

“Getting it Right” Project

REPORT

National Disability Insurance Agency

C.I.C.D Grant

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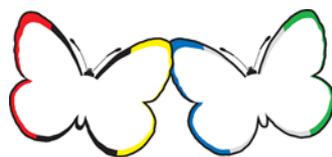
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“Giving Community a Voice & Makin it Happen”

ACKNOWLEDGEMENTS

Deaf Indigenous Community Consultancy wishes to acknowledge the Traditional Owners of Wathaurong Country in the trial site of Barwon Victoria and pay respects to all Elders, past, present and future. Also to acknowledge all Aboriginal and Torres Strait Islander families who's valuable knowledge and sharing has helped shape this Report

Deaf Indigenous Community Consultancy would like to specially acknowledge the wisdom and leadership of key participants and mentors during the project, who have helped shape, share and reinforce the importance of cultural protocols on country.

Deaf Indigenous Community Consultancy would also like to acknowledge the leadership and cultural respect shown by the team at the National Disability Insurance Agency in Geelong and Colac during the course of the project.

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EXECUTIVE SUMMARY

Generally it is assumed that National Disability Insurance Scheme (NDIS) involves a transition from people's engagement with existing disability support to the NDIS system. However, in the Aboriginal and Torres Strait Islander community there are many individuals with disability who have never been engaged or have had quite limited support from existing disability agencies. The project demonstrated there was a high level of unmet need for disability support in the Aboriginal and Torres Strait Islander community. A number of factors contributed to this.

- Aboriginal and Torres Strait Islander culture is more self-reliant and collectively focused, so that help was generally sought and received by extended family in having needs met - including the needs of family members with disabilities.
- Many peoples with disability had not been diagnosed and were uncomfortable with diagnostic process.
- Difficulties in culturally informed diagnosis in some areas - for example mental health
- There were fears among families that engagement would have resulted in removal of family members with disability.
- The absence of culturally competent staff in disability agencies limited families engagement with those agencies
- Limited cultural information, especially disability specific cultural information, also limited ability of mainstream disability organizations to develop culturally informed processes to engage with Aboriginal and Torres Strait Islander community
- The tendency of disability specific mainstream agencies to refer Aboriginal and Torres Strait Islander clients to generalist Aboriginal support agencies who did not have disability experience or a disability focus in service provision.

Some NDIS specific factors are obstacles to engagement. For example, the long and often highly bureaucratic processes needed to be complied with to meet NDIS conditions. Isolation and poor access to transport were also obstacles to participation in these processes. Access to transport was limited by a number of factors, including racism by other commuters to disabled Aboriginal and Torres Strait Islander men.

Although there was existing information provided on the NDIS this was not reaching many in the Aboriginal and Torres Strait Islander community. Limited literacy in Aboriginal and Torres Strait Islander community meant that access to information through printed information was limited. Limited engagement of many Aboriginal and Torres Strait Islander families with mainstream disability agencies meant information was not available through these sources.

This project sought to address these obstacles contributing to Aboriginal and Torres Strait Islander disengagement in the NDIS in this region. The project involved a proactive relationship focused approach to inform and engage this hitherto disengaged community about the support opportunities available through the NDIS.

There was through informal relationship building that included the consultant sharing stories about her family, disability and own experiences, as well as participants sharing their stories. This style of yarning, sharing and relationship building is different to the more impersonal style of one way information giving typically engaged in by mainstream agencies in their face to face engagement. Two way sharing is more typical of Aboriginal and Torres Strait Islander culture and thus cultivated a greater trust and willingness to engage the formerly disengaged participants. There was a more than 400% increase in NDIS engagement among Aboriginal and Torres Strait Islander participants in the course of the project.

Key factors in the success of this project were the engagement with the community of the disability and culturally informed consultant. This established culturally appropriate engagement and relationship building to provide information, over time, through face to face communication that was tailored to specific family and community needs.

Much has been achieved in the project to date. The investment of the project in establishing a conduit for information and engagement now needs to be built upon to create a process that enables further engagement and troubleshooting.

INTRODUCTION

In July 2014, Deaf Indigenous Community Consultant Jody Barney (Saxton) was contacted by 39 Aboriginal and Torres Strait Islander community members from the Barwon region, who had difficulty understanding the NDIS process. They felt worried and concerned that their family members weren't given an opportunity to participate, as well as feeling frustrated by not understanding where to go or who to ask regarding their unmet needs. Due to these concerns Jody Barney made contact the NDIA in Barwon in person.

Jody Barney is a Birri-Gubba Urangan Deaf woman, who is an Aboriginal disability consultant and trainer, who frequently visits and consultant in the Barwon region.

With support of the community Jody Barney applied for CICD funding to start the "*Getting it Right*" project. The project commenced on 23rd of September 2014 and concluded on the 30th of September 2015.

The project, identified high levels of unmet need and for more targeted and appropriate service delivery, Cultural awareness training that was offered to staff from NDIA was delivered by VACCHO. While this training provided generic cultural awareness it failed to give them insight on how the community members with disabilities would respond to the NDIS. It is important this type of disability specific content needs to incorporate in any future training.

Families who enter into the NDIS often have difficulties in engaging their local co-operative or disability related organisations due to the historical distrust and lack of disability awareness of staff at these organisations.

Initially community members responded to the NDIS being added to their existing number of "other" services would cause additional stress. Aboriginal families are often involved with multiple government and non-government agencies, many of whom are seen to make

unwelcome and coercive intrusions into family life. These experiences compound the long and mostly negative history of government engagement with Aboriginal people. This means that Aboriginal families are often wary of new initiatives and see avoidance as the safest response.

Families are often struggling to meet the requirements of multiple other “services” that impact on their lives, there include justice, education, child protection and allied health services. Often families miss appointments due to distrust and not understanding processes and, many opt to not engage with services at all.

Families continuously have concerns that interrupted their day to day lives around meeting basic needs of food, safety, housing, health and wellbeing. Meeting these survival needs often played a major factor for families having difficulties engaging with the NDIS trial

Families often expressed pessimism in NDIS benefitting them due to the demands for paperwork, evidence collection, appointments and multiple stages in the NDIS process. They struggled to attend the needed appointments to achieve more immediate day to day needs, so participation in NDIS often seemed a unsustainable gamble.; a major investment of time with an highly uncertain outcome. These views undermined families motivation to connect with the NDIS.

The absence of culturally informed and skills among agencies often contributed to limited motivation of participants to engage. Aboriginal families often had once only meetings with agencies who had little cultural awareness training

It was not surprising that service providers within the Barwon region, also identified that they had limited knowledge, and limited processes to engage the local Aboriginal and Torres Strait Islander people with disabilities.

Avoidance as the best approach was an attitude to engagement with new services for many families. The sectors mostly involved with the families are generic welfare services. There is fear of the sector that stems from the transgenerational trauma of removal, displacement and dispossession.

The consultant not being from an agency, being Aboriginal, having a disability and being known and vouched for in the community contributed to the sense of cultural safety to be able to engage in this project. .

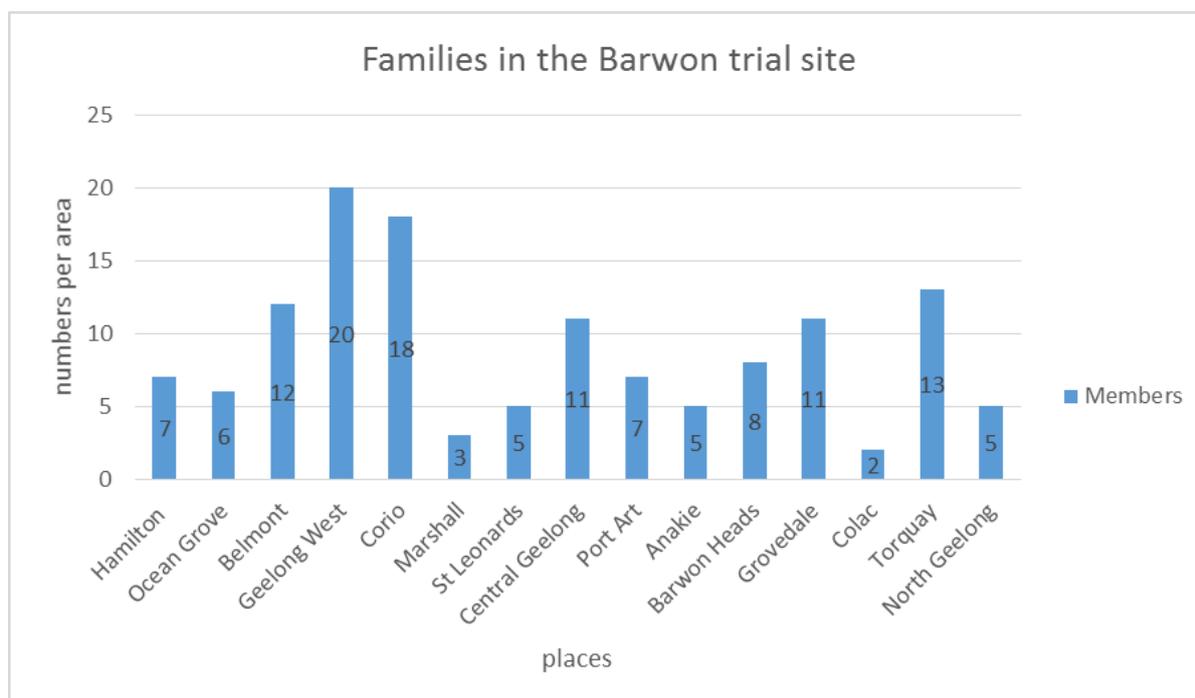
There were often difficulties around diagnosis, especially for families who had not been engaged with existing services.

Many families have a different and more accepting view of disability that supports family resilience and inclusion, for example, the belief that the special needs of their children is their family’s “saving grace”. They believe that their child was sent to them as a message that they are to care for the child the best way the can, as there is a plan for them

PARTICIPANTS

The Barwon trial site covers the local government areas of the City of Greater Geelong, Colac Otway Shire, Surfcoast Shire and the Borough of Queenscliff. During the project's twelve months there were a total of 33 families in the region.

Figure 1. Families in the Barwon trial site that engaged with the project.



Each person engaged with the “Getting it Right” project had a story, their story is connected to another person’s story, that story is connected to an even bigger story. The stories shared, are the lived experience of Aboriginal and Torres Strait Islander people with disabilities and their families. In getting to know the stories, it was important to listen to them without interrupting with questions. The narrative (yarning) approach gave more, it provided the knowledge, and the strength of the individuals, children, Elders, men and women.

The manner in which the families chose to showcase themselves without attempting to place people within categories of disability or any other framework that agencies usually place people within. Families were given time to reflect on their lived experiences, often shared their most sacred selves, and more often than not to laugh at themselves.

In connecting with families there were yarns with 133 members of the community. In the process of the project the families identified, gender, age, sexual orientation, where they live, who they saw as service providers and who they trusted. They shared their hopes, their dreams, and their culture identity and demonstrated their sense of belonging.

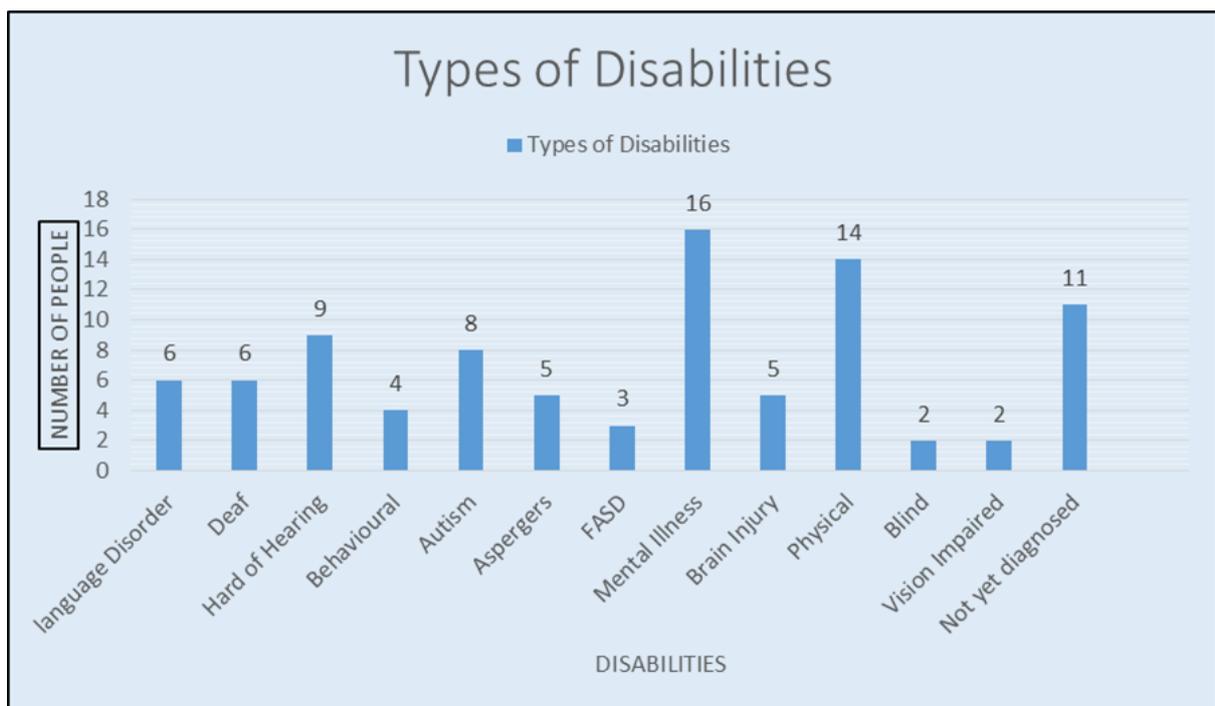
Families did not label themselves or others with a disability, many didn't even know or care that they had one. This was not who they knew themselves as. They felt such labels were the least of their concerns in many ways. Families that did identify disabilities had been exposed to diagnosis earlier than others and often by their exposure to the welfare system. Families who had no diagnosis of disabilities found it extremely confronting to seek help or even know where to go. Fears of what may happen by this labelling process were often shared amongst the other families who had disengaged after attending an assessment or specialist appointment.

What was observed was the inter-connectedness between the families and children with disabilities, and Elders caring for adult children with disabilities. In many family homes, the dynamics were inter-generational, where there were on a few occasions as many as four generations in one home at one time.

Each participant had the right to withdraw at any time, if they felt that the project wasn't a good match for them. Relationships amongst the participants were mixed, many participants were young, and often relied heavily on their parents, grandparents and carers. Elders held an important knowledge, the shared history of being part of the stolen generation and institutionalised due to their disabilities. They found comfort speaking of their journey during the project, where they had a strong connection to others sharing their own experiences.

The project participants had a high prevalence of mental illness (10 out of the 16), physical (9 out of the 14) and undiagnosed disabilities (8 of 11) held mostly by men as shown in *Figure 2. Types of disabilities*. Many men, spoke more of the injustices that they experienced, the often ridicule and misinformed "people out there" and what they thought of them. They shared many times they didn't know themselves what was wrong with them until much later when a lot of damage was done by being young and angry.

Figure 2. Type of Disabilities



FAMILY SUPPORTS

Some of the communities found that living in the area with many other families helped them support each other with what their needs were, such as helping out with babysitting so one mum could do her shopping as her children didn't like the smells, and another mother took the Elders with her to the shopping centre as she had a bigger car, that would help them and bring their groceries home in the back. The community worked together from time to time.

Responsibility for support was within the family. Families often found it difficult to share the responsibility with outsiders such as respite carers or agencies, but found it a naturally expectation for extended family to provide care, even with mum and dad there. The use of kinship systems and structures gave many families, from time to time a much needed break. The concerns were that many of the kinship system too had members with disabilities or there were concerns about safety of children being left in care.

Families living in the Barwon trial site, did not understand the reasons why many services didn't do outreach to their part of the region. The families found that relying on others and friends added financial burden and stress on their relationships by "humbugging" them for help. Humbugging in community is a means by which families can call upon others to help them out, often it is for money.

The families who were most disadvantaged were those with limited family support. There were a number of families who have been displaced to the region, who aren't seen by others as locals and who aren't connected with community. These families struggled most, they were often single parent or blended families with as many as two to seven children. The families shared stories of being discriminated against by their own mob and how they were oppressed by others in the families to not tell as much about their lives. These situations raised the level of lateral violence in communities as a number one concern if they were to engage with services.

The largest factor of disempowerment for the families was lack of cultural safety. Many in the different families explained that they were intimidated by workers from agencies who didn't know them. Families felt that they were often branded as bad parents, that their being in the wider community was met with stares that went beyond the disability of the child or adult and which they felt came from racism.

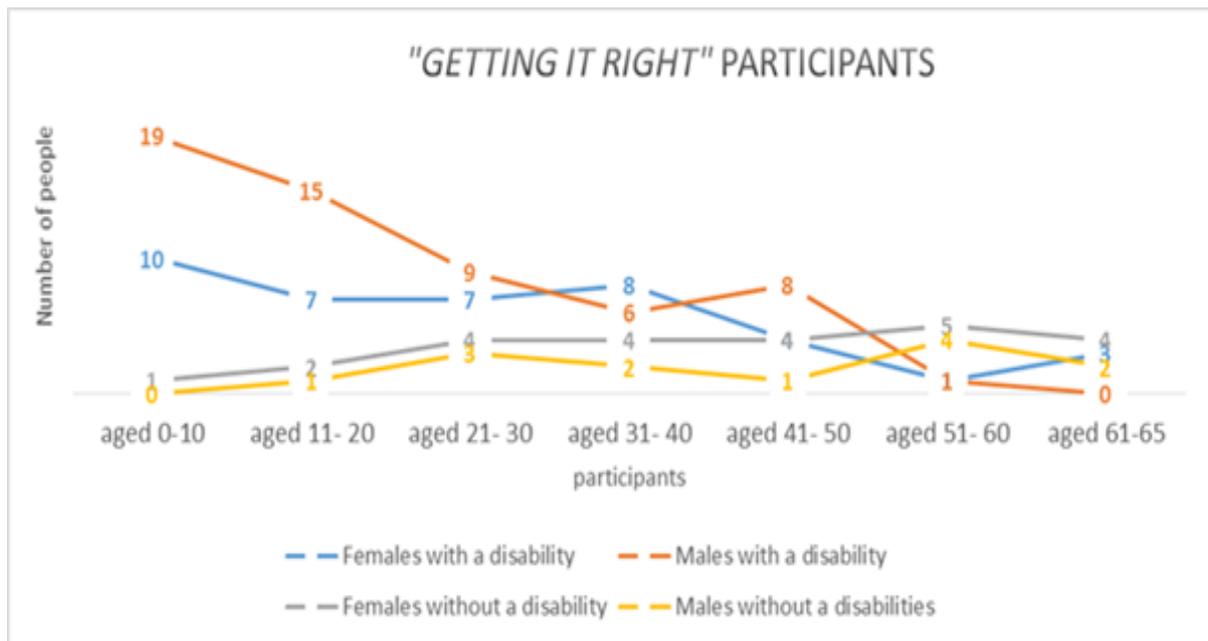
Families who often had little schooling themselves told of resentment of "paper-pushers", who wanted to know the ins and outs of their lives, but only to collect information that didn't really seem to help them in anyway. Parents who dis-engaged from school, had little positive home life growing up found it also frustrating that services constantly made the assumptions they were inadequate parents and ignorant to the needs of their children.

Families had strong sense of identity as Aboriginal or Torres Strait Islander peoples. Many shared their knowledge of their challenges related to their disability or their children's

disabilities with humour. They felt this humour nurtured their resilience and was often frowned upon by services that tried to engage with the families.

Graph “Getting it Right” participants figure 3, shows a strong trend in the under 30’s age group. The highest number of people with a disabilities in community were young males aged from birth to ten years with a number of 19, and young female aged from birth to ten years at number of 10.

Figure 3 “Getting it Right” participants



The project also identified those who took a carer’s role and whilst many with disabilities did this, the highest number of carers were both men and women in the age range of 51-60 years. Out of the carers who spoke during the project, none decided to identify their own limitations or disabilities. They felt that in doing so it would take away from those who needed the help most.

Families wanted to have a clear understanding of the NDIS, many felt that the only information they knew was what was in the media such as on the local news, the local radio or local newspaper. Aside from this they were not provided with information through the networks they normally engaged with, they didn’t see any in their day to day lives coming and going to the shops, schools, hospital, or even the Aboriginal Medical Services (AMS).

One Elder didn’t discuss her adult child’s needs until five months into the project. The Elder explained it wasn’t proper to do so until she knew the intent of the project. Whilst happy to engage and be there for families, her own family needs were kept secret. It was not shared until she witnessed the positive work being done with the vulnerable families, before engaging her own family.

TRANSPORT

Families found that living in the Barwon region and being only 5km out of town was really hard if you didn't drive, and had to wait for a taxi and were place nowhere near public transport. Families that lived in the region close to all the services and who had access to public transport felt that they couldn't use them as they were often stopped and checked for ID, concession cards and current tickets, when they felt others weren't being checked.

Families often felt that they were isolated from services, many were often in areas that had little or no available public transport. A large proportion of families didn't have access to a car, they relied on public transport, family or few good friends. Some of the distances families had to travel, were only done for medical or Centrelink appointments, those who were engaged with the justice system often stayed with relatives to attend to their matters.

Families' experienced extreme hardship being isolated related to higher living costs and safety. When being placed in locations that were affordable families became more disengaged from support services. The affordable housing stock in the region were often isolated which placed many families at risk due to lack of transport services.

Families who needed help to send their children to schools found that they were often clashing with the Taxi Company and departments on who was going to cover the cost, as the local bus that would have been able to take the children wasn't accessible for wheelchairs. The family's ended taking turns to drive the kids to school and disengaged from the services.

Families who regularly required bus services, had to no awareness of the change to the timetable or the change of the bus stop from near their home. The families who used the bus to attend much needed medical services stated that when they moved the bus stop they couldn't catch the bus. The bus stop was put at the top of the hill and they lived at the bottom, their mobility needs were ignored when they complained to the local council and the bus services.

Aboriginal men with disabilities found it extremely difficult to access public transport as they often experience taunting and bullying from other males on the same service. The men explained that when they knew they had to go to a service or a meeting they couldn't get there, not because they were lazy but because they feared being racially victimised on the public transport system.

Aboriginal women with disabilities often travelled with family, they knew that they would be harassed if left on their own on public transport.

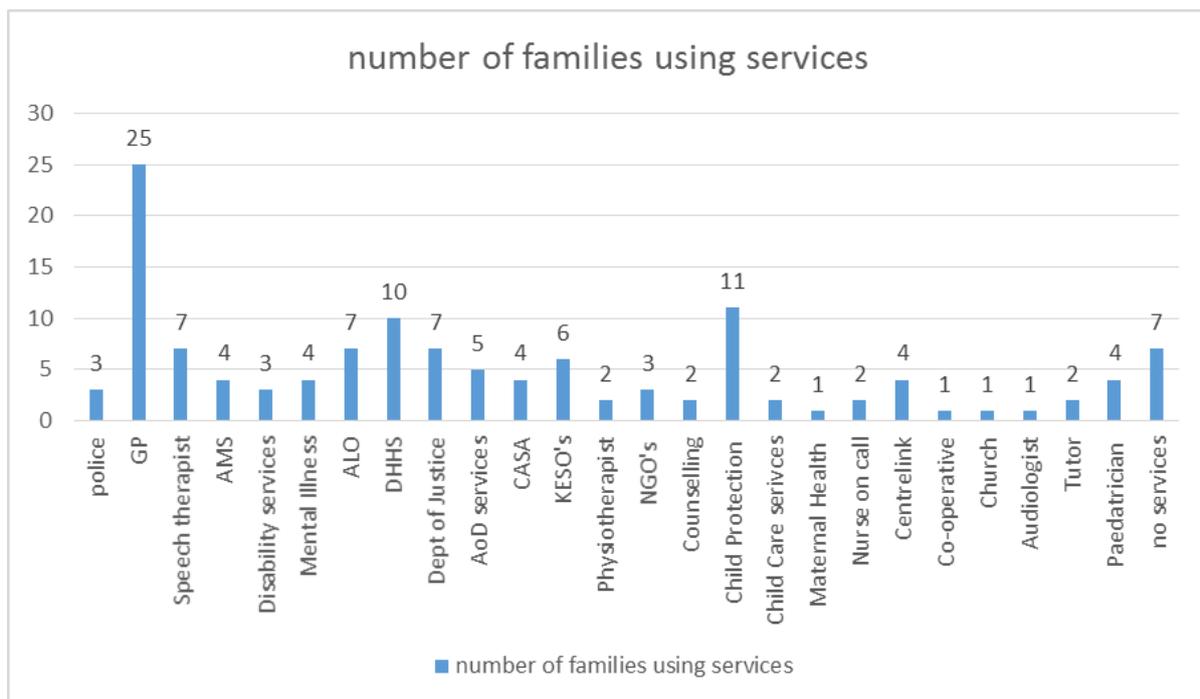
CHALLENGES OF POVERTY AND DISABILITY

Families unmet needs overwhelmed them constantly. The extent of unmet needs was often shown by how many services had connected with each family; there were numerous service providers engaged for various reasons. Families didn't live in isolation, they are

collective, and so the impact of these services involved with their family members impacted them all.

Figure 4. Number of families using a service, identifies that families engaged with 26 various services in the region, the most used service was participants GP (25) then Child Protection Services (11) and that identified Department of Health and Human Services (DHHS) with (10) families. The project identified that there were only 3 families specifically engaged with a known disability service. Others either engaged via a health stream such as the Aboriginal Liaison Officers (7) at the hospital, or Aboriginal Health worker at the Aboriginal Medical Service (4).

Figure 4. Number of families using services



In many families their connection to others supported them with the help they needed to cope with the day to day struggles they had. By being connected either by family ties or by location to those around them, families were asked to assist each other before they would seek a support from a service.

Families' major expense was rent and food, many had the basic card, which limited their spendable cash and distressed them, when they couldn't contribute or pay for things their children or Elders needed. Families think collectively, the sharing of money, food, clothing and cars while the mainstream system assumes an individualistic or nuclear family as the structure of support.

When families required assistance with their housing, it was often ignored or delayed. Many families haven't had upkeep on their rental properties for years. Some families buy portable gas stoves and refills so not to use the stoves as they are unsafe around the children with autism. Families feel harassed by their landlords to maintain the property or to not have extra people in the house or have pets at all.

Drugs and alcohol consumption often escalated the anxiety in the families. The women with children with disabilities were extremely cautious of mentioning the use of substances in fear that they will have their children removed. Families that were exposed daily to drugs and alcohol felt that if the men and women just had something to do, they wouldn't be using these things.

Youth with disabilities often engaged in risk taking behaviours without understanding consequences of their actions, many were led by others from within community to participate and not to be left out or to show disrespect they young people engaged as a form of peer pressure.

HOME

Some families have discussed how they work hard to keep their homes safe, clean and ready for any "inspection" just in case. Many homes are amongst busy streets, parents often don't let their children play outside due to the fear of them being run over or taken.

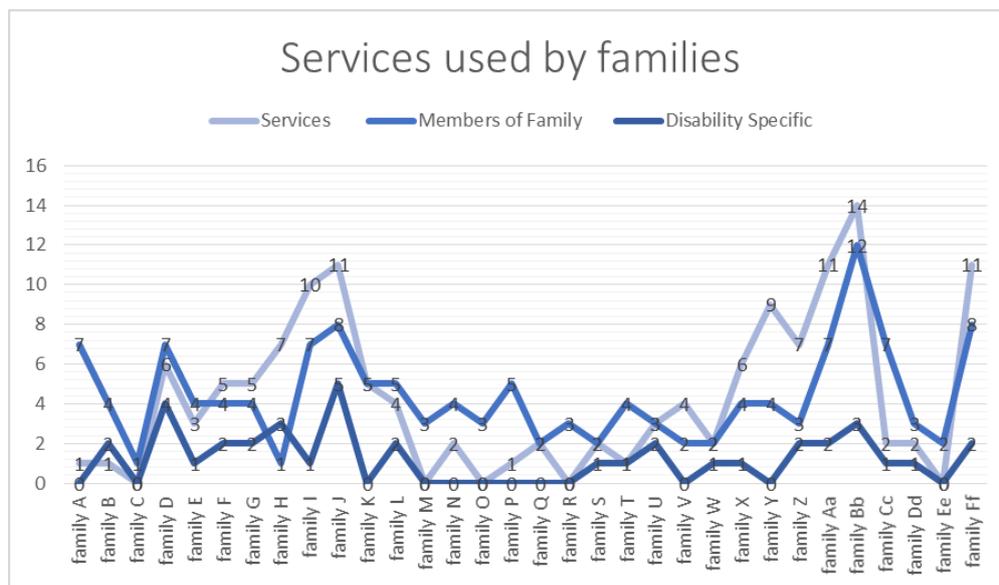
Families found that they often were their own community within the one house. They stayed by themselves, with their mob and didn't venture out much. These families had large numbers and often found they had a set routine that assisted them in managing the various needs and expectations. Families who felt it was safer to stay by themselves, had no idea of what was available to them as a family.

Many families shared their beliefs, many who identify as having a faith, demonstrated frequently that the home is their haven, it was safe for them, and often would go without food to make sure the rent was paid, the lights were on and there was heating in the winter and cooling in the summer.

Families managed as best they could with the knowledge they had about services. Families expressed that they didn't like people coming into their homes and passing judgement. The families found that many who had come in the past, not only were judgemental they were disrespectful towards their Elders.

Each family shared the range of the services that they had to deal with on a daily, weekly, fortnightly bases. These services often reach as much as one family having 14 different services at one time. *Figure 5. Services used by families*, identifies each family, these families also indicate the members of the family as well as families who are using disability related services during the project. The project's family identified as *Family Bb* had 14 services with 12 members in the family and only three disability related services.

Figure 5. Services used by families.



CULTURE

Nearly all the families valued Aboriginal festivals and events, although many didn't participate. All the families found that their most wanted help for the family members with disabilities was something the NDIS cannot give, and that was cultural pride. That they belonged and they had a sense of belonging.

Cultural significant duties, include spending time on country, but often that country isn't connected to the trial site. The families wanted to know what support would be given to the families who wanted to take their Elders (45-65) and family members to their homelands for important ceremonies. Families sought only the assistance that the family member would require, such as an interpreter for Deaf members (who didn't have cultural sign languages), family members that required personal care attendants (to assist the immediate family), or the importance of accessible wheelchairs/mobility support that would be strong enough to be on country.

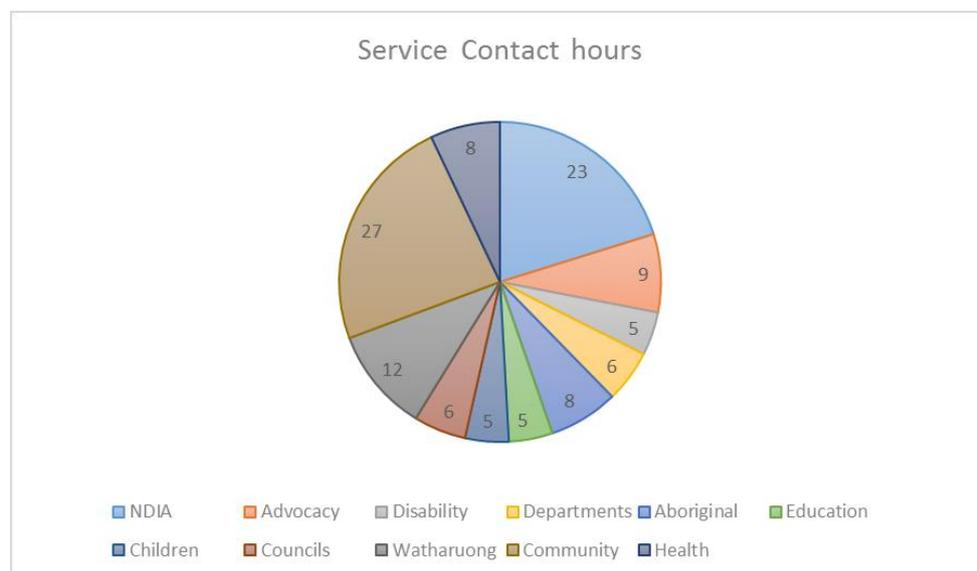
Cultural expectations are often not discussed in mainstream services, these expectations are seen as cultural obligations. Families often will be obligated to care over time for others with disabilities in their home, many wanted to know that they too could be supported, as share-care is a strong cultural responsibility for the families.

Cultural workers will need to be sourced by families themselves and many feel that non-indigenous workers who may have cultural awareness often don't return to the community after they leave the service to work elsewhere in the region. Therefore the families hope that training for cultural workers can assist the participation of families at events, ceremonies and to fore fill cultural obligations.

SERVICES

The project consultant visited eleven different services providers in the Barwon trial site, during this time she spent 114 hours over the period of the project discussing how families can re-connect or establish first contact with the various services during the NDIS process.

Figure 6. Service contact hours



Service providers felt often intimidated by the local Aboriginal services, and felt that they were “treading on toes” if they offered their services to the wider community. Workers at some of the major services such as departments stated that there was just too much red tape for families to get their heads around.

It was also clear that services struggled internally as well, that they often didn’t have the staff resources, time or finances to become culturally appropriate or sit and spend the length of time with the families they assumed had to happen. The workers struggled also with internal politics and the few that managed to work with community found they were often isolated from other workers if they spoke up for the needs of cultural appropriate materials or services for the local Aboriginal communities.

Services also sometimes avoided contact with Aboriginal clients and workers would refer the Aboriginal person with special needs to the local co-operative to get supports, regardless of whether the person wanted not to go. Services spoke frequently about their overwhelming workload and that clients being of Aboriginal or any different background wasn’t their concern or a focus of their core business.

Services found that once a person was sent to them, often they didn’t enter the building, they would see the sign and they would leave. Many services also don’t have a welcoming environment, that when families entered they were often last called to the desk, even if they were the first in that day. Many felt that when they approached the service desks, they felt intimidated as many workers would look them up and down physically before they were acknowledged.

Services also had strict policies around behaviours on sites, that anti-social behaviours were not allowed, and anyone seen to be disrespectful was denied entry or ask to leave. This was true for many Deaf and Hard of Hearing (HoH) community members that sign

language or had speech difficulties due to a Brain Injury (BI) as they were sent away from services because their communication “looked” aggressive and intimidating when they showed their expressions of frustration, this was seen as having an anti-social behaviour that was often clearly posted on the wall as not being acceptable.

Aboriginal staff explained that when they took on a case of a family, often there were no case notes on the family’s files, even though they had been in and out of the service for many years. On asking about the case notes they were told that often, other workers didn’t see the importance of putting on the case notes of families when they families often disengaged after a few sessions.

A few workers in many of the Aboriginal specific services stated that families who weren’t locally known had to prove Aboriginality to seek assistance, that many members who didn’t have a good connection to their families due to displacement or stolen generation were often referred to mainstream disability services instead. When family’s challenged this, they were told that services they were required had no spaces left and the waiting list was 6 months to 2 years long.

During the course of the project, services that were engaged locally in Barwon, only two out of the 11 made positive changes to the way they conducted their services. The services looked at their internal processes of intake by developing a cultural plan. They increased their acknowledgement by placing statements on their countertops in their foyers, a plaque on the wall and ending their emails with an acknowledgement. Other services, felt that they needed to address any changes with senior management.

There is a lot more to be done in the service sector if they are to cater for the Aboriginal and Torres Strait Islander people with disabilities within the region. The delivery of cultural awareness training, will improve the relationships with local Aboriginal and Torres Strait Islander people with disabilities. The input of the community on local concerns could assist in developing best practices for services that are locally driven.

Culturally safe environments will nurture stronger attendance, as families often stated that they felt shame entering into the services for help. They often made assumptions that the services didn’t want them there anyway as it didn’t display anything to say it was culturally safe, such as flags or a plaque. Many families stated that even when all the best things were done, they still felt intimidated by having to ask for help at all. They felt that they were less than, and their family histories block them from moving forward.

EXPERIENCE OF AND ATTITUDE TO SERVICES

Many services had limited understanding of Aboriginal and Torres Strait Islander people with disabilities. Many had no idea how to engage the community. The services that were disability friendly weren’t culturally friendly, and vice versa, services that had Aboriginal and Torres Strait Islander people engaged found it difficult to keep them engaged. There were many examples of services feeling frustrated with families who continued to miss appointments or disengaged after a few session.

Certain service providers that engage with the NDIS, said it was going to be very hard for them to speak to the Aboriginal families with children with disabilities, as many didn’t know the families well enough to engage appropriately. Services identified that they lacked needed awareness, and often felt that whilst being open and genuine they were described as being unapproachable by families.

A few primary services, such as maternal health, advocacy, and allied health services, explained that many families wouldn't provide the information required to begin the assessment process to enter their services such as intake forms, questionnaires, and interviews or even bring in any other information relating to their needs.

Services explained that they meet with Aboriginal families and were confused with who was the person to speak to about the person with a disability as many would come in and speak about the same family member, but didn't have permission to pass on information. Services felt that they would benefit knowing how to keep families committed to their services.

Many of the Aboriginal workers also experienced lateral violence in relation to their work, they expressed that if they were seen to advocate strongly for Aboriginal people with disabilities, they often got responses such as *"yeah you mob have to look after your own"*, causing many to feel that they were asking too much of their workplace to help their vulnerable community members.

The workers often felt overwhelmed by their duties in the workplace and their cultural duties after hours. These experiences at times were noticeable by the families, and often the family member would say to the worker to relieve them of the burden with words like *"its ok, I ok,"* or *"nah its ok bruz don't need help now"*. This contributed making the worker feel culturally inept to assist whilst on the job and families to dis-engage from the services that treated their Aboriginal staff so poorly.

Families often shared that the volume of information from different services, overwhelmed them in believing that they couldn't manage even if they thought they could, they stated that they couldn't understand the language half the time and it made no sense. Often families wouldn't read the information, after the first page. Families felt that information sent in easy chunks such as a plain language text or a DVD they could share, or watch on their own, so they could absorb the information in their own way at their own time.

Families felt that they didn't need to have any help, and they coped just fine. Families stated that their experiences with services over the years didn't help them and anything *"new and shiny can just bugger off"*. Families felt a sense of dread and fear about the NDIS yarns, they felt it was another government policy to control people and what and how they can live their lives. They had strong beliefs that the NDIS wouldn't help them because they wouldn't have the control and choice that it was offering, because they stated it was like all other past *"catch and grab"* opportunities for the people doing the *"selling"*.

NATIONAL DISABILITY INSURANCE AGENCY

The shared view of disability for many individuals who had a disability was an extremely lonesome existence. The ability for them to participate in the NDIS to increase their awareness of their local community often was met with fear and anxiety.

Families were extremely suspicious of any NDIS documents, they often preferred not see anything, but to listen and learn. Families also valued the lived experiences of others, examples of how the NDIS was helping others in the communities was used to show what was possible. Families questioned all aspect of the NDIS process over the 12 months and many stayed at the beginning, showing extreme caution to the move.

Many who entered the NDIS and who are actively participating are still learning, they are sharing their experiences with the NDIA planners in a way that works ok, many have had issues, but felt they could work with the planners when things needed to change. Some families found that the NDIA planners lacked awareness of their local issues and the conflicts that happen locally. Many felt that the NDIS workers who visit their homes and assist them also need some training in how to work with families around kinship care and large numbers of families being in the one house.

Families found that the NDIS provided a big wish list, and they wanted time to think about what that meant. They often needed assurance and guidance to see the process visually. To speak about stories and have examples of those who have achieved with their NDIS package.

Families suggested that the best way to engage families is to make sure that the workers had enough knowledge and enough manners to enter into their front gate. Many suggested that unless they are invited in don't come. Families will only engage if they feel that they are safe and there is a culturally appropriate person doing the work. Some families didn't disclose their Aboriginality or Torres Strait Islander status for fear of being judged by community and services.

BUDGET

Figure 7. Expense list for the "Getting It Right" project

"Getting It Right" Expense list for September 2014 to June 30 th 2015				
Item	Rate	Measure	number	Amount
Travel time	\$50.00	Per hour	83	\$4,150.00
Mileage	\$0.74c	Per km	548 x 13 trips	\$5,271.76
Accommodation	\$40.00	Per night	80	\$3,200.00
Interpreters	\$60.00	Per hour	18 x 2 people	\$2,160.00
Catering	\$200.00	Per session	15	\$3,000.00
Elders	\$50.00	Per person	40	\$2,000.00
Hire Car	\$250.00	Per day	5	\$1,250.00
Fuel	\$72.00	Per day	80	\$5,800.00
Parking & tolls	\$15.00	Per day	80	\$1,200.00
Postage	\$3.50	Per day	40	\$ 140.00
Printing & Stationery	\$150.00	Per session	15	\$2,250.00
Clothing – cleaning	\$21.50	Per service	9	\$ 193.50
Telephone & Internet	\$280.00	Per month	9	\$2,520.00
Total				\$33,135.26

Consultant's Hours						
	hours	rate	Purpose	True Cost	Budget	Difference
	215 (45)	\$125.00	In-home visits	\$26,875.00	\$5,625.00	\$21,250.00
	114 (45)	\$125.00	Service visits	\$14,250.00	\$5,625.00	\$ 8,625.00
	86.5 (45)	\$125.00	Planning time	\$10,812.50	\$5,625.00	\$ 5,187.50
Total	498.5(135)		363.5hrs extra	\$51,937.50	\$16,875.00	\$35,062.50

Total expenses for the CICD "Getting it Right" project to the sum of \$50,010.26

Unpaid hours for the CICD “Getting it Right” project to the sum of \$35,062.50

CONCLUSION

The “Getting it Right” project engaged with 133 Aboriginal and Torres Strait Islander community members with disabilities in the trial site of Barwon Victoria. The project achieved a significant increase in NDIS awareness amongst the community families and regional service providers. 18 community members chose not to disclose their Aboriginality or Torres Strait Islander status. This number was not added to the statistics given to the project consultant in September 2015. The rate of community participants into the NDIS during the “Getting it Right” project went from 23 participants to over 118 an increase of 413.04% in 12 months.

Much of the projects work consisted of 215 hours consulting face to face with families, working to improve disability awareness amongst service providers and engage with the staff at the NDIA to ensure cultural appropriate introductions were achieved. Families who participated in the project made the choice to sign up to the NDIS, they decided that they would take the control from others and sort out the appropriate avenues they learnt during the project. Whilst most of the learning happened in the home during the face to face sessions, families also started to engage with others in the sector to see what they offered in ways of services for their families and for the individual.

The “Getting it Right” project’s success was due to the collaborative efforts of the project consultant Jody Barney, members of the Elders group, staff at the NDIA, other key workers across services and the families themselves.