

# **'Our ways to planning': preparing organisations to plan with Aboriginal and Torres Strait Islander people with disability**

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**Abstract:** *This paper reports on the development of the Our Ways to Planning framework. The framework is intended as a guide for Australian organisations to work in safe and culturally appropriate ways to assist and enable Aboriginal and Torres Strait Islander people with disability to make plans about their physical and mental health, wellbeing and future. The Our Ways to Planning framework is based on data collected via community-led research undertaken with Aboriginal people with disability and their family members and workers from five communities in New South Wales. Community mapping, an arts-based research method, was used to learn about the experiences of Aboriginal people with disability and their families regarding planning and access to services. Using iterative, thematic analysis, the research team identified core themes and concepts around which to structure the framework. The framework identifies three 'bridges' to organisational readiness for planning: knowledge, understanding and choice. It focuses on the importance of non-Aboriginal-led organisations learning from, and collaborating with, community-based Aboriginal-led organisations in order to build capacity in both types of organisations. The framework advocates for open and respectful organisational engagement with the needs of Aboriginal or Torres Strait Islander people with disability. It also acknowledges the importance of developing an awareness of Aboriginal cultures, histories and points of view, given their influence on planning processes. The Our Ways to Planning framework provides a model for organisational capacity-building for effective planning that responds directly to the experiences and needs of Aboriginal people with disability, family members and workers.*

Aboriginal and Torres Strait Islander people, the Indigenous and First Peoples of Australia, experience disability at twice the rate of non-Indigenous Australians, face complex issues associated with co-occurring physical and psychosocial ill health, and experience shorter life expectancies (Biddle et al. 2012). The negative effects of more than 230 years of colonisation on Indigenous peoples are recognised as contributing factors in discrimination and intersectional inequality across multiple environments, including disability, health, education and employment (Avery 2018; Gilroy et al. 2016). There is evidence that Aboriginal people with disability are less likely to access services and supports (Phuong 2017; Digiaco, Davidson et al. 2013; Digiaco, Delaney et al. 2013; Gilroy et al. 2016). One reason for this reluctance to engage with services relates to the differing conceptions of disability held by Aboriginal people (Gilroy et al. 2016). Aboriginal languages have no equivalent word for 'disability'; instead, Aboriginal people are likely to describe the effect of the disability by saying, for example, 'he has a bit of trouble getting around', 'she doesn't hear too well' or 'that is just the way he is' (Dew et al. 2018:11).

Additionally, many Aboriginal people with disability have experienced trauma, loss, grief, violence, chronic illness and disadvantage throughout their lives (Biddle et al. 2012; Gilroy et al. 2016; Phuong 2017). Many Aboriginal people are distrustful of government and non-government organisations based on past and present experiences of discriminatory, controlling, and exclusionary policies and practices such as the Stolen Generations (Commonwealth of Australia 1997), the Royal Commission into Aboriginal Deaths in Custody (Johnston 1991) and the Northern Territory intervention (O'Mara 2010). In particular, the experiences of the Stolen Generations (1910–70), during which 100,000 children were removed from their families by Australian federal and state governments, means many Aboriginal people are reluctant to identify a child as requiring additional support (for example, related to disability) for fear of his or her removal from family. Still today, Aboriginal parents are disproportionately more likely than other parents to have a child removed from their care (Collings,

Dew, Gordon, et al. 2018; SNAICC 2017). There is understandable reluctance therefore to contact formal services to ask for support.

Aboriginal people who do engage with formal services often experience barriers to receiving the full range of possible supports and in ways that work for them (Gilroy et al. 2016). One major hurdle is in relation to identifying goals and making person-centred plans. Since the 1970s, planning with people with disability has become a formal process, with person-centred planning at the heart of contemporary service delivery across disability, health, education, employment and community sectors (O'Brien and O'Brien 2002). Planning is central to identifying the individual goals and aspirations of a person with disability and, when done well, planning provides opportunities for identification of capacity, risks and safeguards to enable the right mix of supports and services for a person to achieve his or her goals (Collings, Dew and Dowse 2018). Many Aboriginal people hold a collectivist worldview that is incompatible with this individualised approach (Dew et al. 2019; Stewart and Allan 2012). In a collectivist worldview, people's identity is inextricably bound with extended family ties, community and culture, which are identified as central to social and emotional wellbeing for Aboriginal people (Avery 2018; Stewart and Allan 2012). This means that planning with an Aboriginal person with disability must have a family, community and culture focus and be based on how the person views him or herself and is viewed by others, including family, community, and broader social and cultural connections.

Person-centred planning and individual funding approaches are central to contemporary disability service approaches worldwide, including the relatively recently introduced Australian National Disability Insurance Scheme (NDIS). Representing a shift from previous block-funding of disability services to individualised funding, the NDIS changes the way disability supports and services are funded and delivered. To be eligible for NDIS funding, an individual must show he or she has permanent functional impairments resulting from a disability that significantly affects his or her life and is ongoing (NDIS n.d.). Once identified as eligible for individualised NDIS funding, a person with disability, in conjunction with an

NDIS-approved planner, must make a plan specifying short- and long-term goals and identifying the supports and services needed to achieve these.

Since the commencement of the NDIS, concerns have been raised about the appropriateness of this individualised funding approach for Aboriginal people with disability (Gilroy 2016; Phuong 2017; Soldatic et al. 2017). In its June 2018 quarterly report to the Council of Australian Governments, the National Disability Insurance Agency, which administers the NDIS, reported that about 5 per cent of participants were Aboriginal and Torres Strait Islander, with this proportion increasing each quarter (COAG 2018). Nonetheless, as described by Phuong (2017:56), 'the respective rates have not yet represented approximately 34,500 Indigenous Australians who suffer from a profound or severe core activity limitation'. In 2016 the First Peoples Disability Network Australia (FPDN), as part of *The Redfern Statement* released by Aboriginal and Torres Strait Islander Peak Organisations (2016:18), identified that 'It is vital that the roll-out of the NDIS includes investment in adequate resources to allow for community-led solutions that understand and respond to the complex social circumstances affecting Aboriginal and Torres Strait Islander people with disability'.

The importance of developing a culturally inclusive workforce to deliver supports and services to Aboriginal people is also highlighted by peak organisations and academics. In 2013 FPDN released a ten-point plan for implementation of the NDIS with Aboriginal and Torres Strait Islander people with disability, which was updated in 2018. The updated plan identifies three pillars to address disability inequality (FPDN 2018):

1. Build the capacity of communities and individuals to understand their rights and entitlements
2. Invest to create a First People's Community Controlled service sector
3. Develop and support an Aboriginal and Torres Strait Islander workforce

Based on a narrative review of the peer-reviewed and grey literature on Indigenous workforce strategies, Gilroy, Dew, Lincoln and Hines (2016) suggested the need for an Indigenous workforce strategy to be community-centred and incorporate cultural training of both Indigenous and

non-Indigenous workers in Aboriginal-led and non-Aboriginal-led organisations.

The need for Aboriginal-led and non-Aboriginal-led organisations to be prepared and equipped to support Aboriginal people with disability informed the research described here. The aim of the research was to produce a guide for organisations in New South Wales to work in culturally appropriate and safe ways to assist Aboriginal people with disability to make plans. The guide is available for free download from the Intellectual Disability Behaviour Support program page on the UNSW website (Dew et al. 2018). This paper describes the development of the Our Ways to Planning framework presented in the guide, which is based on three 'bridges' to organisational readiness for planning: knowledge, understanding and choice.

## Method

Ethical approval for this study was provided by the Human Research Ethics Committee at The University of New South Wales Sydney and the Aboriginal Health and Medical Research Council of NSW Ethics Committee.

## The setting

New South Wales is the most populated (approximately 8 million) of the six states and two territories of Australia (ABS 2018). It covers an area of 809,444 square kilometres and 85 per cent of the population lives within 50 kilometres of the coast, including in the capital city of Sydney (Australian Government Geosciences Australia n.d.). New South Wales is the state with the largest Aboriginal and Torres Strait Islander population, numbering 265,700 people, out of the Australian total of 798,400 (ABS 2016).

The five communities that participated in this research are located in urban and rural areas of New South Wales. The percentage of the population in each community who identified as Aboriginal and Torres Strait Islander ranged from 2.8 per cent (one urban community) to 29.4 per cent (one remote community) (NSW Government 2016). The average across the five communities was 11 per cent, compared to the New South Wales average of 3.4 per cent and the national average of 3.3 per cent (ABS 2016; NSW Government 2016). The percentage of the

Aboriginal and Torres Strait Islander population in each of the five communities who identified as having a severe to profound disability ranged from 6 per cent to 9.7 per cent, with an average of 8.4 per cent (NSW Government 2016). By contrast, approximately 5.7 per cent of the total Australian population identify as having a severe to profound disability (ABS 2015). The percentage of Aboriginal and Torres Strait Islander people in each community who provide care assistance to those with severe to profound disability ranged from 13 per cent to 16 per cent, with an average of 14.8 per cent compared to the national average of 12 per cent (NSW Government 2016).

### **Study design**

Prior to the commencement of this study, a consultation was conducted with a group of Aboriginal Elders in one remote New South Wales community (Dew and McEntyre 2017). This consultation informed an understanding of the need for planning to be family- and community-focused, confirming that an individualised planning approach was unlikely to work for many Aboriginal people with disability.

The study was conducted by an Aboriginal researcher [EM] and two Anglo-Australian researchers [AD and PV]. Author LD had academic and administrative responsibility for the study. The study was overseen by two governance bodies with whom researchers met regularly. The first body was a Reference Group comprising Aboriginal and non-Aboriginal representatives of the New South Wales government department that provided funding for the development of the guide. This group ensured the study was conducted in accordance with the project brief and funding agreement and proceeded on time and budget. The second body was an Advisory Group of Aboriginal-led organisational representatives with expertise working with Aboriginal people with disability. This group provided advice on a culturally appropriate and safe research approach, and assisted in the development and dissemination of the guide. In response to both the initial consultation with the Elders' group and the advice of the Advisory Group, a collective arts-based community mapping approach was chosen as the most appropriate way to engage participants.

### **Community mapping**

Community mapping is a technique that has been used in community development work internationally. The technique involves bringing together a group of people to map community infrastructure and resources in order to make future community plans (see Preston City Council n.d.; Wateraid 2005). We adapted the method to engage small groups of Aboriginal people with disability, family members and support workers to create community maps related to their experiences of planning for disability supports and services.

Group members were asked to represent their country or place of residence and their community on large pieces of blank arts-paper by drawing the resources, services and supports that existed in their communities. The maps encompassed local history, values, traditions and stories to create a visual representation of each community's identity, traditions, connections and sense of place related to being an Aboriginal person with disability. Each group depicted the local organisations and services that Aboriginal people with disability used and the barriers they encountered to using them. A fuller description of the community mapping method is reported elsewhere (Dew et al. 2019).

### **Recruitment**

Using purposive sampling, we identified five communities in New South Wales that represented urban and rural geographic areas with a high concentration of Aboriginal people. Author EM had existing relationships with four of the five communities and the Advisory Group introduced the fifth. In each of the five communities, we partnered with and reimbursed a local Aboriginal-led community organisation to assist with recruitment and logistical arrangements such as venue, catering and transport. A nominated representative of each organisation identified and approached Aboriginal people with disability, family members and workers with information sheets about the study. A suitable day and time for the researchers to visit each community was agreed, with visits occurring during October and November 2017. Each visit involved a two-hour community mapping workshop with between four and eight participants in a group. In one rural area, two neighbouring communities combined

in one workshop (Community 2 and 3). Each non-worker participant received a gift voucher in recognition of their time and expertise. With participants' permission, each group was audio recorded; however, given the multiple conversations occurring across the groups during the mapping activity, complete transcriptions were often difficult to produce, so detailed researcher field notes, which were made immediately after each workshop, also formed part of the data set.

### Participants

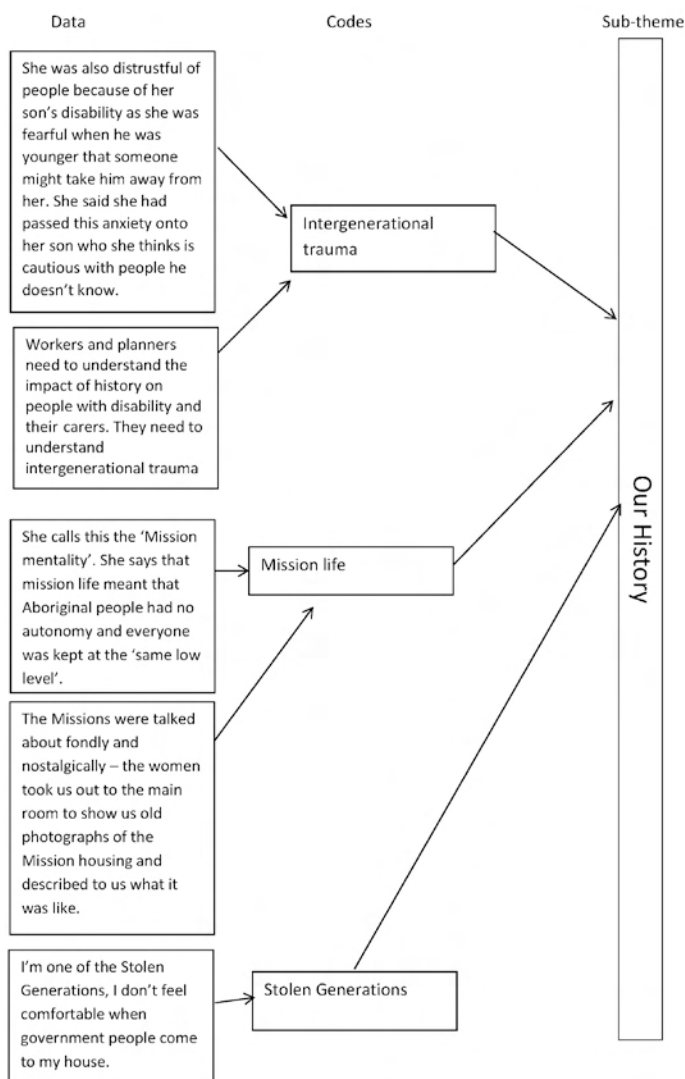
A total of 26 Aboriginal people participated across the five communities, with a majority of female participants. Participants included eight people who identified as having a disability, 12

family members of a person with disability, and six workers. A number of participants identified as having multiple roles; for example, having a disability or being a worker, as well as being a family member of a person with disability. Participants ranged in age from early twenties through to over 61 years, with a mean of 55 years. Twelve Aboriginal First Nations were represented within the groups, with half of the participants identifying with two main bloodlines. Only one participant with disability and three carers were in paid employment. Table 1 provides participant details of gender, age and receipt of NDIS funding by community group. Participants who identified as having multiple roles were counted according to the primary role they identified with.

**Table 1:** Participant details

	Community 1 (n = 7)	Community 2 & 3 (n = 7)	Community 4 (n = 8)	Community 5 (n = 4)	Total (N = 26)
Gender: disabled person	F = 1 M = 0	F = 1 M = 2	F = 1 M = 0	F = 2 M = 1	F = 5 M = 3
Gender: family member	F = 4 M = 1	F = 2 M = 0	F = 5 M = 0	F = 0 M = 0	F = 11 M = 1
Gender: worker	F = 0 M = 1	F = 1 M = 1	F = 1 M = 1	F = 1 M = 0	F = 3 M = 3
Age: disabled person	61+ = 1	18–20 = 1 51–60 = 2	61+ = 1	18–20 = 1 41–50 = 1 51–60 = 1	18–20 = 2 41–50 = 1 51–60 = 3 61+ = 2
Age: family member	41–50 = 2 51–60 = 1 61+ = 2	41–50 = 1 61+ = 1	31–40 = 1 41–50 = 2 51–60 = 1 61+ = 1		31–40 = 1 41–50 = 5 51–60 = 2 61+ = 4
Age: worker	51–60 = 1	21–30 = 1 51–60 = 1	41–50 = 2	41–50 = 1	21–30 = 1 41–50 = 3 51–60 = 2
NDIS funding*	Y = 3 N = 2 NS = 1	Y = 1 N = 4 NS = 0	Y = 2 N = 3 NS = 1	Y = 2 N = 1 NS = 0	Y = 8 N = 10 NS = 2

Notes: F (Female); M (Male); NS (Not Specified); Y (Yes); N (No); \* (person with disability and family member of person with disability reported on NDIS funding).



**Figure 1:** Development of codes in the sub-theme 'Our History'

### Data analysis

The data sources were visual images (photographs of the community maps), transcripts of group discussions and researchers' field notes. Authors AD and PV coded the visual data using the qualitative software program NVivo11™ to plot the grid references of each image, document their physical placement and describe each symbol. Also in NVivo, these authors coded the transcripts and field notes using thematic analysis and constant comparison (Braun and Clarke 2006). All

authors discussed the data and, through a process of iterative refinement, removed repetition by amalgamating codes, deleting redundancies and distinguishing interconnections between codes until the central theme and related sub-themes were agreed. Interpretation of both visual and textual sources produced a multi-layered view of the complexity to be navigated by organisations engaging with Aboriginal people with disability, and family members, to plan for supports and services represented in the guide.

### Development of the guide

The analysis codes were grouped under the sub-themes Our History, Our Places, Our People and Our Workers. Figure 1 provides an example of the codes in the sub-theme Our History to show the analytic process.

After identification of each sub-theme, an overarching theme of Our Ways was formed to describe how each sub-theme related to each other. The authors then worked with an Aboriginal graphic designer to develop a first draft of the organisational planning guide. The graphic designer used images from the maps and also generated new images to capture concepts and processes. The first draft was presented to the Reference and Advisory groups for discussion, and modifications to the content, layout, language and tone were made based on this input.

Informed by the Reference and Advisory group discussions, we extracted three principles — knowledge, understanding and choice — which were consistently found across each sub-theme. We used these principles, along with the Our Ways theme and sub-themes, to develop the Three Bridges to Organisational Readiness for Planning model.

The model encapsulates the essential components an organisation should address through the person-centred planning process to increase access for Aboriginal people with disability and family members to a full range of supports and services.

A second draft of the guide was developed and taken back to participants. Two groups in particular provided extensive feedback relating to language, tone and the addition of some situating material, including a section on experiences of the health system by people with disability. Based on this feedback, a third draft was developed and sent out for further input from the Reference, Advisory and community groups. Feedback was again incorporated into a final version on which all agreed. The findings are presented according to the overarching theme and sub-themes to demonstrate the complex relationships that influence access to culturally appropriate and safe supports and services for Aboriginal people with disability.

### Findings

Figure 2, Our Ways to Planning, depicts the importance of understanding the historical factors (Our History) that inform Aboriginal people's past and

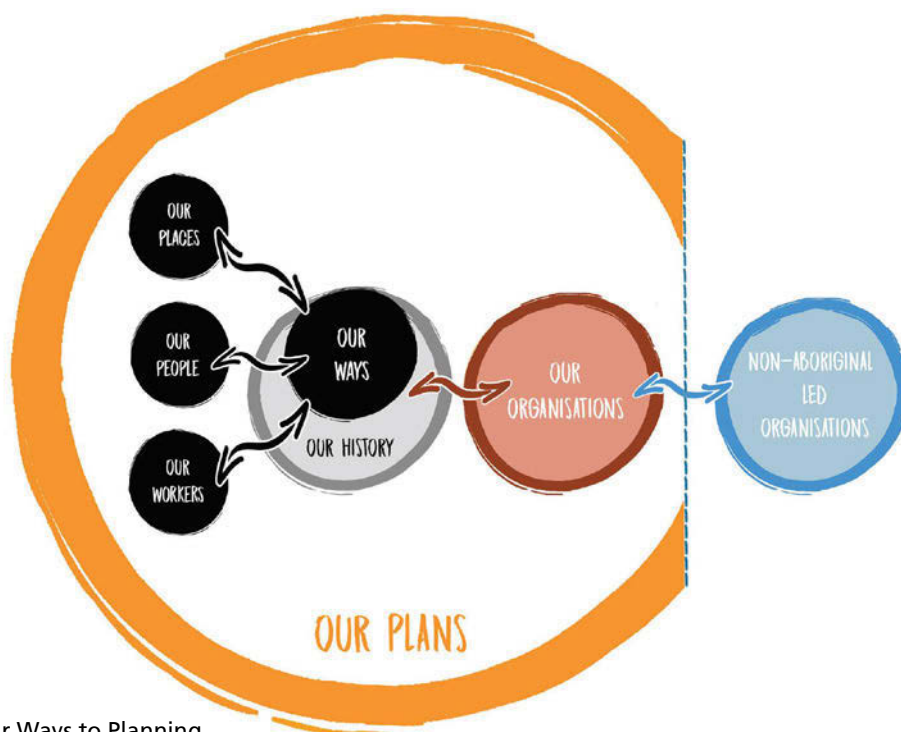


Figure 2: Our Ways to Planning



**Figure 3:** Representation of an Aboriginal organisation as a gathering place

ongoing experiences of colonisation in the context of planning. Related to Our History is Aboriginal people's connection to place (Our Place), and relationships with family and community (Our People), alongside a desire for people with disability to have a choice of Aboriginal or non-Aboriginal workers (Our Workers). Our Ways brings together Our History, Our Place, Our People and Our Workers to encapsulate the many strengths related to shared knowledge and shared ways of being while also recognising the diversity across Aboriginal communities with different groups, different ways of doing things and different life experiences. The theme and sub-themes are illustrated with data from transcripts of the workshop discussions, visual images from the community maps and extracts from researchers' field notes.

### **Our History**

Participants in all the groups stressed the importance of organisations understanding the impact of the historical, and ongoing, colonisation of Aboriginal people in order to engage in planning with Aboriginal people with disability and their family members. Participants identified the negative influences of past and present government policy and, in particular, the ongoing impacts

of the Stolen Generations on people's identification and connection with parents, grandparents and siblings, and with community, culture and country. A family member from Community 2 and 3 said, 'I'm one of the Stolen Generations, I don't feel comfortable when government people come to my house. Workers and planners need to understand the impact of history on people with disability and their carers. They need to understand intergenerational trauma.'

### **Our Places**

Our Places refers to the geographic location with which people identify. Participants told us that identification with place is linked to the Aboriginal concept of country relating to people's physical, cultural and spiritual birth-and-belonging-right, which impacts on social and emotional wellbeing. Each community map included geographic features, flora and fauna significant to that area. For example, the combined map drawn by participants from Community 2 and 3 included, in one corner, drawings of the ocean, seashells and the local shark totem to represent the saltwater (coastal) community and, in another corner, the mountains, rivers and bridges indicative of the neighbouring freshwater (inland) community.





**Figure 4:** Drawing by Community 5 participant to represent barriers

Our Places also refers to established gathering places such as local community-based Aboriginal-led organisations where Aboriginal people come together to meet or access a range of supports, cultural activities and services. Community 5 participants drew a representation of the local Aboriginal organisation on their map showing how it is a local gathering place for Aboriginal people from many different communities who have moved to the area for employment and other services (Figure 3). The field notes from the workshop with Community 4 noted that a participant ‘discussed how glad she felt to have the [Aboriginal] centre, and how happy she was to be able to come and talk to staff there, stating it was a place where she always felt supported and helped. She drew the centre on the map and labelled it a “gathering place”.’

### ***Our People***

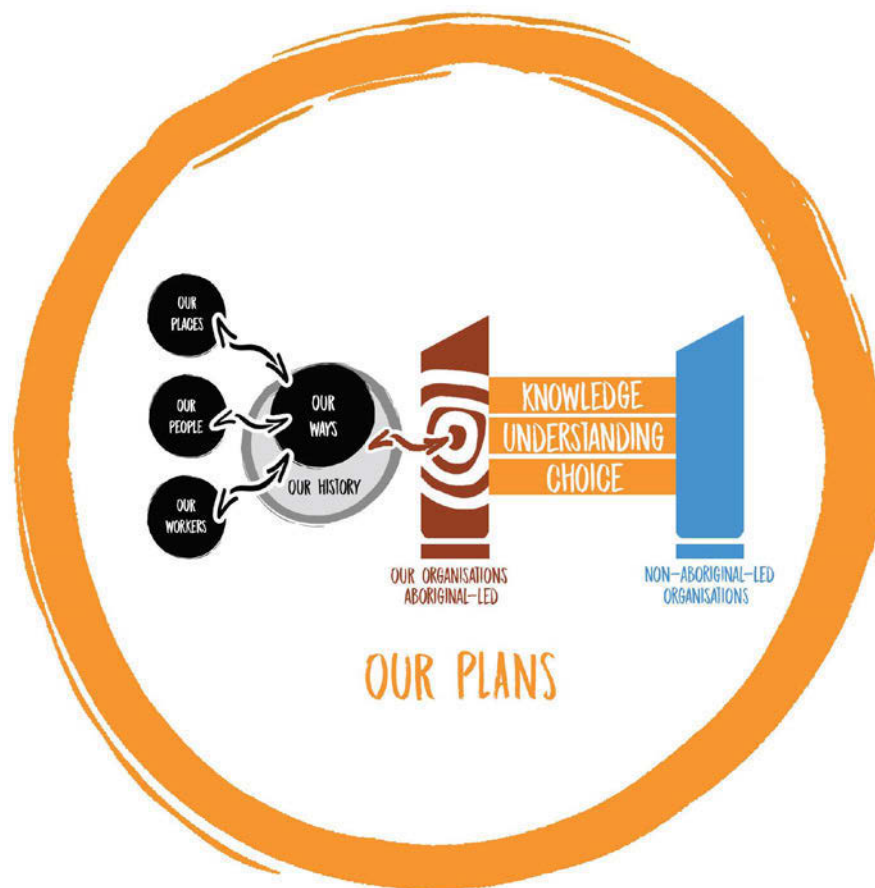
Our People encapsulates the diverse and intergenerational roles that many participants held in their family and community. Roles were not mutually exclusive, so that an Aboriginal Elder may also be a person with disability, a carer for a person with disability, and an advocate for others in the community who are older and/or disabled. Participants told us

that Aboriginal women, in particular, fulfil multiple roles and are often the main carers of children, grandchildren, siblings or parents with disability. They stressed the need for carers to be well supported to continue in their important roles, including through the provision of respite care for the person with disability. A participant from Community 4 wrote on the map, ‘Care for Carers! We need respect, support and to be heard and listened to.’

Participants with disability spoke about the need for opportunities to participate in local activities and to get employment and information about supports and services. One young man from Community 2 and 3 drew a detailed schematic-style representation of the disability-employment organisation where, prior to receiving NDIS funding, he was doing work experience and where now, with additional supports, he is about to start a paid job.

### ***Our Workers***

Our Workers refers to the paid employment of Aboriginal people to work with Aboriginal people with disability. Participants said that an advantage to having Aboriginal workers was the existing cultural and local knowledge they brought to their role. Aboriginal workers were also perceived to be less judgemental of Aboriginal people with



**Figure 5:** Three Bridges to Organisational Readiness for Planning model

disability and their family members compared to non-Aboriginal workers. A participant from Community 4 who was both a worker and carer of a child with disability said, 'We need more qualified Aboriginal support workers who are placed in jobs and then supported and trained to do that job.' While Community 2 and 3 participants also highlighted the need for Aboriginal workers, the field notes from this group noted that 'some people prefer mainstream support (non-Aboriginal) because of concerns that Aboriginal support workers (as members of the local community) will learn things about them which are private and they would prefer not to share with the community'. Choice is essential so that people can decide between an Aboriginal or non-Aboriginal worker.

One Community 5 participant was a young Aboriginal man who was losing his sight. He

described the difficulties he encountered in finding work and drew on the map an eye in a brick wall to represent the barriers he experienced due to his visual impairment (Figure 4). A worker participant in the group expressed the view that this young man would be ideal to work in the disability sector, where his 'connections to community, his lived experience of disability, empathy, and his age and gender mean he would be very well placed to assist others'.

While identifying Our Ways as an ideal approach for Aboriginal people with disability and family members to connect with supports and services, participants noted feeling disconnected from the non-Aboriginal-led organisations that typically provide these services. This disconnect is due to a perceived lack of understanding by non-Aboriginal-led organisations of the context

of planning for Aboriginal people and is depicted in Figure 2 by the placement of non-Aboriginal-led organisations outside the Our Plans circle and separated by a dotted line. The disconnect means that some Aboriginal people with disability and family members wait a long time or miss out on the full range of supports and services they could be accessing through their plans.

Drawing on the Our Ways theme and sub-themes, we developed a model called Three Bridges to Organisational Readiness for Planning (Figure 5) as a way to connect Aboriginal people with disability with Aboriginal-led and non-Aboriginal-led community organisations. The three bridges are knowledge, understanding and choice.

### **Knowledge**

Knowledge through information and advocacy underpins people's engagement in planning. Participants told us they need access to information about the planning process and about the supports and services they might include in their plans. Some people indicated they would need the assistance of others to advocate on their behalf. Advocates may be other people with disability, family members, friends or paid people. Some practical suggestions made by participants in relation to knowledge included making sure information was accessible. As a participant in Community 2 and 3 put it, 'don't use big words or lots of them'. Others suggested making information about planning available through local cultural events that people were already likely to attend and providing opportunities for people with disability and family members to meet together to share their experiences of planning. Participants discussed the importance of selecting friendly, non-intimidating venues for these events, such as a local park, given the stress and anxiety they had experienced visiting spaces perceived as intimidating or unwelcoming, such as government offices. Holding events in a public space was also seen as preferable to having unknown support workers, or organisational representatives, arrive unannounced at their homes. It was suggested that Aboriginal and non-Aboriginal organisations could partner to develop materials and host events, so each learned from the other.

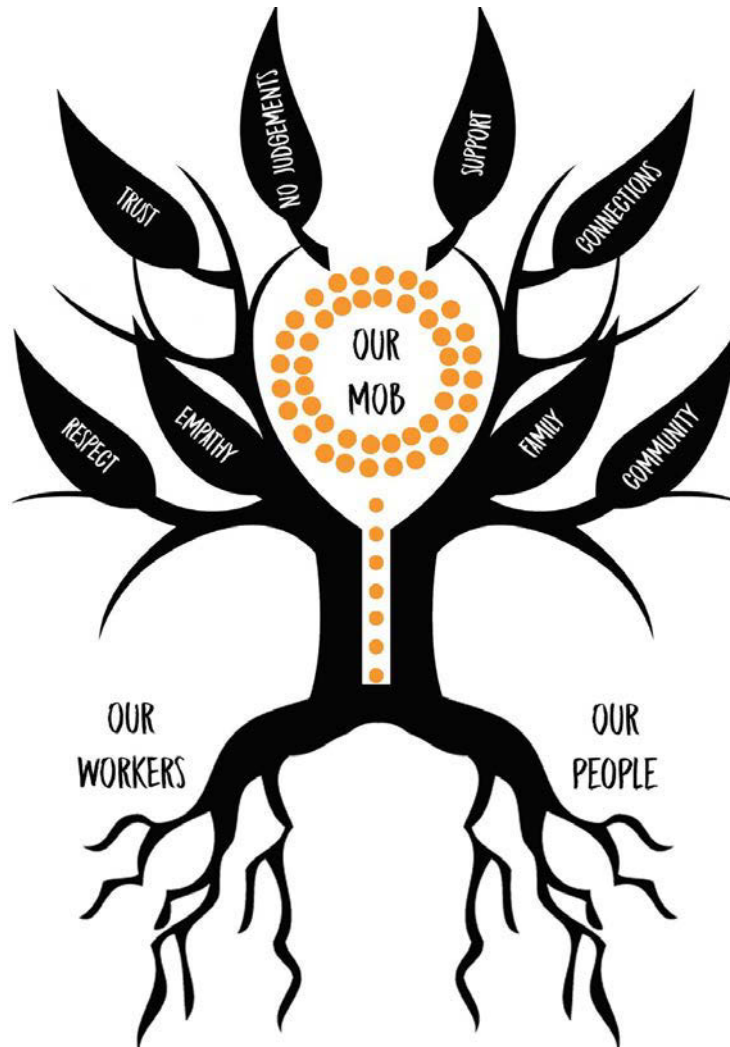
### **Understanding**

Participants identified that knowledge was insufficient to bring about change unless there was also understanding. Participants indicated that some non-Aboriginal-led organisations lacked cultural respect for Aboriginal ways. Some participants thought this lack of understanding was due to the ways in which Aboriginal people are depicted in the media and society, with a family member from Community 4 saying, 'A big issue that needs addressing is the way years of negative representation of Aboriginal people, and negative stereotyping has led many Aboriginal people to think that they are inferior to others, not worthwhile, not capable of good things. This has a knock-on effect in how services view people too.'

Understanding also related to the multiple disadvantages experienced by Aboriginal people with disability. Many people have experienced trauma, loss, grief, violence, anger and chronic illness throughout their lives, resulting in stigma and discrimination due to both their Aboriginality and disability. The experience of racism, stigma and discrimination are associated with physical and mental ill-health, loneliness and reduced quality of life. Being an Aboriginal woman with disability may present additional barriers due to sexism. These layers or intersections of disadvantage were described by a worker participant in Community 5: 'As an Aboriginal woman I live in two worlds; the Aboriginal world and the broader world. Aboriginal people with disabilities have learned to live in three worlds: Aboriginal, broader, and disabled worlds. This is a real challenge.'

### **Choice**

The capacity to make choices about supports and services is underpinned by knowledge and understanding. Some Aboriginal people with disability may prefer to be supported by an Aboriginal worker who can contribute inherent knowledge of Aboriginal culture and history, which many participants indicated was reassuring. Field notes from Community 2 and 3 noted that a family member described Aboriginal workers as 'a safety net that operate to help and support her, her son and others in his situation'. Field notes from Community 4 capture a mother's plea for 'more male role models from the community' who



**Figure 6:** Representation of our mob of Aboriginal workers and Aboriginal people with disability and family members

would understand the needs of young Aboriginal men with disability like her son.

Other people may prefer a non-Aboriginal worker. To work most effectively with an Aboriginal person with disability, participants told us that non-Aboriginal workers will need to develop an understanding of the impact of colonisation and demonstrate culturally respectful and responsive work practices. Written on the map of Community 2 and 3 were the words, 'Cross-cultural training for non-Aboriginal providers'. Both Aboriginal and non-Aboriginal workers require appropriate

qualifications and training that enables them to respond effectively to the needs of the people with whom they work. Adapted by the resource graphic designer from the map of Communities 2 and 3, Figure 6 represents the ways in which Aboriginal workers and Aboriginal people with disability and family members together constitute our mob. Aboriginal workers bring attributes of respect, empathy, trust and a lack of judgments. This provides them with greater understanding of community, family, connections and support for people with disability.

## Discussion

The Our Ways Three Bridges to Organisational Readiness for Planning model presented in this paper is designed to assist Aboriginal and non-Aboriginal-led community organisations to work with Aboriginal people with disability and family members to plan for the supports and services they need. The development of the model is grounded in the experiences of Aboriginal people with disability, family members and workers who engaged in community mapping workshops. Participants situated people's specific disability-related needs in the broader legacy of Australian colonial history, and contemporary social and cultural contexts (Avery 2018). These contexts include the impact of past and present government policies that continue to govern the lives of Aboriginal Australians and often set them apart from, and at times at odds with, non-Aboriginal Australians (e.g. Commonwealth of Australia 1997; Johnston 1991; O'Mara 2010).

The incidence of disability in Aboriginal populations, at twice the rate of non-Aboriginal Australians (Biddle et al. 2012), is indicative of the impact of inequitable and discriminatory access to health and disability supports. Inequitable access is evident in all areas of Australia but is exacerbated for those living in rural and remote locations where few local services exist, and people are often expected to travel vast distances to receive the services that people in urban areas take for granted (Dew et al. 2013). Although the majority of Aboriginal people live in urban centres, Aboriginal people form the majority of remote communities. The cost of travel to access much-needed services is both economic and cultural, with evidence that Aboriginal people who leave their families, communities and country to access health and disability services in larger centres experience diminished wellbeing and physical and mental health (Avery 2018).

The reluctance of many Aboriginal people with disability to access the supports and services that are available (Digiacomio, Davidson et al. 2013; Digiacomio, Delaney et al. 2013) is indicative of both a historical distrust of formal services and a lack of understanding on the part of those services of Aboriginal peoples' specific requirements for culturally appropriate and safe

practices. In relation to planning for supports and services, such as is required to receive individual NDIS funding, little attention has been paid to the mismatch between an individualised system and the collective view of many Aboriginal people that always situates the person in family, community and country (Gilroy 2016; Soldatic et al. 2017).

The model we propose suggests an alternative response to planning and service delivery that focuses on the potential role of existing, trusted Aboriginal-led community-based organisations to build the capacity of non-Aboriginal-led organisations to deliver culturally appropriate, responsive and safe planning and other supports to Aboriginal people with disability and their family members. Participants all identified in their community at least one Aboriginal-led organisation with which they had an established relationship and would feel comfortable working through to plan for disability-related supports and services. The majority of these organisations do not currently provide disability-related services, but many do provide health and/or social supports (e.g. Elders groups, arts centres, Aboriginal Medical Centres and Aboriginal Land Councils). These organisations could be supported both financially and through disability training to take on a co-ordinating role for Aboriginal people with disability and family members. Another advantage of these organisations is that they are localised, meaning people with disability and family members will not have to travel long distances to receive culturally appropriate disability supports and services. These organisations could play a significant role in providing information and advocacy (knowledge) to Aboriginal people with disability and family members. They could also employ Aboriginal workers and deliver cultural training for non-Aboriginal workers, thus enhancing people's choice in service provider (Gilroy et al. 2016). Finally, the organisations could foster understanding by building the capacity in non-Aboriginal-led organisations to work with Aboriginal people with disability and family members.

## Limitations

The study from which the model was developed was conducted in one Australian state and with a relatively small number of participants. The recommendations may therefore not be applicable

to Aboriginal and Torres Strait Islander peoples with disability living in other states or in the territories. The community mapping approach may not suit all Aboriginal people with disability and family members as a research method to elicit participants' experiences, and a variety of research strategies could be provided to ensure choice. This is an area in which further research, undertaken in other regions across Australia, would be useful.

## Conclusions

To ensure that Aboriginal people with disability and their family members are able to access individual NDIS funding for supports and services, it is necessary to build the governance and service capacity of both Aboriginal-led and non-Aboriginal-led organisations to assist them with setting goals and making plans. Our Ways Three Bridges to Organisational Readiness for Planning provides a model for building capacity that is grounded in the experiences of Aboriginal people with disability, family members and workers.

## Acknowledgments

We would like to thank all the people who so generously took part in and/or helped us to organise the community mapping workshops. We would also like to thank the graphic designer, Melonie Hawke, and members of the Advisory and Reference groups whose help was invaluable.

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