**Priority Reform Two: Building the community-controlled sector**

# 2023 Sector Strengthening Plan Action Updates

## Background:

Parties to the National Agreement have committed to joint national strengthening effort through Sector Strengthening Plans which identify actions to build strong Aboriginal and Torres Strait Islander community-controlled sectors and organisations in line with the strong sector elements (sustained investment, dedicated workforce, supported by a Peak Body, with a dedicated reliable and consistent funding model).

Sector Strengthening Plans for Health, Early Childhood Care and Development, Disability and Housing are published at <https://www.closingthegap.gov.au/resources>

Clause 47 of the National Agreement states that 'Government Parties will include in their Jurisdictional annual reports information on action taken to strengthen the community-controlled sector based on the elements of a strong sector, as outlined in Clauses 118 and 119'.

Sector Strengthening Plan actions, have been written by Commonwealth agencies in partnership, to reflect the views of the Coalition of Peaks members and community-controlled organisations.

## Disability

[Disability Sector Strengthening Plan](https://www.closingthegap.gov.au/sites/default/files/2022-08/disability-sector-strengthening-plan.pdf)

This Annual Report describes key Disability Sector Strengthening Plan (Disability SSP) projects supported by the Australian Government, including the National Disability Footprint led by First Peoples Disability Network (FPDN). This report also highlights the broader work undertaken by a number of Australian Government agencies where this work contributes to the objectives of improving supports for First Nations people with disability and strengthening the community-controlled disability sector.

FPDN, as the national peak organisation for disability under Closing the Gap and the Disability SSP, has provided comment on this annual report. As reflected in the final reports of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, Independent Review of the National Disability Insurance Scheme, and Productivity Commission’s Closing the Gap review, FPDN and the sector have highlighted the need to strengthen the Commonwealth’s (and other jurisdictions’) implementation, governance and monitoring of the Disability SSP.

The Australian Government is carefully considering the findings and recommendations of the Disability Royal Commission, NDIS Review and Productivity Commission Closing the Gap review — including on the Disability SSP. In 2024, the Australian Government will work with FPDN and state and territory governments to strengthen implementation of the Disability SSP to enable improved outcomes.

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| No. | Stream | Action | Description | Responsibilities | Initial Resource Commitment | Timelines | 2023 Annual Report Update |
| A1. | Workforce | Map strengths, challenges and gaps and identify specific actions to grow the First Nations disability workforce – for urban, regional and remote | 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 this also includes required sector needs in finance, remuneration and broader HR attraction and retention levers.  A1.3 Identify existing First Nations and disability urban, rural, remote and very remote human services workforce strategies and data.  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. | Community-controlled sector  All jurisdictions | TBD | Year 1-3 | **A1.1** Overarching reforms: On 28 May 2023, the Australian Government released the **draft National Strategy for the Care and Support Economy**. This Strategy will provide an overarching framework for strengthening the care and support workforce, including by improving skills and training pathways, pay and conditions, regulation and funding. This work will seek to enable, but not replace or duplicate, the Disability Sector Strengthening Plan. First Peoples Disability Network (FPDN) and other community controlled organisations have participated in First Nations specific workshops related to the work of the Care and Support Economy Taskforce. The Commonwealth Government is also taking due consideration of the Final Report of the **Independent Review into the National Disability Insurance Scheme** (NDIS), and the **Disability Royal Commission**. An initial response to the NDIS Review was announced by National Cabinet on 6 December 2023.  **A1.2** NDIS market stewardship: The NDIS Quality and Safeguards Commission (NDIS Commission) has established the **NDIS Workforce Capability Framework** to describe the attitude, skills and knowledge expected of all workers funded under the NDIS. This includes a suite of culturally appropriate resources for recruitment of Aboriginal and Torres Strait Islander workers to support Aboriginal and Torres Strait Islander NDIS participants. A Yarning Circle held with relevant stakeholders working in Aboriginal and Torres Strait Islander communities identified key issues relating to how the Workforce Capability Framework should be promoted and/or explained to this cohort. The Yarning Circle also identified the Recruitment and Selection Resources as a priority. The aim of the resources is to increase the representation of Aboriginal and Torres Strait Islander peoples in the disability workforce, and in remote areas in particular, and to improve the cultural safety of NDIS participants who identify as Aboriginal and Torres Strait Islander. It was determined that the development of culturally appropriate and relevant materials for recruitment was critical to ensure accessibility to this cohort. **A1.3** Data: **Jobs and Skills Australia's (JSA) First Nations People Workforce Analysis Report** (published 21 June 2023) noted there is a lack of timely data on education and employment outcomes to support First Nations policy development. JSA and the ABS are working towards bridging this gap with a linked data set called **Skills Tracker**, a Multi-Agency Data Integration Project (MADIP, which is now called PLIDA - a Person Level Integrated Data Asset) which links data from Census, DSS, ATO and the tertiary education sector. Enabling estimates to be derived using more recent data (May 2022) on labour market participation, employment and education pathways of First Nations people and the impact of the COVID-19 pandemic.  **A1.4** Workforce policy reforms: See **draft National Strategy for the Care and Support Economy, NDIS Review and Disability Royal Commission** (A1.1). The Australian Government has established ten Jobs and Skills Councils (JSCs) to provide industry with a stronger, more strategic voice in ensuring the national vocational education and training (VET) system addresses workforce priorities and skills and training needs across the Australian economy, including aligning training with contemporary job roles. **HumanAbility** is the JSC for the aged care and disability, children’s education and care, health, human services, and sport and recreation sectors. NDIS market stewardship: The NDIS Commission has established an **Indigenous and Remote Operations Team** (IROT) which commenced on 1 August 2023. There are 13 affirmative measures positions in the team, 50% have been filled and recruitment is progressing for the remaining roles. The IROT will work collaboratively across the NDIS Commission to establish a program of work complimentary to work in other divisions that are focussed on quality and safeguarding in Indigenous and remote communities. The team is dedicated to quality and safeguarding in Indigenous and remote communities and will promote the delivery of culturally appropriate services to Aboriginal and Torres Strait Islander communities. The IROT will also build the capacity of NDIS Commission staff to use proactive regulatory levers to support the delivery of culturally appropriate services to First Nations communities. First Nations workforce: The NIAA administers the **Community Development Program (CDP)**. As part of their role, CDP providers work with local employers to identify current and emerging employment opportunities and skill needs in the local labour market, including in the disability sector, and set up activities and training pathways for participants to develop the necessary skills to access these jobs. |
| A2. | Workforce | Map existing Disability and First Nations peoples’ workforce strategies and identify specific principles to be inclusive of a First Nation Disability Workforce Sector | 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.  A2.2 Develop principles / accountability framework for workforce plans to take account of First Nations peoples’ disability sector needs and barriers (e.g. 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).  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.  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. | FPDN Community-controlled sector All jurisdictions | TBD | Years 1-2 | **A2.1** See draft National Strategy for the Care and Support Economy, NDIS Review and Disability Royal Commission (A1.1).  **A2.2** Nil. **A2.3** Nil. **A2.4** Nil. |
| A3. | Workforce | Invest in and support a permanent, highly skilled and nationally credentialed, sustainable First Nations disability workforce | 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.  A3.2 Enhance disability sector jobs to retain suitable existing workers, including a focus on kinship carers and people with disability.  A3.3 Support First Nations workforce sustainability through multiple entry points, pathways and career development, especially for First Nations people with disability  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:  ·         on the job training and nationally accredited training ·         longer-term career pathway training ·         development opportunities for progression and variety ·         mobility ·         multiple levels of entry points into the sector ·         tertiary pathways ·         mentoring, leadership and stewardship models.   A3.5 Establish a dedicated research and data pathways bridging community knowledge, research and policy translation, supported by research scholarships for community | FPDN Community-controlled sector  All jurisdictions | TBD | Years 1-3 | **A3.1** Overarching reforms: On 28 May 2023, the Australian Government released the draft **National Strategy for the Care and Support Economy.** This Strategy will provide an overarching framework for strengthening the care and support workforce, including by improving skills and training pathways, pay and conditions, regulation and funding. This work will seek to enable, but not replace or duplicate, the Disability Sector Strengthening Plan. First Nations workforce: **Community Development Program** (CDP) organisations support development of the workforce in the community-controlled disability sector, through engaging with local service providers to be aware of job opportunities and workforce gaps, and to broker and job match CDP participants into these roles where appropriate. Complementary strategies: This sub-action is aligned to **National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031** strategic direction 1.3: implement attractive and accessible pathways to retain and grow the existing Aboriginal and Torres Strait Islander Workforce. **A3.2** This sub-action is also aligned to **National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan** strategic direction 1.3: implement attractive and accessible pathways to retain and grow the existing Aboriginal and Torres Strait Islander Workforce. This strategy highlights 'supports and incentives to support Aboriginal and Torres Strait Islander people with disability to work in health' as a success factor. **A3.3 CDP** providers identify suitable pathways for participants to enter the local labour market and support them to maintain employment through delivering post-placement support and mentoring over the initial six months.  To support First Nations people with disability into work, CDP providers develop a tailored range of activities which can include training, non-vocational assistance, interventions to address barriers, rehabilitation services, work experience, job placement assistance and other individualised support. Providers also collaborate with employers to access a range of employer incentives aimed to address barriers employers may face in recruiting job seekers with a disability due to greater direct costs, for example associated with transport and workplace modification requirements. These include incentives such as the Employer Assistance Fund, which provides assistance to purchase modifications, equipment and services, and the Supported Wage System. Through the **National Careers Institute** (NCI), work is ongoing to improve the **Your Career website** with a focus on accessibility for all Australians. The NCI publishes information and online resources for First Nations people about education, training and employment pathways and available support for both nationally and in each jurisdiction. Your Career hosts research-led tailored career information and work is underway this financial year to develop resources designed to support young people with disability to explore their interests and abilities, imagine and construct a variety of future selves, and learn about post-school pathways and the world of work. As the Jobs and Skills Council (JSC) established by the Australian Government for the aged care and disability, children’s education and care, health, human services, and sport and recreation sectors **HumanAbility** will undertake workforce planning, training product development, and career pathways mapping and promotion activities to ensure the national training system is responding to workforce issues and skill needs. Under the JSC Program Guidelines, HumanAbility will have a role in working with employers, training providers and governments to devise and implement ways to improve training outcomes for priority cohorts, including First Nations people and people with a disability. In addition, the $12.6 billion five-year **National Skills Agreement** (NSA) commenced in January 2024, and includes an extra $2.4 billion in flexible funding to support State and Territory skills sectors with capacity to deliver skills for critical and emerging industries. Under the NSA, sustaining essential care services is one of the inaugural national priorities which have been agreed by the Australian, state and territory governments.  **A3.4** As the Jobs and Skills Council (JSC) established by the Australian Government for the aged care and disability, children’s education and care, health, human services, and sport and recreation sectors **HumanAbility** will undertake workforce planning, training product development, and career pathways mapping and promotion activities to ensure that the VET system is addressing workforce and skills challenges and opportunities. Under the JSC Program Guidelines, HumanAbility will have a role in working with employers, training providers and governments to devise and implement ways to improve training outcomes for priority cohorts, including First Nations people and people with a disability. FPDN: In addition to the work being undertaken by Government jurisdictions, the First Peoples Disability Network (FPDN), through the **National Disability Footprint** (Footprint), is developing online course content, resources and training tailored to the Community Controlled sector. Through 2024 FPDN will be finalising and implementing the package, including partnering with industry bodies and tertiary institutes to develop accredited training modules. **A3.5** Nil. |
| A4 | Workforce | Strengthen and develop workforce capabilities to be culturally safe and inclusive, and disability rights informed (Cultural Model of Inclusion) | A4.1 Design, embed and continuously improve the specialised capability needs of the community-controlled sector workforce  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.  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.  A4.4 Applying the capability framework, map current availability and adequacy of relevant training courses and qualifications to identify opportunities.   A4.5 Utilise community-controlled sector and RTOs to develop and deliver required skill sets.  A4.6 Embed continuous improvement and evaluations of capability development resources.  A4.7 Identify options to introduce and embed capabilities within the community-controlled sector. | FPDN Community-controlled sector All jurisdictions | TBD | Years 1-3 | **A4.1** FPDN work provides a strong back bone for all capability development work based on the development of the **Cultural Model of Inclusion Framework, the Organisational Tool** (Australian Government funding) **and a Capability Framework** (NSW Sector Strengthening Funding). NIAA provides funding for 7 First Nations community-controlled **Workforce Development Support Units** that provide culturally safe professional development and support for the First Nations community-controlled social and emotional wellbeing and alcohol and other drug treatment workforces. The WDSUs prepare a workforce needs assessment in consultation with the sector in their regions, then deliver or facilitate access to education, training and other supports to meet those needs.  **A4.2** Complementary strategies: This sub action aligns with **National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan** strategic directions 3.1 and 3.2: government and non-government organisations undertake cultural safety reviews and remedial actions to address the legacy of institutional racism in the health, education and training sectors; and government and non-government organisations develop, implement and evaluate cultural safety initiatives to eliminate all forms of racism and improve cultural safety in the health, education and training sectors.  **A4.3**  Complementary strategies: This sub action aligns with **National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan** strategic directions 3.1 and 3.2 (see A4.2). **A4.4** Complementary strategies: This sub action aligns with **National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan** strategic directions 3.1 and 3.2 (see A4.2).  **A4.5** Through the **National Disability Footprint** (Footprint), FPDN is developing online course content, resources and training tailored to the Community Controlled sector. Through 2024 FPDN will be finalising and implementing the package, including partnering with industry bodies and tertiary institutes to develop accredited training modules and exploring RTO options. The NIAA provides funding for 7 First Nations community-controlled **Workforce Development Support Units** that provide culturally safe professional development and support for the First Nations community-controlled social and emotional wellbeing and alcohol and other drug treatment workforces (5 of these are RTOs). The WDSUs prepare a workforce needs assessment in consultation with the sector, then deliver or facilitate access to education, training and other supports to meet those needs. As the Jobs and Skills Council (JSC) established by the Australian Government for the aged care and disability, children’s education and care, health, human services, and sport and recreation sectors **HumanAbility** will engage with a range of stakeholders to both develop VET products that address identified skills needs and to ensure training delivery 'on the ground' is achieving strong outcomes for learners and employers. Under the JSC Program Guidelines, HumanAbility will have a role in working with employers, training providers and governments to devise and implement ways to improve training outcomes for priority cohorts, including First Nations people and people with a disability. Complementary strategies: This sub action aligns with **National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan** strategic directions 3.1 and 3.2 (see A4.2) and 3.3: Develop an accreditation assessor's workforce of Aboriginal and Torres Strait Islander people and others who are culturally safe and aware.  **A4.6** First Peoples Disability Network (FPDN) will contribute to this action through FPDN's external evaluation over the life of the **National Disability Footprint** and the setup of internal evaluation, monitoring and learning systems. **A4.7** All signatories to the DSSP (including members of the Coalition of Peaks who aren't signatories) are required to ensure this occurs. **HumanAbility**, the Jobs and Skills Council (JSC) established for the early educators, health and human services sector, will engage with stakeholders to consider ways for the national training system to support individuals to develop the workforce capabilities that industry needs. |
| A5. | Workforce | Ensure community-controlled organisations have access to supply and demand workforce data and capability needs | A5.1 Scope data gaps, barriers to obtaining data, and barriers to effective data management throughout its lifecycle.   A5.2 Identify existing data improvement activities to inform the development and implementation of a First Nations disability workforce data improvement plan.  A5.3 Improve access to relevant workforce data. | Community-controlled sector All jurisdictions | TBD | Years 1-3 | **A5.1 Jobs and Skills Australia's (JSA) First Nations People Workforce Analysis Report** (published 21 June 2023) noted there is a lack of timely data on education and employment outcomes to support First Nations Policy development. JSA and the ABS are working towards bridging this gap with a linked data set called Skills Tracker, a Multi-Agency Data Integration Project (MADIP, which is now called PLIDA - a Person Level Integrated Data Asset) which links data from Census, DSS, ATO and the tertiary education sector. Enabling estimates to be derived using more recent data (May 2022) on labour market participation, employment and education pathways of First Nations people and the impact of the COVID-19 pandemic. Complementary strategies: This sub action aligns with Strategic directions 6.2, 6.4 and 6.6 of the **National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan**. These are: Undertake a national review of Aboriginal and Torres Strait Islander workforce data for all health disciplines in terms of national jurisdictional and regional distribution and health needs; Expand the National Health Workforce Dataset (NHWD) and Health Demand and Supply Utilisation Patterns (HeaDS UPP) Tool; An aboriginal and Torres Strait Islander identifying question is included in all human resource information systems. **A5.2** Complementary strategies: This sub action aligns with **National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan** strategic directions 6.2, 6.4 and 6.6 (see A5.2) and 6.1: reform the national and jurisdictional collection and use of Aboriginal and Torres Strait Islander health workforce data across all health sectors.  **A5.3** Products available on the **Jobs and Skills website** include: Skills Priority List; Employment Projections; Skills Shortage Analysis; Labour Force Updates. Complementary strategies: This sub action aligns with **National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan** strategic direction 6.1 (see A5.2). |
| A6. | Workforce | 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 | **A6.1** The Commonwealth has committed $46.5 million to the 2024 **Virtual Funding Pool** (VFP) for the development of the First Nation’s community-controlled sector, in direct alignment with Priority Reform 2. The NIAA has provided funding from the VFP to the First Peoples Disability Network (FPDN), to develop and implement the **National Disability Footprint** (Footprint), as a key action under the Disability Sector Strengthening Plan; which also contributes to Australia's Disability Strategy. Through 2023, FPDN has developed and implemented the Footprint to improve systems and advocacy for First Nations people with disability, through national engagement with governments, service providers, educators, First Nations people with disability and their communities. |
| B1. | Capital Infrastructure | Enhance and support ACCO / ACCHOs organisational infrastructure needs to be able to increase service offer to deliver disability services. | 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.   B1.2 Scope the potential of collaborative approaches with other community-controlled organisations for shared infrastructure. | All jurisdictions | TBD | Years 1-3 | **B1.1** Nil. **B1.2** Nil. |
| B2. | Capital Infrastructure | Ensure all new community-controlled infrastructure and upgrades to existing infrastructure meet accessibility and inclusion requirements (Premise Standards and Reviews) | B2.1 The development of a universal design policy and principles for ACCHOs and CCO’s, conducting of accredited access audits for funded services.  B2.2 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.  B2.3 Increased funding opportunities for the community-controlled disability sector to renew, upgrade or expand existing capital infrastructure.   B2.4 Identify options for privately owned buildings. | Community-controlled sector All jurisdictions | TBD | Year 1-2 | **B2.1** Nil. **B2.2** Nil. **B2.3** The Australian government through the **Indigenous Australian’s Health Programme (IAHP)’s Closing the Gap (CTG) health infrastructure measure** provides funding to Aboriginal Community Controlled Health Services (ACCHS) to build and refurbish culturally appropriate, fit-for-purpose health infrastructure to strengthen the ACCHS sector. Funding includes both new and refurbished health clinics and associated staff housing. The capital works are oversighted by a Commonwealth procured independent National Infrastructure Project Facilitator (NIPF). The NIPF works with the construction professionals engaged by the funded ACCHS to ensure that works completed conform to the relevant disability codes, access and mobility standards as applicable in the state/territory. These funded health facilities are accessed frequently by members of the community with varying levels of disability. Disabilities could include mobility, visual, hearing and cognitive impairments. All areas of the building are designed for disability access in accordance with the following: AS 1428.1 (2021); *Disability (Access to Premises – Buildings) Standards 2010*. **B2.4** Nil. |
| B3. | Capital Infrastructure | Support community-controlled organisations to meet inclusion and accessibility standards for:  1.    transport 2.    Housing, building and physical accessibility including for community-controlled service buildings 3.    language, example - easy readers, access to sign language interpreters | B3.1 Peak to develop communication packs regarding accessibility requirements to the community-controlled sector, including a style guide, fact sheets, and directory  B3.2 Jurisdictions incorporate standards of accessibility in grants, KPIs and reporting frameworks to the community-controlled sector. | FPDN  Community-controlled sector All jurisdictions | TBD | Years 1-2 | **B3.1** Through the **National Disability Footprint** (Footprint), the First Peoples Disability Network (FPDN) is developing a **communications portal** to enable sharing of resources, tools, information and opportunities targeting the Community Controlled sector. In addition FPDN is developing online course content, resources and training tailored to Community Controlled sector. Through 2024 FPDN will be finalising and implementing the package, including partnering with industry bodies and tertiary institutes to develop accredited training modules. **B3.2** Nil. |
| B4 | Capital Infrastructure | Ensure information and communication systems, including IT infrastructure used by community-controlled sector are accessible | 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.  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. | Community- controlled sector  All jurisdictions | TBD | Years 1-3 | **B4.1** Nil. **B4.2** Nil. |
| B5 | Capital Infrastructure | Strengthen collaboration between Housing and Disability through implementation of the Housing SSP. | 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.  B5.2 Identify partnership opportunities between national and local housing and disability peaks, and community-controlled organisations. | Community- controlled sector All jurisdictions | TBD | Years 1-3 | **B5.1** Nil. **B5.2** Nil. |
| B6 | Capital Infrastructure | 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 the Strategy specifically in relation to Outcome Area ‘Inclusive Homes and Communities’.  *The Disability SSP Guiding Principles to inform this alignment.* | All jurisdictions | TBD | Years 1-3 | **B6.1** Nil. |
| C1. | Service Delivery | Develop and Implement Cultural Model of Inclusion Framework | C1.1 Peak to develop Cultural Model of Inclusion Framework with First Nations people with disability and community-controlled sector  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).  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. | FPDN Community-controlled sector All jurisdictions | TBD | Year 1 | **C1.1** FPDN has drafted the **Cultural Model of Inclusion Framework** with community and the sector. This is a unique intersectional framework that focusses on bringing together cultural safety, inclusion and disability rights into one framework. The framework comprises several elements that address the priorities of the First Nations disability community. The Department of Social Services provided funding which supported the design of the framework. Communication and dissemination of the framework is not currently funded. FPDN is applying the framework to its work. The framework is responsive to the recommendations of the Disability Royal Commission in increasing cultural capabilities of the non-Indigenous disability sector, and increasing disability rights informed approaches for the community controlled sector.  **C1.2** FPDN has drafted the **Cultural Model of Inclusion Organisational Tool**. The design of the tool was supported by funding from the Department of Social Services. The Tool is an evidence-informed self-assessment tool for organisations to measure the extent to which their operational enablers (leadership and organisational culture; governance; workforce; operational programs and services policies) apply the Cultural Model of Inclusion Framework. It applies a behavioural model of change, enabling a continual improvement approach to organisations. Implementation of the tool and ongoing resources to disseminate the tool has not been funded. This tool is the first of its kind in Australia and is responsive to the recommendations of the Disability Royal Commission in increasing cultural capabilities of the non-Indigenous disability sector, and increasing disability rights informed approaches for the community controlled sector. The Framework, Tool and workforce capabilities (A1.2; A1.3) are all aligned to FPDN's Element 4 capability development, training and workforce - demonstrating FPDN's leadership. Complementary strategies: This sub action aligns with Implementation Strategies 3.1 and 3.2 of the **National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan:** Government and non-government organisations undertake cultural safety reviews and remedial actions to address the legacy of institutional racism in the health, education and training sectors; and Government and non-government organisations develop, implement and evaluate cultural safety initiatives to eliminate all forms of racism and improve cultural safety in the health, education and training sectors.  **C1.3** This sub action aligns with strategic directions 3.1 and 3.2 of the **National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan** (see C1.2). |
| C2 | Service Delivery | Support innovation in the community-controlled sector to increase, maximise and improve the current disability services and support capacity | C2.1 Place based approaches:  ·         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 ·         Identify disability related supports and services where there is high or unmet demand which may be sustainably provided through ACCOs across the service system C2.2 State/Territory based & national level approaches: ·         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 | Community-controlled Sector  All jurisdictions | TBD | Years 1-3 | **C2.1** Nil. **C2.2** NDIS market stewardship: The NDIS Quality and Safeguards Commission administers the **Support for NDIS Providers grants program** that includes providing resources to empower NDIS participants to understand their rights, make complaints and raise issues with NDIS providers. The following grants have been allocated to Aboriginal and Torres Strait Islander disability organisations: *$390,511, from 1 July 2023 – 30 June 2025 to the Aboriginal Resource Development Service (ARDS) Aboriginal Corporation to*: • Assist First Nations NDIS participants, their families and workers to understand their rights, make complaints, and raise issues with NDIS providers. • Implement a robust and transparent co-design process to develop a suite of resources and tools to meet the diverse needs of people with disability with resources that are suitable to them. • Increase First Nations participants’ awareness of what quality services and best-practice service delivery looks like. *$205,000, from 1 July 2022 – 31 March 2024 to the Deaf Indigenous Community Consultancy* to deliver co-designed online training modules to build the capacity of NDIS service providers to provide culturally responsive and safe supports to First Nations Australians who are deaf or hard of hearing and living in rural and remote communities.  *$150,000, from 1 July 2022 – 31 December 2023 to Keogh By People Pty Ltd* to design and deliver online modules and storyboard resources regarding culturally secure positive behaviour support training – targeted to First Nations organisations that are NDIS registered providers. |
| C3 | Service Delivery | Implement joined up service delivery across the community-controlled sectors and ensure all socio-economic targets are inclusive of First Nations people with disability | 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:  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 substance use) that may lead to child abuse and neglect. (Commonwealth Implementation Plan, Outcome 12).  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. | Community-controlled sector  All Jurisdictions | TBD | Years 1-3 | **C3.1** **Improving Multidisciplinary Responses** (IMR) is a $49 million program aimed at strengthening service models to effectively respond to First Nations families, children and communities who are at risk of experiencing multiple and complex needs. This includes but is not limited to those experiencing family breakdown and violence, alcohol and drug misuse, welfare reliance, disability, poverty, issues with access to education, housing issues and homelessness, intergenerational trauma and racism. The IMR program is a priority action under Safe and Supported: the National Framework for Protecting Australia’s Children 2021-2031 and is a measure in the 2021 Commonwealth Implementation Plan under the National Agreement on Closing the Gap to support achieving Target 12 (by 2031, the number of First Nations Children in out-of-home care to drop by 45 percent). Outcomes of the IMR grant round were announced in August 2023, with 15 First Nations organisations sharing $44.5 million in grant funding across metropolitan, regional and remote Australia. The IMR program will continue to evolve and adapt as shared-decision making continues through the implementation and evaluation of the program. The NIAA funded a trial to deliver **allied health services to support Aboriginal and Torres Strait Islander students with disability in remote schools**; including to identify and address developmental delay and disabilities that may lead or have led to disengagement and poor learning outcomes. This project was completed in July 2023. The Agency is considering outcomes from the trial. Through the Department of Health and Aged Care, the Australian Government has invested $16.6 million over three years (2021-22 to 2023-24) to establish and evaluate a **culturally-appropriate and co-designed 24/7 crisis line to be governed and delivered by Aboriginal and Torres Strait Islander people.** The **13YARN** crisis line is a partnership between Lifeline and Gayaa Dhuwi (Proud Spirit) Australia and offers support for First Nations people who are feeling overwhelmed or having difficulty coping. Crisis support workers explore options for ongoing support. 13YARN has also developed fact sheets on issues that can help support people dealing with multiple and complex needs. **C3.2** Nil. |
| C4 | Service Delivery | Implement localised community-led strategies to respond to NDIS thin markets | 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).  C4.2 Facilitate process of accreditation and registration for community-controlled organisations to provide NDIS services | Community-controlled sector All jurisdictions | TBD | Years 1-3 | **C4.1** Nil. **C4.2** Nil. |
| C5 | Service Delivery | Implement Community First Nations Peoples’ Disability Rights Education Program | C5.1 FPDN to develop *First Nations Disability Rights Community Education Program.*  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. | FPDN All jurisdictions | TBD | Years 1-3 | **C5.1 and C5.2** The First Peoples Disability Network (FPDN) is developing the **National Disability Footprint** project, funded by the NIAA through the Virtual Funding Pool. An element of this project includes communication activities to enhance First Nations peoples' understanding of their rights; and foster the skills required to seek out and access services. FPDN has developed the Uncle Lester 'Know your rights' training package and resources. FPDN is currently testing the package, before a planned staged roll out across jurisdictions. Prior to the delivery of training, FPDN is engaging with local communities to ensure the content will meet community needs and Cultural protocols. |
| C6 | Service Delivery | Develop and implement a national First Nations - Disability Data Strategy | C6.1 Stage 1 – First Nations and Disability Data Scoping Study (Design Phase)  i)      Reconcile definitions and methodologies across disability & First Nations data sets ii)     Identify gaps in data due to under-reporting 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.  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.   C6.2 Stage 2 – Implementation of the Indigenous – Disability Data Project  ·         This project is to be led by the community-controlled sector and First Nations academics, supported by a co-design working group. | FPDN Commonwealth  All jurisdictions Community-controlled sector | TBD | Stage 1  Year 1              Stage 2 Years 2-3 | **C6.1 and C6.2** The First Peoples Disability Network (FPDN) is developing the **National Disability Footprint** project, funded by the NIAA through the Virtual Funding Pool. One element of this project is the **First Nations Disability Data Scoping Study**. FPDN has engaged Dr Scott Avery to establish an intersectional model of First Nations disability research and data within community practice and policy. A policy network was established to map known government data initiatives. Both FPDN and Dr Avery participate in existing Closing the Gap and Australia's Disability Strategy Government data networks. It is anticipated that 2024 will see a renewed focus on this work. In 2024 the work will continue with Dr Avery and the University of Technology Sydney. |
| C7 | Service Delivery | Develop and Implement Culture is Inclusion Research Agenda | C7.1 Further develop and implement a Culture is Inclusion research agenda, including: ·         ‘Culture is Inclusion Knowledge Circle’; forum for researchers to consolidate knowledge & provide further research directions. ·         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 | FPDN  Commonwealth  All jurisdictions  Community-controlled sector | TBD | Years 1-2 (and ongoing) | **C7.1** Through the National Disability Footprint (Footprint) First Peoples Disability Network (FPDN) has engaged expert Dr Scott Avery to undertake **research to expand FPDN’s “Culture is Inclusion” findings**, including determinants impacting outcomes, and the identified potential for community and cultural participation in affirming the health and wellbeing of First Nations peoples with disability. Project progress has been impacted by recruitment challenges. In 2024 the work will continue with Dr Avery and the University of Technology Sydney. |
| C8 | Service Delivery | Implement the Strategy aligned with Closing the Gap Priority Reform 2 | C8.1 Jurisdictions to identify opportunities to strengthen the community-controlled sector in the implementation of the Strategy and Targeted Action Plans.  *The Disability SSP Guiding Principles to inform this alignment.* | All jurisdictions | TBD | Years 1-3 | **C8.1** Nil. |
| C9 | Service Delivery | 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 | **C9.1** Early childhood Care and Development: Alongside SNAICC – National Voice for our Children (SNAICC) and state and territory governments, the Department of Education is committed to strengthening Aboriginal and Torres Strait Islander Community Controlled Organisations (ACCOs), so that they can continue to deliver quality and culturally safe services for First Nations children to thrive in their early years (which includes integrated early years services). The SSP continues to guide the work of the **Early Childhood Care and Development Policy Partnership** (ECPP), as detailed in the Partnership’s Year 1 Workplan. Department of Education is working to implement actions through expansion of existing programs and services, such as **Connected Beginnings and the Community Child Care Fund Restricted (CCCFR) grant**. In 2024, Education will support the evaluation of the SSP which will inform future directions and policy priorities for the sector, including cross-portfolio priorities. Education will consider this evaluation in alignment with the recommendations of the Productivity Commission’s (PC) Inquiry into ECEC (final report due in mid-2024) to ensure a coordinated and holistic approach to improving outcomes for First Nations children and families more broadly. First Peoples Disability Network (FPDN) is a member of the Early Child hood Care and Development Policy Partnership providing input on disability inclusion. Health: This sub action aligns with the **Capital Infrastructure Stream of the Health Sector Strengthening Plan**, specifically A8: Fund major and medium-size capital and physical infrastructure including permanent clinic builds and large-scale renovations, mobile clinics, maintenance, repairs and extensions to ensure facilities meet building codes and accreditation standards. In 2023, investment of $247.5 million, including $100 million from the **Indigenous Australians’ Health Programme (IAHP) to ACCHS and National Infrastructure Project Facilitator**, will deliver new or renovated health clinics and associated housing for health professionals. |
| D1 | Governance | Embed Cultural Model of Inclusion as a governance structure within community-controlled organisations. | 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.  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. | FPDN Community-controlled sector | TBD | Year 2 | **D1.1** Nil. **D1.2** See C1.2. |
| D2 | Governance | Rectify overburden of activity reporting to governments to allow the First Nations community-controlled sector to focus on outcomes while maintaining accountability | D2.1 Review reporting and quality assurance frameworks for government funding provided to the First Nations community-controlled disability sector (in line with other reviews, such as in the Health Sector Strengthening Plan).  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. | All jurisdictions | TBD | Years 1-3 | **D2.1** The **NDIS Commission** has established an **Indigenous and Remote Operations Team** (IROT) which commenced on 1 August 2023. There are 13 affirmative measures positions in the team, 50% have been filled and recruitment is progressing for the remaining roles. The IROT will work collaboratively across the NDIS Commission to establish a program of work complimentary to work in other divisions that are focussed on quality and safeguarding in Indigenous and Remote communities. The team is dedicated to quality and safeguarding in Indigenous and remote communities and will promote the delivery of culturally appropriate services to Aboriginal and Torres Strait Islander communities. The IROT will also build the capacity of NDIS Commission staff to use proactive regulatory levers to support the delivery of culturally appropriate services to First Nations communities. This sub action also aligns to the **Service Delivery Stream of the Health Sector Strengthening Plan**, specifically A11: Rectify overburden of activity reporting to governments to allow the Aboriginal and Torres Strait Islander community-controlled health sector to focus on outcomes while maintaining accountability. The Department of Health Closing the Gap Steering Committee will oversee a review of policies and programs to identify areas to focus on the Closing the Gap Priority Reforms, outcomes and targets. **D2.2** Nil. |
| D3 | Governance | Increase the number of First Nations leaders with disability and ensure they are represented and influential across all parts of the community-controlled sector. | D3.1 Establish training, mentoring and accessibility pathways to enable First Nations people with disability to engage in leadership / governance roles.  D3.2 Establish a First Nations Disability Leadership Program.  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.  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.  D3.5 The community-controlled sector and governments support the accountability of First Nations leaders with disability to their community. | FPDN  Community-controlled organisations All jurisdictions | TBD | Years 1-3 | **D3.1** Through the National Disability Footprint project, funded by the NIAA under the Virtual Funding Pool, FPDN contributes to action D3.1 by maintaining an Elders Council, known as **ELDA (Elders living with disability Australia)** that acts as a national advisory group of Elders with a lived experience in disability from across regional and remote Australia.  **D3.2** Nil. **D3.3** See C1.2. **D3.4** Nil. **D3.5** Nil. |
| E1 | Consistent Funding Model | Review and implement models to develop sustainable funding model options | 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.   Funding models need to take account of: o   the diversity of the disability sector o   access to specialised funding o   encourage entry of new First Nations businesses and facilitate financial success in their intersection with NDIS business processes o   take account of self-advocacy, individual and systemic advocacy o   capital infrastructure for accessibility requirements o   funding the relevant training/certifications o   governance and regulatory systems requirements o   address requirements for supporting sustainable resource provision in rural, remote and very remote locations. o   existing barriers for First Nations people in accessing the NDIS.  o   information about the breadth of the disability sector. | All jurisdictions | TBD | Years 1-3 | **E1.1** The **Indigenous Australian Health Program** (IAHP) has policy authority to fund activities related to Aboriginal and Torres Strait Islander health, specifically: to provide funding to providers to improve chronic disease prevention and detection, to improve child and maternal health, to improve service delivery and access to effective health services, to reduce the incidence of blood borne viruses and sexually transmitted infections, and to enhance existing wellbeing, counselling, family tracing and reunion services to Indigenous communities. The authority does not extend to funding disability service providers for disability services. ACCHS can access IAHP funding to improve the accessibility of their services. |
| E2 | Consistent Funding Model | 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 | **E2.1** Nil |
| F1 | Peak Body | Community-controlled sector is actively supported by First Peoples Disability Network | 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.   F1.2 Build sector capability and capacity building through research and information that reflects the specific needs of First Nations people with disability  F1.3 Respond to government, advocate for and provide appropriate advice on behalf of First Nations people with disability | FPDN All jurisdictions | TBD | Years 1-3 | **F1.1** The First Peoples Disability Network (FPDN) is leading work on the **National Disability Footprint** project, funded by the NIAA through the Virtual Funding Pool. Through this project, FPDN is developing a **communications portal** to enable sharing of resources, tools, information and opportunities targeting the Community Controlled sector (the sector). In addition FPDN is developing **training resources** and an accredited program to support the sector.  **F1.2** The First Peoples Disability Network (FPDN) is leading work on the **National Disability Footprint** project, funded by the NIAA through the Virtual Funding Pool. Through the National Disability Footprint (Footprint), FPDN has engaged Dr Scott Avery to establish an **intersectional model of First Nations disability research and data** within community practice and policy. A **policy network** was established to map known government data initiatives. Both FPDN and Dr Avery participate in existing Closing the Gap and Australia's Disability Strategy Government data networks. It is anticipated that 2024 will see a renewed focus.  F**1.3** Through the **National Disability Footprint** (Footprint), FPDN have established a **National Policy and Systemic Advocacy Team** that has enabled greater capacity to inform legislation, policies, programs and systems across the key sectors that impact the lives of First Peoples with disabilities, and to address disproportionate outcomes. |
| F2 | Peak Body | 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 | **F2.1** Through the **National Disability Footprint** (Footprint) First Peoples Disability Network (FPDN) is developing a **communications portal** to enable sharing of resources, tools, information and opportunities targeting the Community Controlled sector (the sector). In addition FPDN is developing online course content, resources and training tailored to the Community Controlled sector. Through 2024 FPDN will be finalising and implementing the package, including partnering with industry bodies and tertiary institutes to develop accredited training modules. |
| F3 | Peak Body | Develop actions to prioritise the voices of First Nations people with disability, their families and communities in policy, service delivery and practice. | 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.  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.  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. | FPDN All jurisdictions | TBD | Years 1-3 | **F3.1** FPDN is developing the **disability and First Nations engagement principles and protocols** (incorporating both cultural and disability needs) of First Nations people with disability. FPDN has developed an internal engagement framework that will be adapted for the sector. This is under elements 3, 4 and 5 of the National Disability Footprint (Footprint). **F3.2** Nil. **F3.3** Through the National Disability Footprint (Footprint), FPDN have established a **National Policy and Systemic Advocacy Team** that has enabled greater capacity to inform legislation, policies, programs and systems across the key sectors that impact the lives of First Peoples with disabilities, and to address disproportionate outcomes. FPDN have been actively involved in the Disability Royal Commission and the NDIS Review, and will continue to be involved in analysing the recommendations and ensuring the implementation of these are in line with the CtG Priority Reforms and the Cultural Model of Inclusion Framework. FPDN is developing a policy and systemic advocacy framework that identifies key policy priorities and different approaches to a diverse range of systemic issues, including justice, early childhood, housing, cognitive and intellectual disability. |
| F4 | Peak Body | Enhance FPDN policy footprint | 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.   F4.2 Jurisdictions to engage in options for expanding this footprint, including resourcing appropriately in partnership and shared decision making processes.  F4.3 FPDN to work with jurisdictions to develop jurisdiction level peaks if there is interest and support in pursuing this.  F4.4 FPDN is appropriately resourced to support education and training initiatives, accreditation and standard setting as well as advocacy to government and other relevant community organisations or service providers. | FPDN All jurisdictions | TBD | Years 1 - 3 | **F4.1 and F4.4** The First Peoples Disability Network (FPDN) is leading work on the National Disability Footprint project, funded by the NIAA through the Virtual Funding Pool. Through this project, FPDN has established a National Policy and Systemic Advocacy Team that has enabled greater capacity to inform legislation, policies, programs and systems across the key sectors that impact the lives of First Nations people with disabilities; and to address disproportionate outcomes. FPDN have been actively involved in the Disability Royal Commission and the NDIS Review, and will continue to be involved in analysing the recommendations and ensuring the implementation of these are in line with the CtG Priority Reforms and the Cultural Model of Inclusion Framework. FPDN is developing a policy and systemic advocacy framework that identifies key policy priorities and different approaches to a diverse range of systemic issues, including justice, early childhood, housing, cognitive and intellectual disability. In addition to Policy staff, FPDN maintains an Elders Council, known as ELDA (Elders living with disability Australia) to work as a national advisory group of Elders with a lived experience in disability. As part of the Footprint project, FPDN is funded to develop education and training programs for community and community organisations. The training packages have been developed through 2023 with staged roll out planned through 2024.  **F4.2** The NIAA has extended the **National Disability Footprint** until 30 June 2025 to provide the First Peoples Disability Network additional time for implementation.   **F4.3** FPDN has developed a strategy for approaching and engaging with states and territories. |
| F5 | Peak Body | Expand FPDN national footprint | 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.  F5.2 Jurisdictions to engage in options for expanding this footprint. | FPDN All jurisdictions | TBD | Year 1-3 | **F5.1** The First Peoples Disability Network (FPDN) is leading work to develop the **National Disability Footprint** project, funded by the NIAA through the Virtual Funding Pool. This is a key action under the Disability Sector Strengthening Plan. Through 2023 FPDN has developed and implemented the Footprint to improve systems and advocacy for First Peoples with disability through national engagement with governments, service providers, educators and First Peoples with disability and their communities. The Disability Footprint includes 7 elements: • Element 1 – Capacity Building. • Element 2 – Data and Research.  • Element 3 – Strengthening the Policy Representation Footprint. • Element 4 – Strengthening a Culturally Inclusive Workforce and Training. • Element 5 – Strengthening Community Disability Rights Footprint. • Element 6 – Evaluation. • Element 7 – Communications Strategy.  **F5.2** The NIAA has extended the National Disability Footprint until 30 June 2025 to provide First Peoples Disability Network additional time for implementation. |