Key Themes: Prime Minister’s Indigenous Advisory Council’s Workshop on the National Disability Insurance Scheme
A summary of the findings

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Introduction

This report summarises the key discussion outcomes to emerge from the workshop to discuss Indigenous economic development opportunities and the National Disability Insurance Scheme.

The workshop was held at the National Centre of Indigenous Excellence in Redfern on 10 August 2017. Over 30 representatives from Aboriginal Community Controlled Health Organisations, Indigenous peak bodies and service delivery organisations, Indigenous disability advocates, microfinance, government, disability provider peaks and the National Disability Insurance Agency.

Key actions / insights to emerge

1. Core guiding principle: Nothing about us without us. Done with us not for us.
2. Opportunity: there is immense opportunity for Indigenous participants, communities, organisations and businesses under the scheme. Opportunities exist in training, employment and business and the systems required to enable these.
3. Advocacy: Aboriginal and Torres Strait Islander peoples’ must have a voice in the roll out of the NDIS and the development of policy affecting people with a disability. At a minimum this should occur by way of:
   - An Indigenous steering group which directly advises the NDIA on the roll out of the NDIS.
   - An Indigenous group that directly advise advises on disability policy reform.
4. Policy: The NDIA, with the Indigenous community, should examine how key principles of the scheme such as “flexibility”, “reasonable” and “necessary” are defined and applied with the aim of effectively supporting Indigenous participants.
5. Financial viability:
   - Seed funding is required to assist Indigenous people start-up businesses to support Indigenous participants.
   - Pricing for service types must reflect the cost of doing business and providing services in remote and very remote locations including travel and relationship building.
6. On-country models: Key elements of on-country models include:
   - Segmenting locations by urban, remote and very remote.
   - Leveraging the existing Indigenous service system infrastructure including Aboriginal Medical Services, their workforces and systems.
   - Building the local Indigenous workforce to design and deliver services under the scheme.
   - Access to market intelligence about current and future demand in communities.
   - Working with local organisations to develop back end administrative support and physical workspaces for small businesses and sole traders.
   - Information and assistance to help participants pool funds for block purchasing.
   - In remote locations with sole providers choice will be a function of how a service is delivered rather than which agency delivers it.
• Assistance for Indigenous practitioners to register as a provider.
• Register of Indigenous providers to assist with culturally competent procurement.

7. Structural challenges: How the various systems intersect (i.e. Medicare, income support and NDIS) must be examined to ensure Indigenous participants are able to access all of the support they require including the basic necessities of life (food, clothing, shelter).