

How well does the Australian National Disability Insurance Scheme respond to the issues challenging Indigenous people with disability?

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ABSTRACT

INTRODUCTION: The participation rates of Indigenous Australians in disability services were significantly lower than the prevalence of disability in Indigenous communities. The Australia's National Disability Insurance Scheme (NDIS) promises changes to the lives of Australians with disability in general and particularly for the Indigenous population living with disability. This article presents research exploring how the NDIS takes into consideration the issues challenging Indigenous people's access to, and use of, disability services.

METHODS: The theoretical underpinning of the research drew on the social model of disability and post-colonial theory, which informed a systematic review of disability services for Indigenous people, an analysis of the current policy-making process and current NDIS legislation.

FINDINGS: The systematic literature review revealed the social, attitudinal, physical and communication barriers experienced by Indigenous people accessing and using disability services; however, the policy analysis of the NDIS indicates that the new legislation does not address these challenges faced by this multi-disadvantaged Australian population group.

CONCLUSION: This research highlights the urgent need for disability policy improvements and promotes further design of culturally appropriate healthcare for Indigenous populations, who are still "disabled", not only by colonised histories but also through contemporary socio-economic marginalization.

KEYWORDS: indigenous disability; social model of disability; disability services; disability policy; National Disability Insurance Scheme.

Introduction

Reports from the Australian Institute of Health and Welfare (AIHW) showed that the prevalence of disability in Indigenous communities was more than twice the rate of the non-Indigenous population (AIHW, 2015). AIHW also reported that the participation rates of Indigenous people in disability services were lower than the reported prevalence of disability, and

"nearly half of Indigenous people with severe or profound core activity limitations identified having problems accessing service providers" (AIHW, 2011, p. 13). The National Disability Insurance Scheme (NDIS) promises changes to the lives of Australians with disability in general and for the Indigenous population particularly.

The NDIS was first proposed in the Australian Productivity Commission's report "Disability

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Care and Support” in 2011 and, accordingly, commenced with an allocation of \$1 billion from the federal budget to launch the NDIS in selected sites from mid-2013 (Community Affairs Legislation Committee (CALC), 2013). The National Disability Insurance Scheme Bill (NDIS Bill) was introduced in November 2012 and its Inquiry received approximately 1,600 submissions; there were also 11 public hearings (CALC, 2013). In 2013, the Federal Government enacted the National Disability Insurance Scheme Act (NDIS Act), which set up the Australia’s National Disability Insurance Agency (NDIA) as an independent statutory body to implement the NDIS and brought changes to service provision and funding to people with disability. Together with the NDIA, people with disability directly make decisions about their support services and service providers. Their choice and control of disability services will continue once the respective support plans are approved and funding is allocated to the individuals for their direct access to required support services (NDIA, 2016, pp. 16–17).

While the NDIS has been rolling out across Australia since July 2016, many details of its full implementation from 2019 are yet to be determined. Although considerable research has been devoted to the disability issues challenging Indigenous people, rather less attention has been paid to the degree that the NDIS targets the long-term policy concerns about service equity for Indigenous people. In the currency of national reform for disability support, the present study attempts to fill in this gap in knowledge and contributes to the NDIS development that can effectively bring about social inclusion and secure social justice for Indigenous Australians. Furthermore, the research findings have implications for improving healthcare policies for Indigenous peoples with disabilities in other countries where they additionally suffer from “historical trauma resulting from forced assimilation and displacement” by European settlers, such as Aotearoa New Zealand, Canada and the United States of America (Permanent Forum on Indigenous Issues, 2013, p. 11).

This article presents findings of research conducted to explore how well the current disability policy addresses the barriers of Indigenous people with disability to access and use mainstream services. The theoretical underpinning of the research drew on both the social model of disability and on postcolonial theory. Following a brief explanation of the research methodology, the findings of a systematic review will be presented. These identify the barriers facing Indigenous people in accessing and using disability services. The discussion section provides critical insights into Australia’s current disability policy with the intent of informing the upcoming implementation of the NDIS and to promote its further design for appropriate service provisions to Indigenous communities.

Methodology

The social model of disability was adopted here to examine the extent to which the NDIS can “engineer out” the social construction of disability of Indigenous people (Carling-Jenkins, 2014, p. 36). The social model considers disability within the context of social oppression, rather than as a medical, moral or individual phenomenon, and endeavours to achieve social justice because of its aim of removing the factors that created the label “disabled”, such as physical, attitudinal and institutional barriers (Oliver, 1996). On the one hand, contributions of the social model to positive outcomes are evident, including those linked to political and social campaigns and advocacy for the rights of people with disability (Joiner, 2006; Thomas, 2007). On the other hand, this model has been criticised for neglecting some dimensions associated with disability, including the gender and culture of people with disability (Terzi, 2004), and the lived experience of the people living with mental illness and intellectual impairment (Hughes, 2009; Shakespeare, 2006). These dimensions are significant for research about how disability affects Indigenous people, who have been “disabled” and are still suffering from impairments caused by colonialism

(Hollinsworth, 2013). Accordingly, the theoretical framework of this study also drew on perspectives from post-colonial theory.

Post-colonial theory provides “a powerful analytical framework for considering the legacy of the colonial past and the neo-colonial present as the context in which health care is delivered” (Browne, Smye, & Varcoe, 2005, p. 17). Important implications arising from post-colonial theory were incorporated into the research, such as the necessity to recognise, revisit and understand the colonised past of Indigenous people and its consequences for Indigenous communities. There is also the need to learn about the lived experiences of the Indigenous people living with disability and the legacy and manifestation of colonialism in their lives. It is also essential to understand and critically analyse how the disability service institutions and resource allocations are historically and currently constructed by the dominant culture so that the Indigenous standpoints become the starting points for building up knowledge for disability service reform to meet the needs of Indigenous people (Browne & Smye, 2002; Gilroy, Donnelly, Colmar, & Parmenter, 2013; Kirkham & Anderson, 2002; McConaghy, 2000; Young, 2012).

To address the research question, literature about service access and use by Indigenous people living with disability was systematically reviewed to “provide a succinct yet comprehensive synthesis of research evidence” (Parsell, Eggins, & Marston, 2016, p. 241). A systematic search strategy using Boolean terms, including derivatives of the key terms “disability”, “service(s)”, “Aboriginal”, “Indigenous”, “Australia*”, “barrier(s)” and “National Disability Insurance Scheme”, was executed through the electronic databases of EBSCOhost, PsycINFO, PubMed, Informit and Australian Indigenous HealthInfoNet. Database searches were limited to articles published in peer-reviewed journals between 1992 and September 2016 and written in

English. The search resulted in 82 articles; titles and abstracts were then screened for eligibility against inclusion and exclusion criteria. Articles were included if they were specifically focused on disability issues of Indigenous Australians and made reference to Indigenous people’s access and use of disability services in general, and the NDIS in particular. The screening process yielded 33 peer-reviewed articles which satisfied eligibility criteria.

Following this systematic literature review, a policy analysis of the NDIS was undertaken to compare the barriers of Indigenous people’s access and use of disability services. The most important documents adopted in the three policy-making stages of identification, public consideration and policy decision for implementation of the NDIS (McClelland & Marston, 2010) are the Productivity Commission’s Report No. 54 “Disability Care and Support” (2011), the National Disability Insurance Scheme Bill (2012) and relevant submissions to the Bill Inquiry, and the National Disability Insurance Scheme Act (2013) respectively. These documents have been analysed to ground the discussion on the NDIS’ current response to disability issues in the Indigenous community.

Findings

Using the social model of disability approach, the findings of systematic review were thematically categorised into social, physical, attitudinal and communication barriers that restrain Indigenous people with disability to access and use the mainstream services (Popay et al., 2006).

Social barriers

Beliefs, views on health and perception of disability

Indigenous peoples’ perceptions of disability have been discussed extensively in the literature regarding disability in Indigenous communities (DiGiacomo, Davidson et al.,

2013; Gething, 1994; Gilroy, 2009; Gilroy, Donnelly, Colmar, & Parmenter, 2016; Kendall & Marshall, 2004; King, Brough, & Knox, 2014; Kupperts, 2013; Lin et al., 2012; Lowell, 2013; Maher, 1999; Nagel, Thompson, & Spencer, 2008; Sloane, 2003; Stephens, Cullen, Massey, & Bohanna, 2014; Wolstenholme, 1996). There are differences in the ways of conceptualising ideas of disability between Australian mainstream services and many Indigenous communities whose languages do not include a single word for an integrated notion of disability. This goes beyond linguistic issues because the perception reflects Indigenous people's beliefs, attitudes and experiences of disability. In several communities, disability is sometimes attached to traditional views about the negative consequences of human mistakes and/or communal stigmas (King et al., 2014).

Furthermore, even when disability is recognised, it is mostly not considered a salient issue when compared with problems such as unemployment, poverty, discrimination and chronic disease (Gething, 1994; Gilroy, 2009; Gilroy, Donnelly et al., 2016). The high rate of disability in the Indigenous population also "normalises" perceptions of disability – disability has been accepted as part of the human experience in Indigenous communities (Ariotti, 1999; Maher, 1999). This sustains the Indigenous familial and communal coalitions to challenge disadvantaged living conditions and maintain quality of life for people with disability (Biddle et al., 2012), but also reinforces the social barriers of Indigenous people to access disability services (DiGiacomo, Delaney et al., 2013; Kendall & Marshall, 2004; Stephens et al., 2014). Studying Indigenous people's perception of disability, colonialism and racism towards Indigenous Australians, Hollinsworth (2013), King et al. (2014) and Kupperts (2013) argue for decolonising disability so that disability services recognise and integrate the historical context, cultural diversity and continuing impact of racism into their designs and practice with Indigenous people.

Impact of colonisation and mistrust of government's disability services

The historical impacts of colonisation on Indigenous individual, family and community continue to challenge the lives of many Indigenous people with disability and their trust in governmental systems (Ariotti, 1999; Clements, Clapton, & Chenoweth, 2010; Gething, 1994; Gilroy, 2009; Gilroy, Donnelly et al., 2016; Hollinsworth, 2013; Kendall & Marshall, 2004; King et al., 2014). Services generally organised pursuant to the medical model provide support to people with disability from a health perspective and do not take into account the cultural and lifelong needs of Indigenous people with disability and their families (Ariotti, 1999; Farrelly & Lumby, 2008; Greenstein, Lowell, & Thomas, 2016a, 2016b). This blocks Indigenous willingness to engage with disability services, and widens Indigenous reluctance to identify disability issues and negative attitudes towards "authorities" (DiGiacomo, Delaney et al., 2013; Farrelly & Lumby, 2008; Green et al., 2016; Nagel et al., 2008; Roy & Balaratnasingam, 2014).

Attitudinal barriers

Indigenous familial caring responsibilities and non-use of formal care services

Caring for a person with disability in Indigenous society is traditionally assigned to family members (Ariotti, 1999; Clements et al., 2010; Farrelly & Lumby, 2008; Gething, 1994; Gilroy, Donnelly et al., 2016; Green et al., 2014; Kendall & Marshall, 2004; Lin et al., 2012; Nagel et al., 2008; Roy & Balaratnasingam, 2014; Sloane, 2003; Stephens et al., 2014).

The care requirements can burden family members when the person with disability has complex and multiple requirements, or there are many persons in the family in concurrent need of such care, or other problems currently exist for the family (e.g., poverty and unemployment). Often too, the carers are suffering from their own health problems (Greenstein et al., 2016a; King et al., 2014; Sloane, 2003). The need for

financial assistance and additional provision of specialist aids, equipment and skill education for familial caregivers is repeatedly reported but often ignored in practice due to “inflexible rules and bureaucratic processes” (Green et al., 2016, p. 7). As a result, scholarly recommendations have frequently emphasised possible payments, capacity building incentives and training for family members in order for the NDIS to better help Indigenous people with disability receive adequate care, particularly in remote areas (Gilroy & Emerson, 2016; Green, 2013).

Physical barriers

Lack of culturally appropriate assessment instruments

Insufficient and inaccurate statistical information regarding Indigenous people with disability is one of the major challenges in evaluating the needs of this population. This hinders exact assessment of the need for disability service provision to Indigenous communities (DiGiacomo, Delaney et al., 2013; Farrelly & Lumby, 2008; Gilroy & Emerson, 2016; Gilroy, 2010; Glasson, Sullivan, Hussain, & Bittles, 2005; Hyde et al., 2016; Lowell, 2013; Maher, 1999). Problems with cultural appropriateness of the data collection instruments, which are mainly designed for mainstream surveys, add more complexity to the issue of limited data (DiGiacomo, Davidson et al., 2013; Farrelly & Lumby, 2008; Gething, 1994). For example, reliance on Western concepts, values and the use of English language in the standardised assessments, which often discount the cognitive risk factors of Indigenous population including poor nutrition, substance abuse, domestic violence and trauma, has resulted in significant numbers of Indigenous people with cognitive disability being under-represented in survey outcomes and not receiving services (Dingwall, Pinkerton, & Lindeman, 2013).

Participation in the NDIS commences with a series of assessments, including a check for eligibility against specified criteria and

an assessment to determine support needs across various domains. Indigenous people with disability face additional barriers when assessments and instruments do not satisfactorily take cultural diversity into account (Clements et al., 2010; Hersh, Armstrong, Panak, & Coombes, 2015; Roy & Balaratnasingam, 2014). The study findings of Bohanna, Catherall, and Dingwall underline the financial and political supports needed to develop “reliable, valid and culturally acceptable instruments”, such as the Kimberley Indigenous Cognitive Assessment that has primarily succeeded in assessing dementia in Indigenous Australians (Bohanna et al., 2013, p. 587).

Cultural competence of the workforce

Service providers often struggle to recruit and retain Indigenous health workers, due to a lack of existing community expertise (Farrelly & Lumby, 2008; Gilroy, Dew, Lincoln, & Hines, 2016; Lowell, 2013). A literature search also reveals a significant lack of cultural competence and cultural diversity in the workforce in service settings (DiGiacomo, Delaney et al., 2013; Clements et al., 2010; Gething, 1994; Green, 2013; Green et al., 2014; Greenstein et al., 2016b; Hersh et al., 2015; Kendall & Marshall, 2004; Roy & Balaratnasingam, 2014). Several references make recommendations about cultural awareness training to staff, further investment in skills and qualifications of employed community members and more flexible working conditions being offered to health workers and carers (Dew et al., 2014; Gilroy, Dew et al., 2016; Gilroy, Donnelly et al., 2016; Green et al., 2016; Hersh et al., 2015; Stephens et al., 2014; Wolstenholme, 1996).

Scarcity of disability services in Australia’s remote areas

Geographical distance not only reduces the availability and scope of the disability service available to Indigenous communities, but also increases cultural barriers facing Indigenous people with disability (Dew et al., 2014; Farrelly & Lumby, 2008; Gething,

1994; Gilroy, 2010; Green, 2013; Hyde et al., 2016; Kupperts, 2013; Lin et al., 2012; Lowell, 2013; Nagel et al., 2008; Wolstenholme, 1996). The scarcity of services in remote areas often means that Indigenous people with chronic impairment travel frequently and/or choose to dislocate their families and leave their communities to access proper services (Farrelly & Lumby, 2008; Green et al., 2016). Since “social networks are so important, losses from the network are also likely to increase feelings of grief and loss” (Wolstenholme, 1996, p. 9). These considerations impose higher requirements on accessible transport and cross-cultural appropriateness of proximate disability services in regional and remote areas (Dew et al., 2014; Gething, 1994; Gilroy, Donnelly et al., 2016; Green, 2013).

Communication barriers

Due to social and attitudinal barriers, communication issues often challenge the capacity of Indigenous people with disability when trying to express their needs (Clements et al., 2010; Green et al., 2014; Kendall & Marshall, 2004; Roy & Balaratnasingam, 2014; Sloane, 2003). In some remote areas where English is not the first language of Indigenous people, lack of accessible information regarding disability services is also reported (Farrelly & Lumby, 2008; Greenstein et al., 2016b; Stephens et al., 2014). The different ways of conceptualising disability between “supply-side” and “demand-side” lead to service providers’ miscommunication and Indigenous people’s poor participation in assessment processes and a lack of awareness of service availability (Farrelly & Lumby, 2008; Gilroy, 2009, 2010; Green et al., 2016; Greenstein et al., 2016a; Lin et al., 2012; Nagel et al., 2008). The imperative to enhance community planning, implementation and control of disability services is repeatedly recommended as the most significant and feasible strategy for change in support provision for Indigenous people with disability (Ariotti, 1999; Dew et al., 2014; Gilroy, Dew et al., 2016; Gilroy, Donnelly et al., 2016; Green, 2013; Green et al.,

2016; Greenstein et al., 2016a, 2016b; Hersh et al., 2015; Kendall & Marshall, 2004; Lowell, 2013; Nagel et al., 2008; Stephens et al., 2014).

Among the debates about what should guide the Australian policy-making processes targeting Indigenous disadvantage and what “counts as evidence that should inform policy making” (Maddison, 2012, p. 270), research findings are likely “mobilised as arrows in the battle of ideas” in “deep controversy” (Head, 2010, p. 21). Conversely, the study where Vujcich and his colleagues examined the making of the “Indigenous Tobacco Control Initiative” and the “Tackling Indigenous Smoking Measure” programme shows how research evidence has effectively informed policy development (Vujcich, Rayner, Allender, & Fitzpatrick, 2016).

Discussion

In light of persistent inequalities in services for Indigenous people with disability, the above findings were used as the foundation for the following discussion about how the NDIS responds to the barriers identified in this population group.

Identification of the NDIS

The Australian Productivity Commission (PC) proposed the NDIS in the report “Disability Care and Support” (2011) after synthesising the outcomes of 23 public hearings and more than 1,000 submissions, with the overall message that “current disability support arrangements are inequitable, underfunded, fragmented and inefficient and give people with disability little choice ... a coherent and certain system for people with disability is required” (Productivity Commission (PC), 2011, p. 5). The report devoted one chapter to the need for enhancing responsiveness of service provisions for Indigenous people with disability, which was then followed up by Recommendations 11.1 and 11.2. The need for efforts to address the issues challenging this population group was acknowledged.

Nevertheless, throughout the PC's report and the NDIS proposal, there were a number of concerns noted for Indigenous people with disability and their social, attitudinal and communication barriers. Recommendations 11.1 and 11.2 neither contained a guarantee to incorporate Indigenous people's values, language, culture and protocols into the proposed NDIS services, nor firmly empowered Indigenous people within their own communities to control planning and administration of disability services. Besides this, Recommendation 8.4 generally excluded close family members from being paid support workers under the NDIS. This has restrained efforts seeking alternatives to break the Indigenous families' cycle of poor living and health conditions, particularly related to caring attitudes and geographical distance of Indigenous people with disability. Moreover, the proposed assessment appeared to prolong the potentially discriminatory process when the National Disability Insurance Agency would determine whether people with disability or carers can "make reasonably informed choices of services" and "manage the administrative and financial aspects of funding if they wish to oversee these aspects by themselves" (PC, 2011, p. 74). This particular proposal did not help Indigenous people with disability overcome social and physical barriers regarding discriminatory service delivery. In short, although the needs of Indigenous people with disability had attracted the attention of the PC and stakeholders, the identification of the new policy – the NDIS – did not fully ensure a culturally competent approach for service provisions to Indigenous people with disability.

Public consultation and legislative decision of the NDIS

During the public consultations, respondents to the Inquiry into the NDIS Bill by the Community Affairs Legislation Committee (the Committee) expressed concerns about the responsiveness of services for Indigenous people with disability. In addition to the

submissions made by the Aboriginal and Torres Strait Islander Disability Network of Queensland (ATSIDNQ) and the Aboriginal Disability Justice Campaign (ADJC), the National Ethnic Disability Alliance (NEDA) recommended a commitment in the Bill's objects that recognised the barriers and ensured equitable access to disability services for Indigenous communities (ATSIDNQ, 2013; ADJC, 2012; NEDA, 2013). At the public hearings, the Australian Greens, Mr Griffiths and Ms Rankine of the First Peoples Disability Network Australia, and Mr Simpson of the National Disability Services Western Australia, also emphasised disability challenges in the Indigenous population (*Proof Committee Hansard*, 2013a, 2013b, 2013c).

However, the Committee's final report on the NDIS Bill only endorsed the public recommendation on an additional launch site of the NDIS in rural and remote Indigenous communities and did not include responses to other submissions (CALC, 2013, pp. 151–153). Relevant clauses of the NDIS Bill were not considered for extensive and comprehensive revisions to fully articulate the Australian government's commitment and obligation to address the barriers facing Indigenous Australians. The legislative decision subsequently resulted in the enactment of the *National Disability Insurance Scheme Act 2013 (Cth)*, which is entirely silent on the specific needs of Indigenous people with disability, as discussed in the next section.

Gaps in NDIS' response to Indigenous people living with disability

The Australian Prime Minister's "Close the Gap Report 2016" shows minimal improvements in education, health and employment outcomes for Indigenous people's lives despite the deliberate endeavours of successive governments over 10 years. There has "been no change from the previous year in cutting Indigenous disadvantage" (Medhora, 2016, para.2). The NDIA reported that 4.6% of 28,684

participants during the three-year trial and 5.5% of 7,440 participants in the first quarter of the 2016–2017 financial year were identified as Indigenous people. This means that, as of September 30, 2016, about 1,725 Indigenous Australians have received support plans under the NDIS (NDIA, 2016, pp. 44–48). Quarterly reports of the NDIA demonstrated a gradual increase in the participation of Indigenous people, but the respective rates have not yet represented approximately 34,500 Indigenous Australians who suffer from a profound or severe core activity limitation (Steering Committee for the Review of Government Service Provision, 2014, p. 4.62). Although evidence of social, physical, attitudinal and communication barriers of Indigenous people with disability have been made available to policy makers through research and public inquiry, analysis of the NDIS Act indicates that gaps exist between its content and the imperative of addressing these fundamental obstacles to service equity.

Although the NDIS Act sets out assistance for people with disability, their families and carers, it does not clearly formulate what types of support, aids and/or equipment would be available in funded packages. There is no detail in the legislation committing extra support to Indigenous people or articulating explicitly how the various aspects of assistance needed by Indigenous people with disability would be addressed. Likewise, the policy stipulates registrations of service providers and generally states that the NDIA is “to develop and enhance the disability sector” (s 118(1) (c), NDIS Act), but lacks detail relating to cultural competence, training, attraction, recruitment and retention of the workforce in Indigenous communities. The physical barriers of Indigenous people with disability will therefore likely remain, due to NDIS disregard of their needs.

Scholars proposed special empowerment schemes for remote Indigenous communities, including more effective advocacy and delivery of NDIS advice to

individuals through community-based workers, pursuant to local protocols (Biddle et al., 2012). The Productivity Commission also suggested a trial of paid family care for Indigenous people in certain circumstances (PC, 2011, p. 382). None of these recommendations has been adopted into the NDIS to help the Indigenous people living with both disability and geographical remoteness cope with these challenges. Even after Indigenous people with disability become NDIS participants, their attitudinal barriers seem persistent while this new policy does not contain details referring to skill training and financial assistance that should be supplied to their family caregivers.

The NDIS will address linguistic issues of service delivery to people with disability, including those in Indigenous communities, where it requires that “notice, approved form or information under this Act” must be provided “to the maximum extent possible to the person” with disability “in the language, mode of communication and terms which that person is most likely to understand” (s 7, NDIS Act). This is, however, the only provision caring for the linguistic and communication issues of the NDIS participants. It is therefore insufficient to either help Indigenous people with disability to confidently express their needs or overcome prolonged communication barriers due to constant differences in the ways that service providers and Indigenous people conceptualise disability.

Most importantly, language reflects the ways that Indigenous people are thinking and living, and language cannot be separated from culture (Besemeres & Wierzbicka, 2007; Wierzbicka, 1997). As provided in the NDIS Act, “cultural needs” and “cultural and linguistic circumstances” of people with disability must be taken into account in disability services (ss 4(9), 5(d), NDIS Act). These general principles guide awareness of cultural and linguistic differences in actions under the NDIS Act, but inadequately address “diversity within minority groups and intersectionality with other forms of

oppression" in the Indigenous context (Hollinsworth, 2013, p. 601). The absence of any further detail in the NDIS recognising the great diversity of Indigenous people, including languages, traditional protocols, kinship and community participation needs in their cultural and historical contexts is more than concerning. The policy offers no specific scheme to help Indigenous people with disability overcome social barriers, particularly relating to language and terminology used in assessment tools, planning processes, service deliveries and enabling non-discriminatory practice of disability assessors and health workers. Indigenous people with disability participating in the NDIS are not yet assured of receiving culturally responsive services because the new policy is silent on their specific needs. Although the NDIS was promulgated recently, significant improvements should now be considered for its full implementation so that the scheme can give Indigenous people with disability, their families and communities the best chances of accessing and receiving service equity.

Limitations and suggestions for future work

The systematic review was limited by inclusion of the peer-reviewed literature. The exclusion of grey literature may have omitted important information in this research area. The available evidence does not yet allow the policy analysis to go further than the legislation adoption, as the NDIS will not be fully implemented until 2019. Further research is strongly recommended to assess the NDIS trials in the areas with a high proportion of Indigenous people and to evaluate the NDIS implementation in Indigenous communities to accelerate the good service models particularly developed for the Indigenous people living with disability.

Also, this study has been conducted by one non-Indigenous researcher, whose own cultural perspectives unavoidably limit the researcher's ability to fully understand

Indigenous perspectives. Nevertheless, the research is intended to be an important step forward in enhancing the capacity of other non-Indigenous researchers and policy-makers to recognise the differences of Indigenous people's worldviews as integrated parts in the upcoming implementation of the NDIS.

Conclusion

The research findings from the systematic literature review illustrated the nature of the social, attitudinal, physical and communication barriers challenging disability service access and use by Indigenous people. For Australia's disability policy to achieve its goal of giving people with disability, including Indigenous people with disability, more choice and control over the supports they receive, the NDIS should take account of Indigenous culture and history and directly target the barriers facing Indigenous people with disability to access and use the mainstream services. The policy analysis of identification, public consultation and legislation of the NDIS reveals that the new disability policy has not yet thoroughly recognised cultural diversity nor has it addressed the barriers of Indigenous Australians to truly enable their entitlement to service equity and social inclusion. The results of this study have noteworthy relevance for policy improvement and practice under the national strategies for change in the disability area. They provide important insights urging a more comprehensive shaping of disability services to urgently respond to the challenges facing Indigenous people and to contribute to the provision of social justice for Indigenous populations worldwide.

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