Position Statement

Policy Position Statement – Intellectual Disability

Cultural and Content Advisory: A Note Before You Read

This statement contains discussion of topics that may be distressing for some readers, including child removal, incarceration, death in custody, chemical restraint, disability-related exclusion, and the ongoing impacts of colonisation and intergenerational trauma.

It also reflects the strength, leadership and advocacy of First Nations people with intellectual disability, and calls for reform grounded in culture, self-determination and community control.

If this content raises difficult feelings, support is available through 13YARN on 13 92 76, a free, confidential crisis support line for Aboriginal and Torres Strait Islander peoples available 24 hours a day, 7 days a week.

The evidence base for this paper draws on the work of the National Disability Footprint, including the Data and Research Footprint (Element 2) delivered in partnership with Dr Scott Avery and Girra Maa Indigenous Health, University of Technology Sydney.

First Peoples
Disability Network

Executive summary and introduction

First Nations people with intellectual disability are among the most excluded people in Australia. First Nations people with intellectual disability experience persistent exclusion across health, justice, education, housing, child protection and disability systems. They are over-represented in restrictive and punitive systems and under-served in the systems intended to provide support. Intellectual disability is the most common primary disability among First Nations NDIS participants, yet there has never been a national, culturally appropriate prevalence study. Current assessment tools embed Western cultural biases and are not culturally appropriate for many First Nations communities, contributing to both over-identification in restrictive systems (triggering restrictive interventions such as guardianship) and under-identification in disability support systems (leaving lifelong support needs unmet).

The Disability Royal Commission (DRC) described the over-representation of First Nations people with cognitive disability in custody as "a largely hidden national crisis." Despite 13 dedicated recommendations in Volume 9 of the Final Report, the Commonwealth accepted only one recommendation in full, with the remainder accepted ‘in principle’ or noted. First Peoples Disability Network Australia (FPDN) calls for urgent, structural reform grounded in the cultural model of inclusion, community control, Indigenous data sovereignty and the Closing the Gap Priority Reforms to ensure First Nations people with intellectual disability can live with dignity, on Country, connected to culture, with the supports they need and the right to make their own decisions.

Key messages

A hidden crisis: systemic exclusion and inadequate data.	First Nations people with intellectual disability are not well captured in national datasets, are excluded from key surveys that inform policy, are poorly served by current diagnostic and assessment systems, and are funnelled into systems of punishment rather than support. These gaps contribute directly to policy failure, unmet need and poor service access. This invisibility is itself a form of structural violence.
Culture must shape policy responses.	Many First Nations communities hold inclusive understandings of cognitive difference that are not reflected in Western deficit-based models of disability, centring what a person contributes within kinship and community. FPDN's cultural model of inclusion must sit alongside the social model of disability in policy, program design and service delivery.

The NDIS is not adequately supporting First Nations people with intellectual disability.	Intellectual disability is the most common primary disability among First Nations NDIS participants (30%), but the current market-based model does not deliver services equitably in many regional and remote communities. First Nations participants are 28% less likely to receive care through the NDIS, and First Nations organisations remain significantly under-represented among providers (<1%). Alternative commissioning through community-controlled organisations is necessary to achieve equitable access.
Unmet disability needs are linked to justice system contact and early mortality.	FPDN has documented a consistent pattern in which unsupported intellectual disability contributes to unsupported schooling, school exclusion, police contact, incarceration and, in some cases, death in custody. Aboriginal and Torres Strait Islander people with intellectual disability are significantly over-represented in prisons and youth detention. An estimated 25 to 30% of Aboriginal and Torres Strait Islander prisoners have an intellectual disability, and over half of all Australian children imprisoned on any given night are Indigenous, with localised data indicating nearly all have some form of cognitive impairment (FPDN 2021; Bower et al. 2018).
Colonisation and structural disadvantage are key determinants.	The impacts of colonisation, including removal policies (Stolen Generations), environmental contamination of Aboriginal communities, intergenerational trauma and entrenched socio-economic disadvantage, continue to contribute to elevated rates of intellectual disability among First Nations people. More than half of Stolen Generations survivors live with a disability or chronic health condition (AIHW 2021). These factors must be recognised in prevention, early intervention and service system design.
First Nations people with intellectual disability must lead reform.	Policies and programs affecting First Nations people with intellectual disability should be designed, delivered and evaluated with their direct leadership. The National First Nations Disability Forum (Recommendation 9.10) recommended by the DRC should be established with real decision-making power, sustained funding and co-chairing by FPDN.

Key evidence and statistics

Prevalence and identification

- **Aboriginal and Torres Strait Islander people experience intellectual disability at rates between 2.5 and 7 times higher than non-Indigenous Australians,** driven overwhelmingly by preventable social determinants rooted in colonisation (ABS 2004; Leonard et al. 2003; Glasson et al. 2005). No national, culturally appropriate prevalence study has ever been conducted.
- **The ABS Survey of Disability, Ageing and Carers (SDAC) 2022 found 10.7% of Aboriginal and Torres Strait Islander people reported a "learning and understanding" disability,** the closest proxy for intellectual disability, up from 7.8% in 2018 (ABS & Avery 2025). However, the SDAC excludes very remote areas and discrete Aboriginal communities, accounting for approximately 17% of the Indigenous population (ABS & Avery 2025).
- **Standard cognitive assessment tools used in Australia are profoundly culturally biased when applied to First Nations people.** Practitioners acknowledge broad consensus that the Wechsler Adult Intelligence Scale full-scale IQ score is culturally invalid for Aboriginal Australians (Dingwall et al. 2013). No validated, culturally appropriate intellectual disability assessment tool exists for younger First Nations populations. Under-identification is likely massive: Bourke and colleagues (2024) found Aboriginal children identified through education sources alone were five times more likely to be Aboriginal than non-Aboriginal, demonstrating significant under engagement with disability service systems.

2.5-7x

Aboriginal and Torres Strait Islander people experience intellectual disability at rates between 2.5 and 7 times higher than non-Indigenous Australians.

11%

The ABS Survey of Disability, Ageing and Carers (SDAC) 2022 found 10.7% of Aboriginal and Torres Strait Islander people reported a "learning and understanding" disability.

Standard cognitive assessment tools used in Australia are profoundly culturally biased when applied to First Nations people.

Sources: ABS 2004; Leonard et al. 2003; Glasson et al. 2005, ABS & Avery 2025, Dingwall et al. 2013.

NDIS access and service gaps

- **Intellectual disability is the most common primary disability among First Nations NDIS participants at 30%, followed by autism at 28%** (NDIA 2019). First Nations NDIS participants were 28% less likely to receive care via the NDIS than non-Indigenous Australians (Deloitte, cited in AIHW 2025).
- **Only approximately 144 First Nations-owned providers are known to the NDIA nationally,** and only around 40 NACCHO members are registered NDIS providers (NDIA 2024; NDIS Review 2023). First Nations people represent 8.1% of NDIS participants but fewer than 1% of providers.
- **In remote regions, 98.6% of allied health treatments are not delivered at the ideal frequency** (Roy and Balaratnasingam 2011). The Kimberley region of WA, spanning 500,000 square kilometres with almost 25% of WA's Aboriginal population, had only two adult psychiatrists, neither with intellectual disability subspecialty training (Roy and Balaratnasingam 2011).
- **Over one in three mature NDIS participants in remote and very remote areas are not accessing daily activity supports, and over one in four are not accessing therapy supports** (NDIS Review 2023). Under current NDIA practices, under-utilised plans may be reduced in subsequent planning cycles, punishing participants for market failure rather than addressing it (FPDN 2024).

30%

Intellectual disability is the most common primary disability among First Nations NDIS participants at 30%, followed by autism at 28%.

<1%

First Nations people represent 8.1% of NDIS participants but fewer than 1% of providers.

99%

In remote regions, 98.6% of allied health treatments are not delivered at the ideal frequency.

>1 in 3

Over one in three mature NDIS participants in remote and very remote areas are not accessing daily activity supports, and over one in four are not accessing therapy supports

Sources: NDIA 2019, (NDIA 2024; NDIS Review 2023, NDIS Review 2023.

Justice system

- **An estimated 25 to 30% of Aboriginal and Torres Strait Islander prisoners have an intellectual disability** (FPDN 2021). Aboriginal people with cognitive disability are 14 times more likely to be imprisoned than the general population (FPDN 2021). The Banksia Hill study found 36% of young people in WA's only youth detention centre had Foetal Alcohol Spectrum Disorder (FASD), with 89% having at least one severe neurodevelopmental impairment; 47% of Aboriginal youth specifically had FASD (Bower et al. 2018). Of 36 children diagnosed, only two had a prior diagnosis.
- **Aboriginal and Torres Strait Islander people comprise at least 50% of those indefinitely detained without conviction under forensic disability regimes across Australian jurisdictions** (Sotiri, McGee and Baldry 2012). The DRC found definitively that indefinite detention is unacceptable and that laws providing for it should be repealed (DRC 2023, Volume 8).

> **"By the time that an Aboriginal or Torres Strait Islander person has come into contact with the justice system, they are likely to have had a lifetime of their disability related needs having been unsupported. We know that over half of all Australian children imprisoned on any given night are Indigenous, and localised data indicates that nearly all have some form of cognitive impairment, and this needs to be investigated further."**
> (Damian Griffis, CEO, First Peoples Disability Network Australia, Worimi man, c. 2021)

25-30%

An estimated 25 to 30% of Aboriginal and Torres Strait Islander prisoners have an intellectual disability.

14x

Aboriginal people with cognitive disability are 14 times more likely to be imprisoned than the general population.

50%

Aboriginal and Torres Strait Islander people comprise at least 50% of those indefinitely detained without conviction under forensic disability regimes across Australian jurisdictions.

Sources: FPDN 2021, Sotiri, McGee and Baldry 2012.

Education exclusion

- **In NSW in 2022, Aboriginal students comprised 9% of government school enrolments but accounted for 25% of all suspensions.** Separately, students with disability accounted for almost 48% of all students suspended (Macquarie University 2025). Indigenous students and students with disability are each three times more likely to be suspended than the general student population, and these risks compound with increasing intersectionality (Graham et al. 2023). FPDN has identified "Bad Black Kid Syndrome," a pattern in which presentations of disability are misconstrued as delinquent behaviour, feeding the school-to-prison pipeline.

Child protection

- **Approximately 20,000 Aboriginal and Torres Strait Islander children are in out-of-home care at rates 11 times higher than non-Indigenous children** (AIHW 2025). Of these, 22.7% have a reported disability (Productivity Commission 2024). DRC evidence showed intellectual disability is treated as a risk factor for child removal rather than a trigger for family support.

> **"If I had a lot of support in that earlier, I think it would have actually helped me. And probably would have let me keep my kids in my care."** ("Shontaya," Aboriginal woman with intellectual disability, DRC Public Hearing 8, 2020)

Health and life expectancy

- **People with intellectual disability in Australia have a life expectancy 27 years shorter than the general population, with 38% of deaths classified as potentially avoidable compared with 17% in the general population** (Trollor et al. 2017; NCEIDH 2025). For Aboriginal people with intellectual disability in WA, median survival was 55.1 years for men and 64.0 years for women (Glasson et al. 2005). Between July 2020 and June 2021, over 585,000 instances of unauthorised chemical restraint were reported by NDIS providers, with psychotropic medicines frequently used to manage behaviour rather than treat diagnosed conditions (Trollor 2016; NDIS Quality and Safeguards Commission 2021).

9%

In NSW in 2022, Aboriginal students comprised 9% of government school enrolments but accounted for 25% of all suspensions.

11x

Approximately 20,000 Aboriginal and Torres Strait Islander children are in out-of-home care at rates 11 times higher than non-Indigenous children.

38%

People with intellectual disability in Australia have a life expectancy 27 years shorter than the general population, with 38% of deaths classified as potentially avoidable compared with 17% in the general population.

Sources: Macquarie University 2025, AIHW 2025, Trollor et al. 2017; NCEIDH 2025

Environmental and intergenerational determinants

- **FASD constitutes a preventable form of intellectual disability.** The Lililwan Project in the Fitzroy Valley (WA), the only population-based FASD prevalence study in Australia, found rates of 19% among Aboriginal children aged 7 to 9 (Fitzpatrick et al. 2017). WA data linkage found Aboriginal children were 40.5 times more likely than non-Aboriginal children to be NDIS participants with intellectual disability and FASD (Gibberd et al., IJPDS).
- **Lead contamination is a significant, under-addressed environmental determinant. In Broken Hill (NSW), 53% of children tested had blood lead levels exceeding 5 micrograms per decilitre, with Aboriginal children twice as likely to exceed 10 micrograms per decilitre.** Every increase of 10 to 20 micrograms per decilitre in lifetime blood lead exposure is associated with a 3.0-point IQ decline. WHO states there is no safe level of lead exposure. Globally, childhood lead exposure contributes to approximately 600,000 new cases of intellectual disability per year (WHO; UNSW).
- **Stolen Generations survivors aged 50 and over are 1.4 times as likely to have a severe or profound disability compared with non-removed Indigenous Australians, and more than half live with a disability or chronic health condition** (AIHW 2021). Approximately one-third of all Aboriginal and Torres Strait Islander adults are descended from Stolen Generations survivors. Intergenerational trauma transmits through impaired attachment, disconnection from culture and Country, and health impacts including substance misuse that is a pathway to FASD in subsequent generations.

Lived experience: the right to speak

> **"I reckon people out there with disabilities and intellectual disabilities if they want to have the confidence to tell their story on what happened to them in these institutions. ... They should have the right to come and tell you. ... They shouldn't have the staff telling them what they can say and what they can't say."** (Eileen, Aboriginal woman with intellectual disability, Inclusion Australia 2020)

19%

The Lililwan Project in the Fitzroy Valley (WA), ... found rates of 19% [of Fetal Alcohol Syndrome] among Aboriginal children aged 7 to 9.

53%

53% of children tested had blood lead levels exceeding 5 micrograms per decilitre, with Aboriginal children twice as likely to exceed 10 micrograms per decilitre.

1.4x

Stolen Generations survivors aged 50 and over are 1.4 times as likely to have a severe or profound disability compared with non-removed Indigenous Australians, and more than half live with a disability or chronic health condition.

Sources: Fitzpatrick et al. 2017, WHO; UNSW, AIHW 2021.

Data sovereignty gap

- **No state or territory except Western Australia maintains population-level intellectual disability surveillance comparable to the IDEA database.** No national death reporting system exists for Australians with intellectual disability. No jurisdiction except NSW collects or publishes data recording disability in criminal justice systems (DRC 2023). No nationally published data cross-tabulates school suspension, child removal or incarceration rates by both disability type and Indigenous status. The Maiam nayri Wingara Aboriginal and Torres Strait Islander Data Sovereignty Collective articulates five core principles: Indigenous peoples must exercise control of the data ecosystem; data should be contextual and disaggregated; data should be relevant and empower self-determination; data structures must be accountable to Indigenous peoples; and data must be protective (Maiam nayri Wingara 2017). Existing data is, as the Collective has stated, "overly focused on Indigenous peoples 'as the problem,' taking a deficit rather than strengths-based approach."

> **Existing data is, as the Collective has stated, "overly focused on Indigenous peoples 'as the problem,' taking a deficit rather than strengths-based approach."**

Key recommendations

- **Establish the National First Nations Disability Forum with decision-making power.** Implement DRC Recommendation 9.10 by establishing a permanent National First Nations Disability Forum co-chaired by FPDN, with representation of First Nations people with intellectual disability and other cognitive disabilities, and with genuine authority over policy, not merely advisory status. This connects to Closing the Gap Priority Reform 1 (Formal Partnerships and Shared Decision-Making).
- **Introduce functional needs pathways for NDIS access, removing formal-diagnosis barriers.** The requirement for specialist clinical diagnosis systematically excludes First Nations people in remote communities where allied health professionals are unavailable. A culturally adapted, functional assessment approach supported by mobile multidisciplinary diagnostic teams should be developed and implemented as an alternative pathway into the NDIS for First Nations people with intellectual disability. This aligns with the NDIS Review's Recommendation 7 on needs assessments and FPDN's 10-Point Plan.
- **Implement alternative commissioning through Aboriginal Community Controlled Organisations.** The NDIS Review's Recommendation 14 on alternative commissioning for remote and First Nations communities must be implemented urgently. Block funding for First Nations community-controlled organisations to flexibly deliver disability supports, as recommended by the DRC (Recommendations 9.3, 9.4), is essential to address chronic thin markets. This connects directly to Closing the Gap Priority Reform 2 (Building the Community-Controlled Sector).
- **Fund development and validation of culturally appropriate intellectual disability assessment tools.** No validated, culturally appropriate assessment instrument for intellectual disability exists for younger First Nations populations. Building on the Kimberley Indigenous Cognitive Assessment (KICA) model and the Australian FASD Indigenous Framework, investment should support community-led co-design of assessment approaches that are linguistically and culturally appropriate. This should be led by First Nations researchers and communities under Indigenous data sovereignty principles.
- **Repeal laws allowing indefinite detention and end mandatory sentencing that removes judicial discretion.** The DRC found that indefinite detention is unacceptable and that laws providing for it should be repealed (DRC 2023, Volume 8). Mandatory sentencing provisions in WA and the NT that remove judicial discretion to consider intellectual disability as a mitigating factor must end. Aboriginal children constituted 80% of three-strikes burglary cases in the WA Children's Court. The minimum age of criminal responsibility should be raised to 14, as recommended by the DRC.
- **Fund and expand culturally appropriate court-based disability diversion programs nationally.** The NSW Cognitive Impairment Diversion Program (CIDP), described by the DRC as best practice, diverted people with cognitive impairment away from incarceration and into community services and NDIS supports, with 26% of clients being Indigenous. Programs modelled on the CIDP should be funded in every jurisdiction, with mandatory culturally safe disability screening embedded in custodial settings and Custody Notification Services. This aligns with Closing the Gap Target 10 (reducing incarceration rates) and the Justice Policy Partnership.

- **Reform guardianship laws and invest in culturally adapted supported decision-making.** Guardianship laws must be reformed nationally in line with the CRPD and the DRC's 10 principles for supported decision-making (Recommendations 6.4-6.18). First Nations people are disproportionately subject to guardianship orders: in Victoria, First Nations people comprise approximately 1% of the population but 2.4% of the guardianship population, with significantly younger age profiles and longer order durations (VLRC 2024). A cultural-broker workforce should be developed to replace generic guardianship approaches, recognising that kinship-based, collective decision-making practices align more closely with supported decision-making than the Western binary of "capable/ incapable."
- **Invest in a First Nations intellectual disability workforce.** FPDN's workforce paper submitted to the NDIS Review identified the need for approximately 13,000 NDIS workers in the First Nations disability sector by 2031. Investment must prioritise growing a skilled, culturally safe workforce of First Nations people, including Aboriginal health workers, disability support workers, community connectors and allied health assistants, particularly in remote and regional communities. This aligns with Closing the Gap Priority Reform 2 and DRC Recommendation 9.9.
- **Embed Indigenous data sovereignty across disability, justice, education and child protection reporting.** Disaggregated data collection under the Maiam nayri Wingara principles must be embedded across all systems. As a minimum, routine publication of intersectional data on disability type and Indigenous status across justice, education, child protection and health systems is required. A national intellectual disability data ecosystem, governed by Indigenous data sovereignty principles and building on the WA IDEA database model, should be developed. This aligns with Closing the Gap Priority Reform 4 (Shared Access to Data and Information).
- **Collect better data to understand the prevalence and experiences of First Nations people with intellectual disability.** A national, culturally appropriate prevalence study is needed, especially in remote areas. This aligns with Closing the Gap Priority Reform 4 (Shared Access to Data and Information).
- **Address preventable environmental determinants of intellectual disability.** Lead contamination in Broken Hill (NSW), Mount Isa (QLD) and Port Pirie (SA) disproportionately affects Aboriginal children and contributes to intellectual disability. Comprehensive environmental remediation, blood lead screening and early intervention programs must be funded in affected communities. FASD prevention through community-led strategies, building on the Marulu (Fitzroy Valley) model, must be expanded, with national FASD diagnostic services adequately resourced and culturally appropriate.

References

ABS (2004) National Aboriginal and Torres Strait Islander Social Survey 2002, Australian Bureau of Statistics, Canberra.

ABS & Avery, S (2025) Survey of Disability, Ageing and Carers, Australia 2022, Australian Bureau of Statistics, Canberra. https://www.abs.gov.au/articles/aboriginal-and-torres-strait-islander-peoples-disability-2022

AIHW (2021) Aboriginal and Torres Strait Islander Stolen Generations and Descendants: Numbers, Demographic Characteristics and Selected Outcomes, Australian Institute of Health and Welfare, Canberra. https://www.aihw.gov.au/reports/indigenous-australians/stolen-generations-descendants

AIHW (2025) Indigenous Health Performance Framework: Measure 1.14 Disability, Australian Institute of Health and Welfare, Canberra. https://www.indigenoushpf.gov.au/measures/1-14-disability

AIHW (2025) Child Protection Australia 2023-24, Australian Institute of Health and Welfare, Canberra.

Avery, S (2018) Culture is Inclusion: A Narrative of Aboriginal and Torres Strait Islander People with Disability, First Peoples Disability Network Australia, Sydney. https://fpdn.org.au/wp-content/uploads/2018/07/Culture-is-Inclusion-exec-summary-_2.pdf

Baldry, E, McCausland, R, Dowse, L and McEntyre, E (2015) A Predictable and Preventable Path: Aboriginal People with Mental and Cognitive Disabilities in the Criminal Justice System, UNSW Sydney.

Bourke, J et al. (2024) 'Identification of intellectual disability among Aboriginal children through education and disability service data', Journal of Intellectual Disability Research.

Bower, C, Watkins, RE, Mutch, RC et al. (2018) 'Fetal alcohol spectrum disorder and youth justice: a prevalence study among young people sentenced to detention in Western Australia', BMJ Open, 8:e019605.

Commonwealth of Australia (2023) Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability: Final Report, Volumes 1-12. https://disability.royalcommission.gov.au/publications/final-report

Dingwall, KM, Lewis, MS, Maruff, P and Cairney, S (2013) 'Reliability of repeated cognitive testing in healthy Indigenous Australians', Australian Psychologist, 44(4): 224-234.

Fitzpatrick, JP et al. (2017) 'Prevalence and profile of neurodevelopment and fetal alcohol spectrum disorder (FASD) amongst Australian Aboriginal children living in remote communities', Research in Developmental Disabilities, 65: 114-126.

FPDN (2016) Intersectional Dimensions on the Right to Health for Indigenous Peoples: A Disability Perspective, submission to OHCHR/EMRIP. https://www.ohchr.org/sites/default/files/Documents/Issues/IPeoples/EMRIP/Health/FirstPeoplesDisabilityNetworkAustralia.pdf

FPDN (2021) 'The overrepresentation of First Nations People with cognitive disability in the criminal justice system warrants own Disability Royal Commission Hearing', media release. https://fpdn.org.au/media-release-the-overrepresentation-of-first-nations-people-with-cognitive-disability-in-the-criminal-justice-system-warrants-own-disability-royal-commission-hearing/

FPDN (2024) Submission: Inquiry into NDIS participant experience in rural, regional and remote Australia. https://fpdn.org.au/wp-content/uploads/2024/04/FPDN-Submission-Inquiry-into-NDIS-participant-experience-in-rural-regional-and-remote-Australia.pdf

Glasson, EJ, Sullivan, SG, Hussain, R and Bittles, AH (2005) 'An assessment of intellectual disability among Aboriginal Australians', Journal of Intellectual Disability Research, 49(8): 626-634.

Graham, LJ et al. (2023) 'School suspension in Queensland', QUT Centre for Inclusive Education, Brisbane.

Inclusion Australia (2020) First Nations people with disability: Real Stories, submission to the Disability Royal Commission. https://www.inclusionaustralia.org.au/story/first-nations-people-with-disability/

Leonard, H et al. (2003) 'Prevalence of intellectual disability in Western Australia', Paediatric and Perinatal Epidemiology, 17(1): 58-67.

Maiam nayri Wingara (2017) Maiam nayri Wingara Aboriginal and Torres Strait Islander Data Sovereignty Collective Communique, Canberra. https://www.maiamnayriwingara.org

NCEIDH (2025) State of Play in Intellectual Disability Health, National Centre of Excellence in Intellectual Disability Health, UNSW Sydney. https://nceidh.org.au/news/intellectual-disability-health-report

NDIA (2019) Aboriginal and Torres Strait Islander Participants Report, National Disability Insurance Agency, Canberra.

NDIA (2024) NDIS First Nations Market and Sector Analysis, National Disability Insurance Agency, Canberra.

NDIS Review (2023) Working Together to Deliver the NDIS: Independent Review into the National Disability Insurance Scheme, Commonwealth of Australia, Canberra.

Productivity Commission (2024) Review of the National Agreement on Closing the Gap, Productivity Commission, Canberra.

Roy, M and Balaratnasingam, S (2011) 'Intellectual disability and Aboriginal Australians: training needs for psychiatrists', Australasian Psychiatry, 19(1): 57-59.

Sotiri, M, McGee, P and Baldry, E (2012) No End in Sight: The Imprisonment and Indefinite Detention of Indigenous Australians with a Cognitive Impairment, UNSW Sydney.

Trollor, J, Srasuebkul, P, Xu, H and Howlett, S (2017) 'Cause of death and potentially avoidable deaths in Australian adults with intellectual disability using retrospective linked data', BMJ Open, 7(2): e013489.

VLRC (2024) I Want to Tell My Story: The Guardianship and Administration Confidentiality Law, Victorian Law Reform Commission, Melbourne.

Acknowledgement

This work was supported by the National Indigenous Australians Agency (NIAA) through funding provided as part of the National Disability Footprint, under the Disability Sector Strengthening Plan (DSSP). We acknowledge NIAA as a key partner in enabling the development of these resources.

First Peoples Disability Network Limited

policy@fpdn.org.au

fpdn.org.au/policy

First Peoples
Disability Network

Accessibility Statement

If you encounter difficulties, or need this document in an alternative format please contact media@fpdn.org.au or by calling (02) 9267 4195.

Information on this Statement
Date issued: June 2026