector, non-Indigenous disability sector and in government.			
C2	Support innovation in the community-controlled sector to increase, maximise and improve the current disability services and support capacity	<p><u>C2.1 Place based approaches:</u></p> <ul style="list-style-type: none"> • Invest in the community-controlled sector to design and deliver culturally responsive, place based disability services. • Support the community-controlled sector to lead and develop integrated models of care that centre the rights of First Nations People with a disability. • Invest in models for local and place-based capacity building, such as communities of practice, partnerships, governance and administrative supports. • Identify transition models, that consider partnering current providers in the sector with local First Nations organisations to co-design and deliver services and develop local solutions. • Map disability related supports and services where ACCOs have existing capacity to enter the sector, as well as where ACCOs require capacity building to enter the sector. Support and promote these opportunities 	Community-controlled Sector All jurisdictions	TBD	Years 1-3

No.	Action	Description	Responsibilities	Resources	Timelines
		<ul style="list-style-type: none"> • Identify disability related supports and services where there is high or unmet demand which may be sustainably provided through ACCOs across the service system <p><u>C2.2 State/Territory based & national level approaches:</u></p> <ul style="list-style-type: none"> • Map existing service models • Identify capacity-building initiatives that could be supported at state/territory and/or at a national level • Strengthen the community-controlled sector's ability to pilot new and innovative ways of working • All jurisdictions implement joint First Nations and disability led evaluation of programs • Establish a First Nations Disability Promising Practices Knowledge Hub within existing or new platforms 			
C3	Implement joined up service delivery across the community-controlled sectors and ensure all socio-economic targets are inclusive of First Nations people with disability	<p>C3.1 Develop, implement, and evaluate initiatives that are inclusive of First Nations people with disability for joined up service delivery across the community-controlled service system:</p> <p>For example, improving multidisciplinary responses to Aboriginal and Torres Strait Islander families with multiple and complex needs, by redesigning service models to effectively respond to multiple and interrelated issues in families (such as disability, family violence, mental and physical health problems, and</p>	<p>Community-controlled sector</p> <p>All Jurisdictions</p>	TBD	Years 1-3

No.	Action	Description	Responsibilities	Resources	Timelines
		<p>substance use) that may lead to child abuse and neglect. (Commonwealth Implementation Plan, Outcome 12).</p> <p>C3.2 Enable choice and control for First Nations people with disability through growing the number of ACCOs enabled to deliver disability specific support services.</p>			
C4	Implement localised community-led strategies to respond to NDIS thin markets	<p>C4.1 Invest in the community-controlled sector to design and implement place based models / programs that address thin markets (in urban, regional and remote settings).</p> <p>C4.2 Facilitate process of accreditation and registration for community-controlled organisations to provide NDIS services</p>	<p>Community-controlled sector</p> <p>All jurisdictions</p>	TBD	Years 1-3
C5	Implement Community First Nations Peoples' Disability Rights Education Program	<p>C5.1 FPDN to develop <i>First Nations Disability Rights Community Education Program</i>.</p> <p>C5.2 Jurisdictions support the implementation and ongoing improvement of FPDN's First Nations disability rights community education program, for First Nations people with disability to be empowered to advocate for their rights.</p>	<p>FPDN</p> <p>All jurisdictions</p>	TBD	Years 1-3
C6	Develop and implement a national First Nations - Disability Data Strategy	<p><u>C6.1 Stage 1</u> – First Nations and Disability Data Scoping Study (Design Phase)</p> <p>i) Reconcile definitions and methodologies across disability & First Nations data sets</p> <p>ii) Identify gaps in data due to under-reporting</p>	<p>FPDN</p> <p>Commonwealth</p> <p>All jurisdictions</p>	TBD	<p>Phase 1</p> <p>Year 1</p>

No.	Action	Description	Responsibilities	Resources	Timelines
		<ul style="list-style-type: none"> iii) Investigate specific data issues in remote areas iv) Validation of data, needs and gaps: population, administrative and community level v) Interpretive guide for ACCOs & policy makers for translation of outcomes into policy, practice and service provision. vi) Implementation Plan for First Nations-Disability Data Strategy. <p>The Design phase will take account of Closing the Gap (specifically Priority Reform 4, socio-economic target 17) and the Strategy data improvement plans and Outcomes Framework. This also includes alignment with the National Disability Data Asset.</p> <p><u>C6.2 Stage 2</u> – Implementation of the Indigenous – Disability Data Project</p> <ul style="list-style-type: none"> • This project is to be led by the community-controlled sector and First Nations academics, supported by a co-design working group. 	Community-controlled sector		Phase 2 Years 2-3
C7	Develop and Implement Culture is Inclusion Research Agenda	<p>C7.1 Further develop and implement a Culture is Inclusion research agenda, including:</p> <ul style="list-style-type: none"> • ‘Culture is Inclusion Knowledge Circle’; forum for researchers to consolidate knowledge & provide further research directions. 	FPDN Commonwealth All jurisdictions	TBD	Years 1-2 (and ongoing)

No.	Action	Description	Responsibilities	Resources	Timelines
		<ul style="list-style-type: none"> • Dissemination of community-led research within policy & service systems. • ‘Matrix model’ aligning research priorities within the Culture is Inclusion agenda, with research investment interests under Closing the Gap and the Strategy. • Evaluation of programs and networks that foster the social inclusion of First Nations people with disability (three programs over two years), leading into an evaluation framework for the National Footprint. • Pathways bridging community knowledge, research & policy translation, linking research scholarships. • Focus on innovation in sector to support change and build on existing community knowledge, experience and processes. • The Culture is Inclusion Research Agenda to align with the National Disability Research Partnership 	Community-controlled sector		
C8	Implement the Strategy aligned with Closing the Gap Priority Reform 2	<p>C8.1 Jurisdictions to identify opportunities to strengthen the community-controlled sector in the implementation of the Strategy and Targeted Action Plans.</p> <p><i>The Disability SSP Guiding Principles to inform this alignment.</i></p>	All jurisdictions	TBD	Years 1-3

No.	Action	Description	Responsibilities	Resources	Timelines
C9	Apply inclusion and accessibility principles to the Early Childhood Development and Health Community-controlled SSPs	C9.1 Community-controlled Sector and Jurisdiction actions under the Early Childhood Care and Development and Health SSPs are inclusive of the accessibility needs of First Nations people with disability and align with the Strategy.	Community-controlled Sector All Jurisdictions	TBD	Years 1-3

D. Governance

Objective: Strengthen the governance and inclusive leadership within the community-controlled sector.	
Outcomes:	Actions:
The community-controlled disability sector has structures in place that enable them to embed Cultural Model of Inclusion framework.	Action D1
The community-controlled disability sector's governance capacity is built to enable organisations to meet regulatory system requirements whilst maintaining high quality of service	Action D2
First Nations people with disability are in positions of leadership and influence within community-controlled disability sector organisations	Action D3

No.	Action	Description	Responsibilities	Resources	Timelines
D1	Embed Cultural Model of Inclusion as a governance structure within community-controlled organisations.	<p>D1.1 Develop and implement a support strategy, or identify existing strategies, to build governance capacity centred on Cultural Model of Inclusion Framework for community-controlled disability sector organisations.</p> <p>D1.2 Ensure a focus on governance is included in the organisational capability framework for the community-controlled sector aligned with the development of Cultural Model of Inclusion Framework and the Cultural Models of Inclusion Organisational Tool.</p>	<p>FPDN</p> <p>Community-controlled sector</p>	TBD	Year 2
D2	Rectify overburden of activity reporting to governments to allow the	D2.1 Review reporting and quality assurance frameworks for government funding provided to the First Nations community-	All jurisdictions	TBD	Years 1-3

No.	Action	Description	Responsibilities	Resources	Timelines
	First Nations community-controlled sector to focus on outcomes while maintaining accountability	<p>controlled disability sector (in line with other reviews, such as in the Health Sector Strengthening Plan).</p> <p>D2.2 Use the review to develop and implement better reporting and quality assurance frameworks in line with the National Agreement that facilitates accreditation, compliance with standards and efficient use of back-office systems.</p>			
D3	Increase the number of First Nations leaders with disability and ensure they are represented and influential across all parts of the community-controlled sector.	<p>D3.1 Establish training, mentoring and accessibility pathways to enable First Nations people with disability to engage in leadership / governance roles.</p> <p>D3.2 Establish a First Nations Disability Leadership Program.</p> <p>D3.3 Ensure a focus on attitudinal and structural change to enable First Nations leaders with disability are included in the organisational capability framework aligned with the development of Cultural Models of Inclusion Framework and the Cultural Models of Inclusion Organisational Tool.</p> <p>D3.4 Community-controlled Peaks and organisations enable First Nations leaders with disability, as leaders in disability, to be represented across workplaces and in decision-making roles across the community-controlled sector.</p> <p>D3.5 The community-controlled sector and governments support the accountability of First Nations leaders with disability to their community.</p>	<p>FPDN</p> <p>Community-controlled organisations</p> <p>All jurisdictions</p>	TBD	Years 1-3

E. Consistent Funding Model

Objective: Funding for community-controlled disability sector is available, predictable and supports organisations to be responsive to First Nations people with disability.	
Outcomes:	Actions:
The community-controlled disability sector is aware of and has access to dedicated, reliable and secure funding streams that centre a Cultural Model of Inclusion.	Actions E1, E2
A dedicated, reliable and secure funding stream exists for the community-controlled sector.	Actions E1

No.	Action	Description	Responsibilities	Resources	Timelines
E1	Review and implement models to develop sustainable funding model options	<p>E1.1 Jurisdictions to support the development, implementation and evaluation of existing funding models to enhance or develop new and sustainable models for the community-controlled sector.</p> <ul style="list-style-type: none"> • Funding models need to take account of: <ul style="list-style-type: none"> ○ the diversity of the disability sector ○ access to specialised funding ○ encourage entry of new First Nations businesses and facilitate financial success in their intersection with NDIS business processes ○ take account of self advocacy, individual and systemic advocacy 	All jurisdictions	TBD	Years 1-3

		<ul style="list-style-type: none"> ○ capital infrastructure for accessibility requirements ○ funding the relevant training/certifications ○ governance and regulatory systems requirements ○ address requirements for supporting sustainable resource provision in rural, remote and very remote locations. ○ existing barriers for First Nations people in accessing the NDIS. ○ information about the breadth of the disability sector. 			
E2	Disseminate information on funding sources to community-controlled sector	E2.1 Information about available funding sources including, NDIS business processes, are disseminated to the community-controlled sector through a range of communication mechanisms	All jurisdictions	TBD	Years 1-3

F. Peak Body

Objective: That the First Nations disability community-controlled sector, including peaks and service providers, and the community is supported by the national Peak Body (FPDN).	
Outcomes:	Actions:
Community-controlled sector is supported by FPDN	Actions F1, F2
First Nations people with disability’s voices inform policy, practice and service delivery	Action F3
FPDN has enhanced policy footprint	Action F4
FPDN has increased national and jurisdictional presence	Action F5

No.	Action	Description	Responsibilities	Resources	Timelines
F1	Community-controlled sector is actively supported by First Peoples Disability Network	<p>F1.1 Enable service delivery and functioning of community-controlled organisations that meets the disability specific (or related) needs of First Nations people with disability.</p> <p>F1.2 Build sector capability and capacity building through research and information that reflects the specific needs of First Nations people with disability</p> <p>F1.3 Respond to government, advocate for and provide appropriate advice on behalf of First Nations people with disability</p>	<p>FPDN</p> <p>All jurisdictions</p>	TBD	Years 1-3
F2	Develop a service offer for the community-controlled disability sector.	F2.1 FPDN develop a service offer for the community-controlled disability sector that includes a platform for the provision of resources, support and advice and information sharing and a framework for working with other peaks.	FPDN	TBD	Year 1

F3	<p>Develop actions to prioritise the voices of First Nations people with disability, their families and communities in policy, service delivery and practice.</p>	<p>F3.1 FPDN to develop disability and First Nations engagement principles and protocols (incorporating both cultural and disability needs) of First Nations people with disability. These will incorporate the Disability SSP Principles and cross-reference the Strategy Guiding Principles.</p> <p>F3.2 Jurisdictions to incorporate Engagement Principles and Protocols and the Disability SSP Guiding Principles in the implementation of the Strategy and Closing the Gap Implementation Plan actions.</p> <p>F3.3 Actions will include continuing to advocate for and on behalf of First Nations people with disability to government and all relevant stakeholders to promote and protect the human rights of First Nations people with disability.</p>	<p>FPDN</p> <p>All jurisdictions</p>	<p>TBD</p>	<p>Years 1-3</p>
F4	<p>Enhance FPDN policy footprint</p>	<p>F4.1 FPDN to identify opportunities to increase policy and systemic advocacy footprint, and role as a conduit to community, government and the community-controlled sector across all Closing the Gap processes.</p> <p>F4.2 Jurisdictions to engage in options for expanding this footprint, including resourcing appropriately in partnership and shared decision making processes.</p> <p>F4.3 FPDN to work with jurisdictions to develop jurisdiction level peaks if there is interest and support in pursuing this.</p> <p>F4.4 FPDN is appropriately resourced to support education and training initiatives, accreditation and standard setting as well as</p>	<p>FPDN</p> <p>All jurisdictions</p>	<p>TBD</p>	<p>Years 1 - 3</p>

		advocacy to government and other relevant community organisations or service providers.			
F5	Expand FPDN national footprint	<p>F5.1 FPDN to identify opportunities to strengthen national footprint, and role as a conduit to community, government and the community-controlled sector across all Closing the Gap processes.</p> <p>F5.2 Jurisdictions to engage in options for expanding this footprint.</p>	<p>FPDN</p> <p>All jurisdictions</p>	TBD	Year 1-3

References

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Supporting Document 1 – Consultation and Engagement

1. Consultation

To ensure the Disability Sector Strengthening Plan (DSSP) is truly reflective of the diverse perspectives and experiences of First Nations peoples with disability, their families and communities, various stages of consultation were carried out to support the development of the DSSP.

The First Peoples Disability Network (FPDN) led the development of the [Disability Sector Strengthening Plan Engagement Strategy](#). The Engagement Strategy included engagement principles, an engagement and communications plan and outlined the responsibilities of the Disability Sector Strengthening Plan Working Group (DSSPWG). FPDN also developed two aligned documents with talking points for members of the DSSPWG to use in their consultations, and two surveys for distribution by the DSSPWG.

Consultation efforts for the DSSP included the following:

Face-to-Face Community Consultations

FPDN representatives travelled to Broome, Derby, Darwin and the Northern NSW Coast to deliver community and sector consultations with First Nations Peoples with disability, their families, communities and people working in the disability sector in these areas. A small number of DSSPWG members provided reports from their own consultations.

Yarning Circles

FPDN representatives hosted informal yarning circles in Broome, where the DSSP was discussed with local Elders to assess community perspectives in relation to the Plan and its proposed areas of focus.

Online Survey

An online survey was developed and distributed to key stakeholder groups, including First Nations Peoples with disability and their families. The survey received limited responses and will be revisited in future to ensure broader distribution.

The findings from current consultation and engagement efforts are currently under review and will be included into the Plan following the development of the SSP Engagement Report. A final draft of proposed consultations will be included in the DSSP post approval.

2. Engagement

In addition to the above mentioned consultation efforts, the following engagement processes have been undertaken to finalise the development of the DSSP:

Sector Strengthening Plan Working Group (SSPWG)

The SSP Working Group has provided high-level strategic input towards the development of the Plan, as well as the opportunity for more specific jurisdictional experiences and perspectives to shape the Plan's development. The SSP Working Group comprises of representatives from the Commonwealth government, including the Department of Social Services, the National Indigenous Australians Agency and the National Disability Insurance Agency, as well as representatives from all jurisdictions and national peak bodies, including the *Coalition of Peaks*, *National Aboriginal Community Controlled Health Organisation*, *Aboriginal Health Council of Western Australia* and the *South Australian West Coast NACCHO Network (SAWCAN)*.

Workshops

The development of the Plan has been greatly strengthened by various workshops, each focusing on specific components of the Sector Strengthening Plan.

In December 2021, the Department of Social Services hosted sector strengthening workshops in partnership with FPDN and CoP. The purpose of the workshops was to clarify the vision, structure, implementation and reporting mechanisms of the Sector Strengthening Plan.

**More information to be added following engagement report.*

3. Future Engagement and Consultation

Additional consultation and engagement activities were planned, however due to the ongoing impacts of COVID-19, many had to be postponed. The DSSP acknowledges the current limitations to stakeholder consultation and engagement efforts as a result of such impacts. Over the lifecycle of the DSSP, more consultation and engagement activities will be delivered, with findings to be integrated into future iterations of the DSSP. Moreover, the DSSP notes consultation and engagement with First Nations Peoples with disability, their families and communities will be ongoing throughout the lifecycle of the Plan.

Individual consultations and yarning circles

To ensure First Nations People with disability have authentic opportunities to provide input into the DSSP, FPDN will continue to engage with its members on the draft plan development and implementation.

Online SSP Forum

FPDN have proposed an online forum be developed to review the Housing and DSSP's and assess the possibility of developing a cross-cutting focus between both Plans. This opportunity will be reconsidered in future.

Opportunities for DSSPWG members to consult with stakeholders

Includes further face to face consultations and members coordinating independent online forums to assess the views of their own stakeholder groups in relation to the Plan.

4. Findings from Consultation and Engagement

The following key national challenges have been identified by FPDN through comprehensive national consultation efforts, as well as stemming from FPDNs decades of work with and for

First Nations peoples with disability. These challenges have been considered throughout the development of the DSSP.

The challenges outlined below provide a high-level overview of the most significant challenges faced by First Nations people with disability and the community controlled service system:

- **Pervasive attitudinal barriers and systemic discrimination** such as negative stereotypes, low expectations. For First Nations people with disability this can lead to a pathway of fear, apprehension and avoidance of discrimination in engaging with all aspects of the service system (Avery 2018). This includes diagnostic testing.
- **Limited knowledge** amongst First Nations people with disability of their rights mean they do not seek or access the services they need (i.e. low confidence and experience navigating and negotiating service systems, negative experiences with services systems). This impacts on awareness of available supports as well as influencing the development of supports.
- **Structural barriers** that undermine the rights of First Nations people with disability to access appropriate, responsive services where, when and how they need them. This gap is well evidenced by:
 - Siloed policy and funding processes which create barriers to service collaboration
 - Limited consultation and engagement with First Nations people with disability in cross-government policy and program development leading to policy that is not informed by the people it directly affects
 - Legislation that restrict the rights of First Nations people with disability to make decisions about their health and disability service provision
 - Multiple regulatory and accountability frameworks for service providers
 - Culturally responsive and accessible diagnostic tools
 - Understanding of and navigation of a complex NDIS
 - Thin markets of service providers in regional and remote and the need for ACCOs and ACCHOs to expand their service remit
 - Access to appropriate and accessible supports throughout the service system – early childhood; education; health; justice
- **Poverty and the need to prioritise basic needs** such as housing, food security and water security, which lead to deprioritising disability as a focus area. Particularly (but not only) for those living in remote and very remote areas
- **Service / practitioner capacity, capability and cultural gaps** that undermine the access to, and effectiveness of mainstream and disability specific services for First Nations people with disability. Examples of this include:
 - Shortage of available Aboriginal and Torres Strait Islander human services workforce
 - Understanding across the service system that inclusion and equitable access to services should be embedded in all organisations

- Reliable funding and services for the disability services sector within NDIS and non-NDIS service delivery
- The need for some community controlled organisations to partner with specialists that may not currently exist in the Aboriginal and Torres Strait Islander workforce
- Lack of appropriately skilled mainstream service and disability sector workforce, with limited cultural competency
- Low representation of First Nations people with disability in sector workforce, workforce casualisation and lack of career progression/peer development opportunities.
- Disparity in service access particularly in regional/rural areas
- Attitudinal change towards the rights and capabilities of people with disability
- **Lack of data and knowledge of what works and what doesn't work for First Nation people with disability** as a result of limited data availability, poor disaggregation of data, lack of evaluation of programs and knowledge sharing of what works, and not centring both First Nation and disability data and research principles.

Supporting Document 2 – DSSPWG Terms of Reference

Draft Terms of Reference

Chairing arrangements	<p>The Sector Strengthening Plan Working Groups (SSPWGs) will be co-chaired by a relevant Coalition of Peaks and Commonwealth representative.</p> <p>The Co-Chairs are responsible for overseeing and monitoring the work of the SSPWGs. They also should ensure appropriate and timely communication and reporting to the Closing the Gap Partnership Working Group (PWG) via the PWG’s Drafting Group.</p>
Membership	<p>There are four separate SSPWGs – for Health, Early Childhood Care and Development, Disability, and Housing.</p> <p>Each individual SSPWG will be made up of subject matter experts from the Commonwealth, the Coalition of Peaks, and each state and territory government.</p> <p>Government representatives will be either from the Indigenous Affairs portfolio at Commonwealth or jurisdictional level, or the relevant mainstream policy agency, to ensure comprehensive contributions to the development of policy initiatives for the community-controlled sector.</p> <p>Members may nominate a proxy to attend the meetings on their behalf by advising the Joint Council/PWG Secretariat. Proxy representatives will have the same responsibilities as members.</p>
Governance Structure	<p>Each SSPWG will report to the Closing the Gap Partnership Working Group (PWG) on the development of their Sector Strengthening Plan.</p> <p>Each SSPWG will initially be constituted until its Sector Strengthening Plan has been finalised and approved by Joint Council. The potential for SSPWGs to play an ongoing role in monitoring delivery of Sector Strengthening Plans will be considered by PWG as development of the Plans nears completion. Should this be considered appropriate, these Terms of Reference will be updated.</p>
Operations and decision making	<p>Each SSPWG will meet monthly to progress development of their Sector Strengthening Plan, commencing at a preliminary meeting on 4 May 2021 to review the terms of reference before they are submitted to the PWG for approval.</p> <p>The SSPWGs will operate in a manner consistent with the Partnership Agreement on Closing the Gap, with decisions made by consensus between government parties and the Coalition of Peaks.</p> <p>Consensus decision making requires equal participation and agreement on an outcome or courses of action. Where consensus is not possible, the SSPWGs will seek direction from the PWG.</p> <p>The Sector Strengthening Plans will be developed in partnership, including with the active participation of representatives of all jurisdictions. NACCHO, SNAICC, FPDN and NATSIHA will lead drafting of the Plans, with support from</p>

Chairing arrangements	<p>The Sector Strengthening Plan Working Groups (SSPWGs) will be co-chaired by a relevant Coalition of Peaks and Commonwealth representative.</p> <p>The Co-Chairs are responsible for overseeing and monitoring the work of the SSPWGs. They also should ensure appropriate and timely communication and reporting to the Closing the Gap Partnership Working Group (PWG) via the PWG's Drafting Group.</p>
	<p>government parties as needed, in line with the decisions of their respective Sector Strengthening Plan Working Groups. To support this work, NIAA will provide a grant to SNAICC, FPDN and NACCHO (auspicing NATSIHA) for resources to support the development of the Sector Strengthening Plans in the sectors of early childhood care care and development, disability and housing respectively. NACCHO and the Commonwealth Department of Health will discuss any additional support required to develop the health Sector Strengthening Plan.</p>
Scope of activity	<p>The SSPWGs are responsible for:</p> <p>Developing individual Sector Strengthening Plans using the agreed template and ensuring they are ready for consideration by Joint Council within the time frames below</p> <p>The Sector Strengthening Plans for Health and Early Childhood Care and Development are due to be considered by Joint Council in November 2021.</p> <p>The Sector Strengthening Plans for Housing and Disability are due to be considered by Joint Council in April 2022.</p> <p>Coordinating a targeted engagement process to inform the Sector Strengthening Plans</p> <p>Each SSPWG should plan and lead the engagement process for its sector.</p> <p>Leadership of the relevant national peak in the engagement process is considered vital because of their expert knowledge of the sector which will contribute to a more sustainable outcome. The Coalition of Peaks Secretariat will provide organisational and co-ordination support to their members to ensure they are fully apprised of the work being undertaken and agree to all proposals.</p> <p>Contributing to national, joined-up efforts to build the community controlled sector, including through alignment with other sector strengthening initiatives such as the Strategic Plan for Funding the Development of the Community Controlled Sector and the associated virtual funding pool</p> <p>SSPWG visibility of proposals for use of jurisdictional funding of the virtual funding pool will facilitate this coherence</p>
Secretariat	<p>The Joint Council/PWG Secretariat will provide administrative support for each SSPWG, including</p> <p>Scheduling meetings, distributing agendas, recording and tracking meetings outcomes and follow-up actions</p> <p>Coordinating the development and distribution of meeting papers by working group members as required, including sharing drafts of plans between each SSPWG</p>
Context – Sector Strengthening Plans	<p>Building the Community-Controlled Sector is the second of four Priority Reforms agreed to by the parties to the National Agreement on Closing the Gap. Parties have agreed that</p>

Chairing arrangements	<p>The Sector Strengthening Plan Working Groups (SSPWGs) will be co-chaired by a relevant Coalition of Peaks and Commonwealth representative.</p> <p>The Co-Chairs are responsible for overseeing and monitoring the work of the SSPWGs. They also should ensure appropriate and timely communication and reporting to the Closing the Gap Partnership Working Group (PWG) via the PWG's Drafting Group.</p>
	<p>building strong community-controlled sectors to deliver Closing the Gap services and programs requires national effort and joined up delivery against all sector elements in agreed priority areas.</p> <p>To achieve this, the Parties have agreed to develop Sector Strengthening Plans for four initial sectors: early childhood development and care, housing, health and disability.</p> <p>These Plans are to identify a comprehensive set of measures to build the capability of each sector, in line with the strong community-controlled sector elements listed in Clause 45:</p> <p>Sustained capacity building and investment</p> <p>A dedicated and identified Aboriginal and Torres Strait Islander workforce</p> <p>Support from a Peak Body (governed by a majority Aboriginal and Torres Strait Islander Board)</p> <p>A dedicated, reliable and consistent funding model</p> <p>They must also cover the following 4 streams:</p> <p>Workforce</p> <p>Capital Infrastructure</p> <p>Service Provision</p> <p>Governance</p> <p>The template at Attachment B has been agreed by the Partnership Working Group to guide the development of the SSPs and to ensure consistency across the sectors.</p> <p>The Sector Strengthening Plans will be for three years initially and can be reviewed and adapted to ensure they drive ongoing progress towards the strong sector elements. The Sector Strengthening Plans can be updated as actions are completed.</p> <p>Jurisdictions will also include their specific actions to implement Sector Strengthening Plans and any funding commitments in the annual updates to their Implementation Plans. There may be jurisdictional differences in actions, depending on individual progress against the Plans. Jurisdictions will report on progress in their annual reports. Both the Partnership Working Group and the Joint Council will monitor their implementation as part of their consideration of Parties' annual reports.</p> <p>The National Agreement that came into effect on 27 July 2020 required that the first four SSPs be developed within 12 months for Joint Council consideration. However, at the Joint Council meeting on 16 April 2021, revised deadlines were agreed to complete the Health and Early Childhood Care and Development Sector Strengthening Plans by November 2021 and the Housing and Disability Sector Strengthening Plans by April 2022. A key reason was to allow more time for community and stakeholder engagement.</p>

Chairing arrangements	<p>The Sector Strengthening Plan Working Groups (SSPWGs) will be co-chaired by a relevant Coalition of Peaks and Commonwealth representative.</p> <p>The Co-Chairs are responsible for overseeing and monitoring the work of the SSPWGs. They also should ensure appropriate and timely communication and reporting to the Closing the Gap Partnership Working Group (PWG) via the PWG’s Drafting Group.</p>
	<p>The Plans will be made public once agreed by Joint Council and will be housed on the Closing the Gap website, along with any updates.</p>
Joint Funding Pool for the development of the community-controlled sector	<p>All jurisdictions have contributed to a virtual funding pool over four years (2020/21-2023/24) for the development of the community-controlled sector. Jurisdictions retain decision-making authority for the use of the funds they have allocated to the funding pool.</p> <p>To guide investment from this virtual funding pool, the Joint Council on Closing the Gap has agreed a <i>Strategic Plan For Funding the Development of the Aboriginal and Torres Strait Islander Community-Controlled Sector</i> available on the Closing the Gap website.</p> <p>This Strategic Plan is connected to – but does not provide a substitute for – Sector Strengthening Plans. While the Strategic Plan outlines how Governments will work with the Coalition of Peaks to identify priority areas for investment from the virtual funding pool, Sector Strengthening Plans are broader and should provide a national framework for a joined-up approach to build a strong community-controlled sector. As such, they should encompass a broad range of initiatives and sources of funding (not limited to the joint funding pool) that will contribute to building the community-controlled sector, including from mainstream government agencies or community-controlled organisations.</p>

Supporting Document 3 – The DSSP and Australia’s Disability Strategy

Taking a human-centred approach, the following measures of success and key performance indicators centre First Nations peoples with disability and the community controlled sector within Australia's Disability Strategy's [Outcomes Framework](#). Throughout the development of the Strategy, First Nations people with disability and the community-controlled sector were consulted. The DSSP recognises the importance of such consultation efforts, and will embed them throughout the Plans life cycle.

Objectives	Measures of Success
<p>First Nation people with disability's connection to Country, culture and community are centred in the design of policies, programs, and service provision</p>	<p>Cultural Model of Inclusion is embedded in community controlled organisations (in policies and procedures, governance, leadership, training).</p>
<p>The rights of First Nation people with disability are promoted, upheld and protected and people with disability feel safe and enjoy equality before the law</p>	<p>Services, including NDIS funded services, delivered by community controlled sector are culturally responsive, high quality and safe</p> <p>Community controlled disability services outside the NDIS are rights-based, culturally inclusive, locally responsive and trauma-informed</p> <p>Community controlled services throughout the service system are disability rights-based, culturally inclusive and trauma-informed</p> <p>Community controlled child protection services keep children with disability safe and protected</p> <p>Community controlled family and community safety services provide assistance needed to women and children with disability</p> <p>First Nations people with disability get the information and supports they need to have rights upheld and make their own decisions</p> <p>First Nations people with disability receive equitable treatment through the justice system</p> <p>Community controlled services within the criminal justice system ensures the equitable treatment of First Nations people with disability</p>

<p>First Nations people with disability live in inclusive, accessible and well designed homes and communities</p>	<p>Community controlled housing sector supports people with disability to live in secure housing</p> <p>Community controlled housing sector is accessible</p> <p>Cultural and community activities are inclusive</p> <p>Community controlled services / buildings are accessible</p> <p>Community controlled transport system / transport system utilised by community controlled sector is accessible</p> <p>Information and communication systems used by community controlled sector are accessible</p> <p>Specialist Disability Accommodation is accessible for eligible NDIS participants</p>
<p>First Nations people with disability have access to a range of supports to assist them to live independently, remain on Country, participate in culture and engage in their communities.</p>	<p>People with disability receive the supports they need</p> <p>NDIS participants receive the support they need</p> <p>Carer support services provide carers of people with disability with appropriate assistance</p> <p>The NDIS provides participants with access to the assistive technology they require</p>
<p>First Nations people with disability achieve their full potential through education and learning</p>	<p>The community controlled early childhood education system supports children with disability to achieve their full potential</p> <p>Community controlled education, Vocational Education and Training (VET), and Adult and Community Education support quality outcomes, equal access and participation for First Nations students with disability</p> <p>School Leaver Employment Supports are accessible and utilised by eligible NDIS participants</p>
<p>First Nations people with disability attain the highest possible health and wellbeing outcomes throughout their lives</p>	<p>The allied and community health sector providers high-quality services to First Nations people</p> <p>Primary health care provides people with disability with highquality prevention and early intervention services when they need them</p> <p>Mental health care providers provide people with disability highquality and appropriate mental health services when they need them</p>

	Disaster management services have disability inclusive disaster management plans in place
First Nations people with disability have economic security, enabling them to plan for the future and exercise choice and control over their lives	<p>Community Controlled Employment Services (including disability employment services) are culturally responsive, high quality and safe, and provide services throughout the employment journey</p> <p>NDIS funds reasonable and necessary supports where participants have the goal to maintain employment</p> <p>NDIS funds reasonable and necessary supports for NDIS participants leaving school to prepare for employment, where this is their goal</p> <p>The community controlled sector employs First Nations people with disability</p> <p>Kinship disability carer workforce is supported and recognised</p>
Community attitudes support equality, inclusion, and participation in community and society for First Nations people with disability	<p>The community controlled sector recognises the capabilities of people with disability, leading to increased employment in the community controlled sector</p> <p>Attitudinal barriers toward people with disability within key workforces are addressed (educators, health professionals, personal and community support workers, justice / legal sector workers)</p> <p>Full inclusion in community, cultural and social life is available to First Nation people with disability</p> <p>Increase in First Nation people with disability in leadership roles across the community controlled sector and in non-Indigenous and non-disability organisations</p>

Supporting Document 4

Alignment of the National Agreement on Closing the Gap and *Australia's Disability Strategy*

The Disability Sector Strengthening Plan (DSSP) is underpinned by two key national policy frameworks: the [National Agreement on Closing the Gap](#) and [Australia's Disability Strategy \(2021 – 2031\)](#). Both frameworks provide a human centred approach to national policy and implementation.

The following sections provide a high-level overview of the similarities between both frameworks:

Australia's Disability Strategy	Closing the Gap
First National Disability Strategy – 2010-2020	First Closing the Gap 2008-2018
Population centered	Population centered
Mainstreaming – focus on outcomes for people with disability within every portfolio	Mainstreaming - focus on outcomes for Aboriginal and Torres Strait Islander people within every portfolio
Reliant on Commonwealth – State relations	Reliant on Commonwealth – State relations
Outcomes focused – outcomes framework, Targeted Action Plans	Outcomes focused – socio-economic outcomes and priority reforms as process and outcomes
Strong focus on data, evidence, evaluations and policy and community engagement	Strong focus on data, evidence, evaluations and policy and community engagement
Rights based approach – Self Determination Challenging deficit assumptions	Rights Based approach – Self Determination Challenging deficit assumptions
Shared leadership model	Transformative reforms for how the APS should work differently through the Priority Reforms
Commonwealth-State Target Actions Plans and Associated Plans	Jurisdictional Implementation Plans Partnership Disability Sector Strengthening Plans

Supporting Document 5 – The Disability Ecosystem

The Disability Sector Strengthening Plan (Disability SSP) aligns with key existing policies, strategies and frameworks within the broader disability and Indigenous Affairs space. This includes policies targeted at Aboriginal and Torres Strait Islander people and broader policies that are directed at the entire Australian population. The Disability SSP will also align with relevant strategies, framework and reports which are currently under development.

Throughout its implementation, the Disability SSP will consider a range of strategies, plans and reports at the Commonwealth, state and territory and local government level.

The following list provides a comprehensive overview of relevant policy frameworks, however, it is noted new policies, strategies and frameworks will continue to emerge, requiring this document to be regularly updated.

National strategies, frameworks, policies and reports:

- The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (interim and final report)
- Royal Commission into Aged Care Quality and Safety
- Australia’s Disability Strategy (2021 – 2031)
- National Aboriginal Community Controlled Health Organisation Core Services and Outcomes Framework
- National Disability Data Asset
- Aboriginal and Torres Strait Islander National Health Plan
- National Mental Health and Suicide Prevention Plan
- National Mental Health Workforce Strategy
- National Strategic Framework for Chronic Conditions
- Jurisdictional First Nations and Disability strategies
- Aged Care Diversity Framework
- National Disability Insurance Scheme Quality and Safeguards
- NDIS Remote and Very Remote Strategy
- NDIS National Workforce Plan 2021-2025
- NDIS Participant Employment Strategy
- National Roadmap for Indigenous Skills, Jobs and Wealth Creation
- Commonwealth Aboriginal and Torres Strait Islander Workforce Strategy 2020-2024
- Employ My Ability – the Disability Employment Strategy
- National Aboriginal and Torres Strait Islander Aged Care Workforce Strategy
- National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031

- National Disability Insurance Scheme National Workforce Plan: 2021-2025
- Stronger Rural Health Strategy
- Australia's Long Term National Health Plan
- Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19) – Management Plan for Aboriginal and Torres Strait Islander Populations

State and territory government strategies, frameworks and plans:

In alignment with policies developed and implemented at the Commonwealth level, state and territory and local governments lead a range of mainstream and Aboriginal and Torres Strait Islander-specific policies that aim to improve outcomes for First Nations people with disability. The following provides an overview of the disability strategies, frameworks and plans currently under implementation by respective state and territory governments:

New South Wales

- Disability Strategy: A living document

Victoria

- Inclusive Victoria: state disability plan (2022 – 2026)

Queensland

- All Abilities Queensland: Opportunities for all

Western Australia

- A Western Australia for Everyone – State Disability Strategy Action Plan (2020 – 2030)

South Australia

- State Disability Inclusion Plan (2019 – 2023)

Tasmania

- Accessible Island: Tasmania's Disability Framework for Action (2018 – 2021)

Australian Capital Territory

- ACT COVID-19 Disability Strategy

Northern Territory

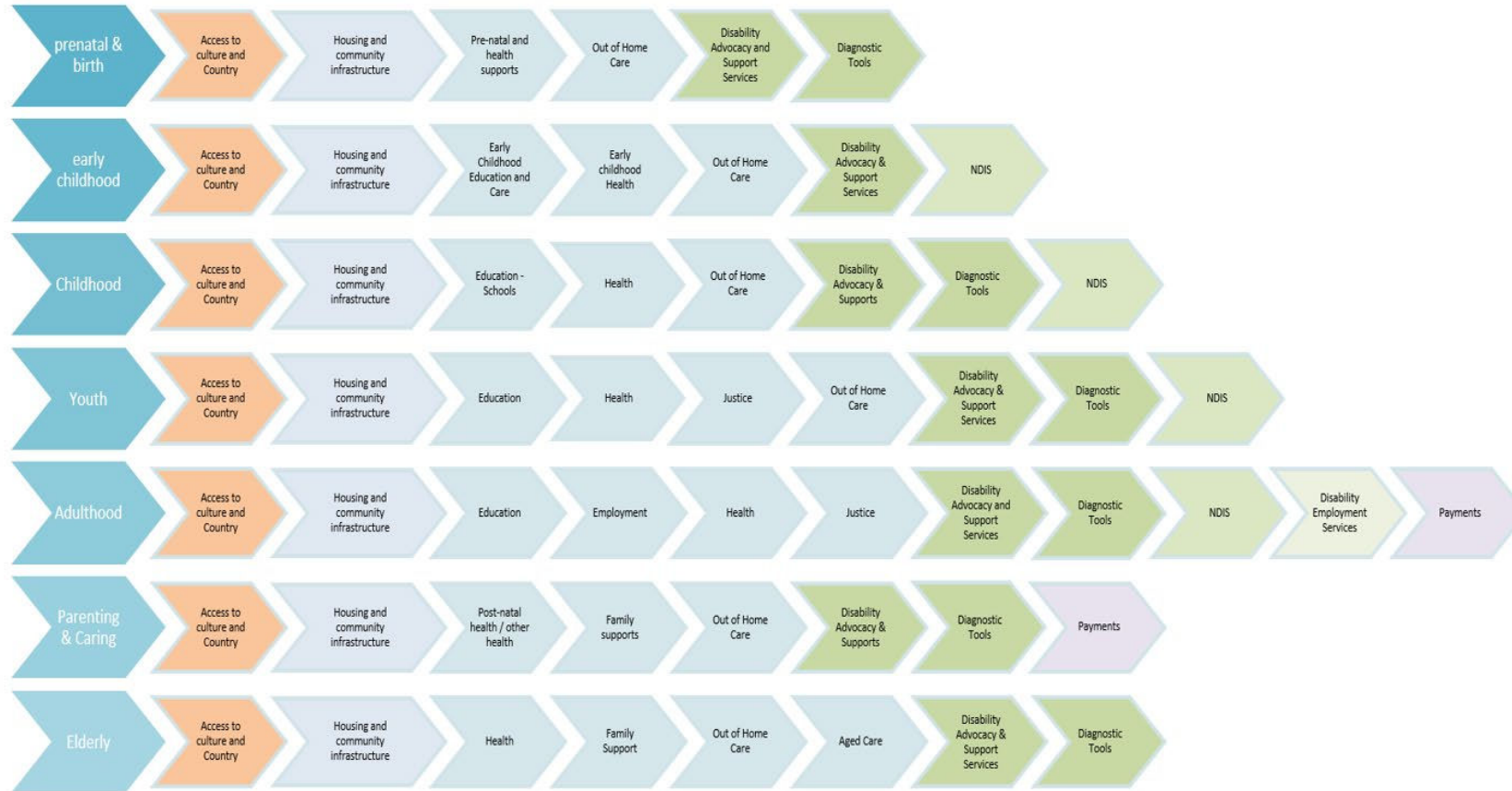
- Northern Territory Disability Strategy (2022 – 2023)

Australian Local Government Association

- Disability Inclusion Planning – A Guide for Local Government

Supporting Document 6 – Life stage approach

The following graph provides a visual depiction of how First Nations people experience disability across various stages of life, and how such experiences interact with key service systems and other social and structural components.



Note= The following diagram provides a visual depiction of the life stage approach. A more readable version will be developed in future, to ensure the document is fully accessible

Supporting Document 7 – Employment

This supporting document aims to identify the jobs to be created for Aboriginal and Torres Strait Islander people through implementation of the Disability Sector Strengthening Plan (DSSP).

Given the complexities of the sector, details of the creation of jobs, including specific numbers of positions, is unable to be determined at this stage of the plan.

Considerable effort has been made to ensure that the strategies and actions within the DSSP have potential to create permanent, highly-skilled, meaningful jobs for First Nations people in community-controlled organisations delivering disability services and resourcing, and there are several key elements of the plan which will increase employment opportunities and reduce barriers to employment in the community-controlled disability sector for First Nations people, including those with disability:

The overarching objective of the DSSP of attitudinal change will equate to longer-term increased employment and education pathways.

Develop a training and education strategy that identifies pathways into the sector; including on the job training; tertiary pathways; leadership and stewardship models.

Dedicated research pathways bridging community knowledge, research and policy translation, supported by research scholarships.

Promoting leadership development for people with disability provides the groundwork for future employment pathways in improving employment outcomes for First Nations people with disability beyond strategies targeted towards increasing the care provision workforce, and includes leadership roles.

The National Disability Footprint will provide specific employment opportunities for First Nations people with lived experience of disability.

Supporting Document 8 – Jurisdictional Mapping

Developed through consultation with FPDN, Aboriginal and Torres Strait Islander community-controlled organisations, the DSSP is ready for implementation in conjunction with other key strategies and frameworks; both at the national and jurisdictional level.

The DSSP recognises the significant work underway in each state and territory and the priority for state and territory governments to achieve the outcomes they have already committed to. This Plan seeks to align sector-strengthening activities with ongoing state and territory policy and program initiatives, ensuring to avoid duplicating efforts.

The DSSP acknowledges jurisdictions need flexibility in their Implementation Plans to ensure an effective and sustainable alignment to existing strategic initiatives and policy reform agendas.

The DSSP also recognises that jurisdictions retain decision-making authority for the use of funds they allocate to their Virtual Funding Pool.

The following table provides an overview of the high-level activities, policy agendas and funding commitments of each state and territory independent of the DSSP, as at March 2022. This table will be updated regularly as part of periodic reviews and reporting on the Plan:

Jurisdiction:	Commitments:
New South Wales	<p>More Jobs More Care (MJMC) Phase One program is to support the care sector attract and retain new care sector workers as an Objective. At least 10% of job suitability, job matching and accreditation fee waivers will be designated for Aboriginal and Torres Strait Islanders. Noting program roll out locations are Dubbo, North Coast, Hunter, Riverina and South West Sydney.</p> <ul style="list-style-type: none"> • MJMC Phase One aims to increase the number of organisations with skills and capability to support Aboriginal and Torres Strait Islanders new care workers entering the care sector. • MJMC Phase Two is currently being designed and proposes to have a focus on increasing NDIS utilisation in Western NSW for Aboriginal and Torres Strait Islanders which may result in an increase in disability service provision by Indigenous community-controlled organisations. • The provider of MJMC Phase One, Apprenticeship Careers Australia is tailoring the program for Aboriginal and Torres Strait Islanders partnering with Yilabara Solutions to provide additional supports for participants entering into local care jobs. • One of the objectives of the MJMC Phase One Program is to provide tailored program/s that respond to the diverse needs of participants, including people from Aboriginal and

Jurisdiction:	Commitments:
	<p>Torres Strait Islander background supporting entry into the disability care workforce.</p> <p>Disability Advocacy Futures Program (DAFP) which commenced on 1 January 2022 will deliver individual, systemic and representative disability advocacy to support all people with disability in NSW to access NSW Government funded and delivered services. The DAFP is a state-wide program. The individual advocacy stream involves contracts that cover all regions in NSW. In addition to this, both the individual and systemic advocacy streams have annual state-wide funding up to FY2023/24 to support Aboriginal and Torres Strait Islander specific services, which have been contracted to be delivered by an ACCO.</p>
Victoria	<ul style="list-style-type: none"> • Inclusive Victoria: state disability plan 2022-26, Victoria’s fourth state disability plan, sets out an ambitious systemic reform agenda designed to transform the way the Victorian government goes about its program, policy and service design. The six systemic reforms are: <ul style="list-style-type: none"> o Co-design with people with disability o Aboriginal self-determination o Intersectional approaches o Accessible communications and universal design o Disability confident and inclusive workforces o Effective data and outcomes reporting • The Aboriginal Self-Determination systemic reform recognises that Aboriginal self-determination encompasses a spectrum of rights that are necessary for Aboriginal Victorians to achieve economic, social and cultural equity, based on their own values and culture. Aboriginal people with disability hold the knowledge and expertise about what is best for themselves, their families and their communities. Through Inclusive Victoria, the Victorian government has committed to working in partnership with Aboriginal communities to drive action and improve outcomes for Aboriginal people with disability underpinned by principles of Aboriginal-led collective action, Aboriginal self-determination and systemic change. This will include: <ul style="list-style-type: none"> o coordinating whole-of-government effort to align disability inclusion reforms with Treaty, the Victorian Government’s commitments under the National Agreement on Closing the Gap, the Victorian Aboriginal affairs framework 2018–2023, the Victorian self-determination reform framework, the Korin Korin Balit Djak systems transformation strategy (the Aboriginal health, wellbeing and safety strategic plan 2017–2027) and

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	<p>the five objectives in Wungurilwil Gaggapduir – Aboriginal children and families agreement</p> <ul style="list-style-type: none"> o continuing our commitment to work closely and in good faith with Aboriginal stakeholders to ensure Aboriginal people with disability have power, control and decision-making and are able to co-design policies, programs and services that affect them o Aboriginal representation on the Victorian Disability Advisory Council and related government working groups, as well as engagement with any self-determined representative body for Traditional Owners and Aboriginal Victorians established through Treaty – this will ensure the voices of Aboriginal people with disability and Aboriginal self-determination principles are central to the government’s disability inclusion reforms o further developing the capacity for the Aboriginal community-controlled sector to deliver disability support services and strengthening the Aboriginal disability workforce. <ul style="list-style-type: none"> • The Aboriginal Self-Determination systemic reform intersects with other reforms, particularly around: Intersectional approaches (by embedding Aboriginal cultural safety, cultural responsiveness and LGBTIQ+ inclusion in disability capability initiatives); Disability confident and inclusive workforces (by building awareness of intersectional approaches, the social model of disability, and Aboriginal cultural safety – with a particular focus on building the system capability and awareness of Aboriginal culture and history, which increases the ability to deliver culturally safe services to Aboriginal people with disability); and Effective data and outcomes reporting (by working to address Aboriginal data sovereignty and incorporation of Aboriginal-defined evidence and measures of success). • Relevant specific portfolio actions under Inclusive Victoria include: <ul style="list-style-type: none"> o Community attitudes: Partnering with the youth sector and media outlets to tackle discrimination and increase the positive representation and visibility of young people in the media and public discussions. This includes young people with disability who are LGBTIQ+, Aboriginal and/or from multicultural and multifaith communities. o Housing: Aligning social housing approaches defined within Mana-na woorn-tyeen maar-takoort: Every Aboriginal person has a home – the Victorian Aboriginal housing and homelessness framework

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	<p>that set the direction to increase housing outcomes for Aboriginal Victorians, including Aboriginal people with disability.</p> <ul style="list-style-type: none"> <li data-bbox="651 365 1385 629">o Supporting a high-quality NDIS: Working across the Victorian Government to ensure that employment, jobs and skills initiatives result in positive outcomes for the disability workforce. This includes targeted recruitment campaigns to promote disability career opportunities, including encouraging more Aboriginal and multicultural workers into the disability sector. <li data-bbox="651 667 1385 1301">o Children and families: Building the capacity of parents and families to help prevent children with disability support needs from requiring care outside of their family home. The types of support may include advocacy and advice, practical support and/or material aid, counselling, parent-child interaction and community connection and social inclusion. This includes providing culturally safe support to Aboriginal families and children. Building on the learnings from the Parents with Intellectual Disability program, which has provided flexible and tailored support to parents with intellectual disability with a child or children at risk of requiring care. The types of support have included intensive home-based and case management responses through a multidisciplinary team of dedicated family services, early parenting and disability practitioners. This includes providing culturally safe support to Aboriginal parents with intellectual disability. <li data-bbox="651 1339 1385 2040">o Justice system: Continuing the work of youth justice case managers and specialist disability advisors to ensure young people with disability have timely access to appropriate services and support including specialist disability services and other support services. This includes a position dedicated to supporting Aboriginal young people and children with disability. Establishing the Disability Advice and Response Team (DART) within the Children’s Court of Victoria. DART will provide on-the-spot advice to the court in relation to a young person’s disability and the support they require, with the aim of diverting the young person out of the justice system at the earliest point. An Aboriginal DART worker will be available to the Koori Children’s Court and at Marram-Ngala Ganbu (Koori Family Hearing Day). Working with Aboriginal community partners to enhance responses to Aboriginal people with disability under the Victorian Aboriginal Justice Agreement through developing its next phase. Embedding cultural safety in all aspects of the

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	<p>Forensic Disability Program’s services and promoting opportunities for self-determination for Aboriginal residents. This will include access to support from the Aboriginal liaison officer and exploring options for Aboriginal community-controlled specialist forensic disability accommodation services for adults and young people.</p> <ul style="list-style-type: none"> o Voice and leadership: Establishing and expanding peer mentoring and support programs in rural and regional and outer suburban areas. This will focus on providing opportunities for young people from low-socioeconomic communities, Aboriginal young people, young people from refugee backgrounds, young people with disability, and young people with lived experience of unemployment, the care system and mental illness. o Pride and recognition: working with people with disability, including Aboriginal people and people from LGBTIQ+ and multicultural communities, to co-design disability pride and recognition approaches. <ul style="list-style-type: none"> • The plan commits to a formal report after the first two years of the plan, including an update on progress against its outcomes framework indicators. Aboriginal-defined outcomes, evidence and measures of success will be included in line with the Korin Korin Balit Djak shared measurement framework and system transformation reforms.
Queensland	<ul style="list-style-type: none"> • Queensland Government funds the Queensland Disability Advocacy Program (QDAP), which is a new approach to disability advocacy that commenced on 1 January 2022. Under QDAP, the Queensland Government funds a specialist advocacy service for First Nations people with disability. The supports available help First Nations Queenslanders with disability to uphold their rights and interests and to increase the control they have over their lives, through direct representation and building the person’s capacity for self-advocacy. The services aim to improve First Nations people with disability experiences and interactions with mainstream service systems, as measured through regular service reporting. Funding of \$450,000 has been committed from 1 January 2022 to 30 June 2023. • Queensland Government is delivering the Disability Connect and Outreach Program to help more First Nations people with disability to access the National Disability Insurance Scheme (NDIS) and pilot initiatives to support First Nations organisations and individuals to become

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	<p>providers of NDIS services in rural, regional and remote communities. This work includes the:</p> <ul style="list-style-type: none"> ○ Assessment and Referral Team, which is providing intensive case management and clinical assessment to eligible First Nations people with disability to help them navigate the complex NDIS application process. A targeted pilot project is also being delivered in collaboration with a discrete community to test a community-based outreach and access model to increasing NDIS participation. ○ Building Market Capacity Project, which is delivering a suite of targeted initiatives designed to increase culturally appropriate NDIS service provision by First Nations organisations and individuals. The work includes delivery of an NDIS Business Development Seminar Series across Queensland; a community-level pilot project to identify and support individuals and businesses interested in starting an NDIS-related micro business or expanding into NDIS services; and a systemic review undertaken by the Queensland Aboriginal and Islander Health Council to understand the Queensland-specific factors impacting participation in the NDIS market by community controlled organisations. <ul style="list-style-type: none"> ● The Queensland Government is currently developing its next State Disability Plan, which will be supported by Disability Service Plans for each government department. Queensland will look for opportunities throughout the development of these plans to take into account the DSSP.
Western Australia	<ul style="list-style-type: none"> ● The WA Government has provided funding through the Virtual Funding Pool to the Aboriginal Health Council of WA, to establish a new peak body for Aboriginal community-controlled organisations delivering social services. Once established, the peak will represent Aboriginal community-controlled organisations (ACCOs) working directly with First Nations people with disability and support those seeking to build capacity to adapt or expand their service offering. ● The WA Government has a suite of State-wide strategic reform platforms under development which will focus effort in relation to Priority Reform Two. These include the development of new strategies for the commissioning of social and community services (including a focus on ACCOs), broader procurement from Aboriginal owned and controlled businesses and a whole-of-government strategy for working in partnership with ACCOs. ● The Department of Communities is developing an ACCO Strategy to improve the way in which the Department

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	<p>procures the services of ACCOs, including those supporting people with disability, focusing on culturally informed, culturally led and appropriate procurement where Aboriginal children and families are the primary recipients of the services delivered.</p> <ul style="list-style-type: none"> • Together these strategies will support the transition of services from mainstream providers to ACCOs, including those best-placed to meet the needs of First Nations people with disability in regional and remote areas of WA. • In terms of direct funding and support the Department of Communities provides: <ul style="list-style-type: none"> ○ funding to regional and remote ACCOs to develop cultural frameworks for business and service development; ○ funding for advocacy and outreach services to support Aboriginal people with disability living in regional and remote areas of WA; ○ funding for ACCOs to implement place-based initiatives to increase capacity and capability of their disability workforce; ○ support ACCOs to establish sustainable and contemporary business solutions which are responsive to needs of Aboriginal people with disability, and ○ support to ACCOs to understand, navigate and comply with NDIS Quality & Safeguards Commission.
<p>South Australia</p>	<p><u>Inclusive SA - State Disability Inclusion Plan</u> South Australia's <i>Disability Inclusion Act 2018</i> was passed in 2018. A key requirement of the Act is the development of South Australia's first State Disability Inclusion Plan 2019-2023 (Inclusive SA) and individual Disability Access and Inclusion Plans (DAIPs) for all state authorities (almost 100). South Australia supported all state authorities to develop and publish their DAIPs by 31 October 2020 and tabled the first Inclusive SA Annual Report in Parliament, which provides an update on DAIPs and deliverables under Inclusive SA. South Australia will continue to support further developments of this work to deliver on the disability inclusion agenda.</p> <p><u>Disability Advocacy</u> In August 2020, funding was provided to continue the work of the Disability Advocate in South Australia and to support individual disability advocacy. In December 2020, Uniting Communities was announced as the provider of the new state-wide disability advocacy service.</p> <p>To further support the rights and safety of people with disability, the remit of the Adult Safeguarding Unit was expanded to include all vulnerable adults with disability from October 2020.</p>

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	<p>South Australia is working with the Commonwealth Government and state and territory governments to review the current National Disability Advocacy Framework, released in 2012. This will be complemented by a South Australian-specific workplan, and is part of South Australia's broader commitment to actions under <i>Australia's Disability Strategy 2021-2031</i>.</p>
<p>Tasmania</p>	<ul style="list-style-type: none"> • <i>Accessible Island: Tasmania's Disability Framework for Action 2018-2021</i> which is a whole-of-government approach to ensure that all government agencies implement socially just policies and practices for Tasmanians with disability. Accessible Island is Tasmania's third Disability Framework for Action; following release of Australia's Disability Strategy in late 2021, work will commence to develop the next iteration of Accessible Island. • The Tasmanian Government has committed ongoing funding to three advocacy organisations. Work has been progressing with these services to identify service system gaps, quantify demand and assess the full range of advocacy, decision-making and capacity building supports that are required in an NDIS environment. The outcome of the work will inform a future model based on need, within the Tasmanian context, of people with disability inclusive of Aboriginal people. • Communities Tasmania provides funding for the Tasmanian office of the national disability provider peak – National Disability Services, advocacy services, children therapy services, the Tasmanian Autism Diagnostic Service, and the Office of Senior Practitioner. • The current review of Tasmania's Disability Services Act 2011 provides the opportunity for community-controlled disability providers, together with non-indigenous disability providers to contribute to shaping the State's future disability legislation. • The Aboriginal Employment Strategy 2022 and the accompanying Employment Action Plan aims to increase the number of Aboriginal employees in a range of occupations and levels across all Tasmanian State Service Agencies. • The Aboriginal Employment Portal provides support to Aboriginal people to assist in gaining and maintaining employment in the Tasmanian State Service. • There are scholarships to support the career development of Aboriginal people in Tasmania including: <ul style="list-style-type: none"> o The Young Aboriginal Leaders Scholarship.

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	<ul style="list-style-type: none"> The Ida West Aboriginal Health Scholarship provides financial assistance to Aboriginal students completing a formal qualification at university or vocational education (such as TAFE) in a health and or human services related field.
Australian Capital Territory	<p><u>ACT Aboriginal and Torres Strait Islander Agreement 2019-2028</u></p> <ul style="list-style-type: none"> The Agreement recognises Aboriginal and Torres Strait Islander peoples as Australia’s first people. First people have the right to self-determination which is an ongoing process of choice to ensure that Aboriginal and Torres Strait Islander communities are able to meet their social, cultural and economic needs. The Agreement has four core focus areas which are Children and Young People, Cultural Integrity, Inclusive Community and Community leadership. There are six significant areas for action which include Connecting the community, Life long learning, Economic participation, Health and wellbeing, Housing and Justice. Action plans are developed under these focus areas based on community direction and guidance. <p><u>ACT Disability Strategy 2022-2032</u></p> <ul style="list-style-type: none"> The ACT Government is developing a ten year Disability Strategy to create a more welcoming and inclusive community. We are committed to the voice of people with disability leading the development of the ACT Disability Strategy, and will provide a variety of ways for people to provide their input. The consultation is codesigned with the Disability Reference Group and includes Aboriginal and Torres Strait Islander people who have shaped our consultation process to include culturally appropriate ways to seek engagement. The consultation process includes focussed engagement with Aboriginal and Torres Strait Islander communities which in turn will shape the work and commitments of the final Strategy. <p><u>Disability Justice Strategy 2019 – 2029</u></p> <ul style="list-style-type: none"> The ACT Government has developed the Disability Justice Strategy to address unequal access to justice in the ACT. The research to develop the Strategy identified that people with disability from Aboriginal and Torres Strait Islander Communities experience a disproportionate exposure to the justice system and required committed action to alleviate this impact. All actions and commitments were designed in awareness of the need and impact on Aboriginal and Torres Strait Islander people with disability.

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	<ul style="list-style-type: none"> • The Disability Justice Strategy will guide a shift in how the justice system interacts with people with disability over the next ten years. • The First Action Plan (2019 – 2023) sits under the Disability Justice Strategy and describes the first four years of work and the commitments made by stakeholders to ensure the ACT provides equal access to justice for people with disability. <p><u>ACT COVID-19 Disability Strategy</u></p> <ul style="list-style-type: none"> • In May 2020, the ACT Government developed the <u>ACT COVID-19 Disability Strategy</u>, which provided overarching guidance for supporting people with disability, their families, carers and the disability sector through the COVID-19 health emergency in the ACT. The Strategy included funding for additional individual advocacy services, targeted communication approaches delivered by a range of disability support organisations, Respite and Recovery Grants, designed to alleviate some of the accumulated pressures of the COVID-19 health emergency. <p>ACT Vocational Employment Program</p> <ul style="list-style-type: none"> • The Vocational Employment Program is an entry-level employment program aimed at two groups: Aboriginal and Torres Strait Islander people AND people with disability. It aims to increase diverse employment and support both groups to begin careers in the ACTPS. Participants undertake training that meets the needs of directorates and is tailored to their abilities. This may be Certificate/Diploma vocational training, or an individual learning and development plan may be established. Programs last from 12- 18 months depending on the rate at which the participant completes their individual training plan.
Northern Territory	<p>The Northern Territory contribution to the NDIS in 2021-22 is \$112 million, this commitment is indexed annually. Following transition of specialist disability services to the NDIS the NT retained its commitment to provide the following supports and services directed towards people with disability:</p> <ul style="list-style-type: none"> • Forensic disability services. • Community allied health services for those people with mild to moderate disability who are not eligible for the NDIS. • Disability advocacy services for systemic and individual advocacy and peak body funding or event for representative organisations of people with disability and the disability sector. • Key Northern Territory disability related events and awards. • Specialist school transport and personal care in schools (part of the Northern Territory’s in-kind contributions to the NDIS). • Early years’ education, specialist education and inclusion in schools.

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	<p>The Northern Territory Government is currently progressing the development of the Northern Territory Disability Strategy 2022-2032 and first three year Action Plan (2022 – 2025). The Strategy and Action Plan will support and align to the Northern Territory’s implementation of the DSSP.</p> <p>The Northern Territory Disability Advisory Committee was established in 2019 and provides representation of people with lived experience of disability reflective of the diversity of people with disability in the Northern Territory. The Committee provides advice to the Northern Territory Minister for Disabilities on issues of importance to people with disability in the Northern Territory and supports the governance of the Northern Territory Disability Strategy.</p>
Commonwealth	<p>The following provides some of the disability and carer policies and programs that will continue to be aligned to ensure they are implemented with alignment to the Priority Reforms.</p> <p><u>Australia’s Disability Strategy (2021 – 2031)</u> The Australian Government launched <i>Australia’s Disability Strategy 2021-2031</i> on 3 December 2021. It was developed by all levels of government with people with disability, their families, carers and representatives. The Strategy will drive change over the next decade to uphold the rights, inclusion and participation of people with disability in all areas of Australian life.</p> <p>The Strategy recognises all levels of government are responsible for supporting people with disability to reach their full potential, as equal members of the community. This includes providing good employment opportunities, high quality inclusive education, and making homes and communities safe, inclusive and accessible.</p> <p>This Strategy builds and expands on the original <i>National Disability Strategy 2010-2020</i>, adding new key features to drive more action and accountability. The Strategy is supported by various key reporting and implementation mechanisms, including:</p> <ul style="list-style-type: none"> • An Outcomes Framework • Engagement Plan • Targeted Action Plans (TAPs) • Evaluation Good Practice Guide Checklist <p><u>National Disability Employment Strategy – <i>Employ My Ability</i></u> The Australian Government, through the Department of Social Services (the department), has developed <i>Employ My Ability – the Disability Employment Strategy</i>, to provide a guiding framework for governments, employers and the broader community to increase employment outcomes for people with disability. <i>Employ My Ability</i> is a ten-year commitment to improve the employment outcomes for people with disability, supporting more jobseekers with disability into long term, meaningful employment. <i>Employ My Ability</i> aims to introduce new initiatives and improve existing programs to increase employment outcomes and break down barriers that people with disability may face in finding and keeping a job.</p>

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	<p>The Employment Strategy will focus on four priority areas:</p> <ul style="list-style-type: none"> • Lifting employer engagement, capability and demand: providing employers with the tools and abilities to confidently hire, support and develop more people with disability. • Building employment skills, experience and confidence of young people with disability: ensuring young people with disability are supported to obtain meaningful work and careers of their choice. • Improving systems and services for jobseekers and employers: making it simpler for job seekers with disability and employers to navigate and utilise government services, and driving better performance from service providers. • Changing community attitudes: changing people’s perception and expectation about the capability of people with disability in the workplace. <p><u>Information, Linkages and Capacity-Building (ILC)</u></p> <p>ILC provides funding to organisations to deliver projects in the community that benefit all Australians with disability, their carers and families. These projects create connections between people with disability and the communities they live in. ILC projects aim to build the knowledge, skills and confidence of people with disability, and improve their access to community and mainstream services.</p> <p>The ILC transferred from the National Disability Insurance Agency (NDIA) to the Department of Social Services (DSS) in October 2020. The ILC is being aligned other national disability policies and programs including the new Australia’s National Disability Strategy, Disability Employment Services, National Disability Advocacy Program, the Disability Gateway and the Carer Gateway.</p> <p><u>Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability</u></p> <p>The Australian Government, through the Department of Social Services (DSS), is funding counselling and advocacy support services for: people with disability who have experienced violence, abuse, neglect and exploitation anyone who is engaging with or affected by the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (‘the Disability Royal Commission’).</p> <p>These services are free, independent and confidential. Anyone who wishes to access these supports does not need to make a submission or have any prior involvement with the Disability Royal Commission. Advocacy and support services are available to a wide range of people including, but not limited to, women with disability, children with disability, Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds, and members of the LGBTIQ+ community.</p> <p>The Australian Government recognises the need to fund disability representative organisations for systemic advocacy, which seeks to remove barriers and address discrimination to ensure the rights of people with disability. For that reason, disability representative organisations are being funded to:</p> <ul style="list-style-type: none"> • Develop submissions and prepare case studies for the Disability Royal Commission.

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	<ul style="list-style-type: none"> • Support members, both organisational and individual, to understand and engage with the Disability Royal Commission, including workshops and forums to reach vulnerable individuals and groups. • Engage with hard to reach individuals and groups such as Aboriginal and Torres Strait Islander people with disability and people with disability from culturally and linguistically diverse backgrounds. <p><u>NDIS Workforce Plan (2021 – 2025)</u> <i>The NDIS National Workforce Plan outlines the Australian Government’s commitment to work with NDIS participants, industry and other stakeholders to grow a responsive and capable workforce for the NDIS. The aim is to ensure the care and support market and workforce are able to support participants to meet their needs and achieve their goals. The Plan is designed to attract workers with suitable skills, values and attributes, while also improving existing workers’ access to training and development opportunities. The Plan will generate benefits for participants, workers, providers, and the broader Australian economy: participants will have access to higher quality supports and improved continuity of supports workers will benefit from improved training and access to professional development opportunities providers will benefit from better regulation across the sector and more market demand information to drive innovation.</i></p> <p><u>NDIS Ready: Aboriginal and Torres Strait Islander Market Capability project (NDIS Ready Program)</u> <i>The Australian Government is providing \$5.9 million during 2020-2022 to the National Aboriginal Community Controlled Health Organisation (NACCHO) to strengthen NDIS services within Aboriginal and Torres Strait Islander communities. NACCHO is being funded to work with Aboriginal Community Controlled Health Organisations (ACCHOs) and Aboriginal Medical Services (AMSs) to increase registrations to deliver NDIS services. This will help build capacity for these organisations to transition to and operate as NDIS providers and, in turn, grow the Aboriginal and Torres Strait Islander NDIS market and workforce.</i></p> <p><u>NDIS Community Connectors Program</u> <i>This Program was developed for community groups who might need additional support to access the NDIS because of social, cultural and economic barriers.</i></p> <p><u>NDIS Aboriginal and Torres Strait Islander Engagement Strategy</u> <i>This Strategy focuses on enabling quality engagement, service delivery and leadership to ensure the successful delivery of the NDIS in Aboriginal and Torres Strait Islander communities across Australia. The strategy includes principles for engaging with Aboriginal and Torres Strait Islander Communities and 10 key engagement priorities: Communication and sharing of information, Cultural competency, Sharing best practice, Local solutions, Participant-centric design, Market enablement, Leveraging and linking, Cultural leadership, Supporting internal infrastructure, Tracking progress.</i></p>

Note: All jurisdictions have also endorsed Australia’s Disability Strategy 2021 – 2031