

Living Well in Yarra

Background and Issues Paper for Yarra's
Access and Inclusion Strategy 2018-24



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Introduction

Yarra is in the process of developing its generation four Access and Inclusion Strategy to assert disability rights at Council and in the community, and to bring the organisation to the forefront of inclusive practice. Much has been accomplished in this area over the years internationally, across all levels of government and within Yarra. Strong systemic advocacy (such as Every Australian Counts campaign), and civic participation of people with disability brought about sweeping social changes and national reforms. This paper explores:

1. Assertion of disability rights.
2. Experiences of people with disability.
3. Policy direction and reforms.
4. Impact of changes on local government.
5. Yarra's position on access and inclusion.
6. Community needs and priorities.

It is envisaged that the overview of the above aspects will encourage the community to engage in an informative and thorough consultation process to create the new Access and Inclusion Strategy. Based on community voice and internal commitments, consecutive Action Plans developed under this Strategy would aim at reflecting needs and aspirations of people with disability and their families, build on Council's strengths and build community capacity. This is underpinned by a principle that greater representation of people with disability across community would increase social cohesion and benefit all Yarra communities.

Assertion of disability rights

The Commonwealth and Victorian state legislation such as the *Disability Discrimination Act 1992* (Cwth), *Disability Act 2006* (Vic) and the *Charter of Human Rights and Responsibilities Act 2006* (Vic)¹, have been in place for over a decade in Victoria, and for a quarter of the century nationally.

A real difference in asserting social fairness for people with disability occurred after Australia ratified the *United Nations Convention on the Rights of Persons with Disabilities*² (in 2008). The UN Convention is focused on redressing social disadvantage with a set of standards for developing, implementing and monitoring a framework for full citizenship rights and freedoms.

Human Rights Imperative

The UN Convention and ultimately the human rights imperative rests on the social model of disability, where not an individual's impairment but the attitudes, structures and practices prevent people with disability from equality, economic participation and social inclusion. As the society's response to disability creates greater social disadvantage than impairments themselves, much effort is being placed on public policy to remove barriers to the equality of social and economic opportunities.

¹ Disability Rights Legislation – extract from ALGA, October 2016, pp. 11- 16 & 30 – 31.

² *ibid*

With the ratification of the UN Convention the Commonwealth, State and Territory governments signed in 2008 a National Disability Agreement (NDA) signifying a new, cooperative approach to the provision of specialist disability support strategies specific to each jurisdiction.

The NDA agreement was followed by nationwide consultations conducted for the purpose of developing a National Disability Strategy (NDS). Findings from these consultations are documented in the publication *SHUT OUT: The Experience of People with Disabilities and their Families in Australia* (2009).

Experiences of people with disability

The *SHUT OUT* Consultation Report documents that experiences of people with disability can be a consequence of systemic discrimination resulting from the everyday practices of government authorities, corporations, communities and individuals. The Report provides evidence that people with disability across Australia experience:

- ongoing discrimination;
- social exclusion;
- barriers to community participation;
- underfunded, grossly inadequate services;
- lack of access to education and employment;
- lack of access to accommodation,
- poor access to public transport; and
- barriers in built environment.

Similar concerns were identified in the *Parliamentary Inquiry into Social Inclusion and Victorians with a Disability* conducted in 2014.

Disadvantage is visible in many areas and some examples are outlined below.

Community participation – less than third of people with disability are involved in community groups; and only one in ten reported social connection and community participation needs met. For example, only a third of people with disability participate in sport activities compared to 80% of the general population.

It is not uncommon for people with disability aged 15 years and over to avoid social situations due to disability (i.e. 35% for women and 28% for men).

Work and economic participation – In 2012 Australia was 27th out of 29 OECD countries regarding employment outcomes for people with disability. Only 53% of people with disability of working age are employed, compared with 83% of people without disability in the workforce. Further, a third of workers with disability are in part time positions and are seeking more hours.

Having a job with regular income creates long term economic security and assists wellbeing. The incidence of a disability often impacts lifestyle of the whole family if the family provides continuous care and support. Lack of adequate income contributes to accumulated poverty. This limits participation and inclusion by restricting access to services, transport and fees based activities.

Education – economic participation is pre-determined by access to education and training. According to the ABS Census 2016 great disparity occurs in completion of

school and tertiary education among people who required assistance with the core activities such as mobility, self-care and/or communication.

Only 1 in 3 completed year 8, and 1 in 3 completed Year 12 or equivalent. Less than 27% of people with disability achieve a Bachelor degree or higher, and only half of them may gain a job on completion of their qualifications. In comparison 40% of people without disability gain higher degrees and three quarters of them gain employment.

Public Transport - this is one of the most prohibiting barriers for people with disability as many cannot afford or are unable to drive their own vehicle. Often their only option is to rely on community or public transport, or their family, friends or carers to get to school, work or community events.

Not enough accessible tram stops, poor accessibility at many railway stations, and frequently delayed wheelchair accessible taxis contribute to isolation of some people with a disability from their community.

Built environment - one of the more significant barriers to social inclusion is access to the physical environment such as buildings, roads, footpaths, parking, open spaces, etc. Access to premises and spaces is essential to improving engagement of people with disability in public events or employment.

Housing - it is vital that people with disability have access to housing which is appropriate in terms of location, affordability, accessibility and adaptability. Whilst group homes may be a preferred option for some people with specific requirements, there is often little choice in terms of location and house sharing options. Some people may not have the supports they need to live independently.

In instances where people with disability are able to afford to live alone, accessible housing is hard to find. People with a physical disability often incur extra costs of modifying their homes to ensure appropriate physical access. Housing which is close to community amenities such as public transport, medical facilities, shopping precincts and other community facilities is often unaffordable for people who rely solely on pensions or other government benefits. Being forced to live in a more remote area, away from one's regular networks, contributes to social isolation.

Progress

The national consultations exposed the magnitude and reasons behind the issues and barriers faced by people with disability in Australia. The success of extensive consultations and their outcomes influenced the direction and changes in policy and legislation, leading to the national reforms. These reforms provide a framework for empowerment, control and choice to enable people with disability and their families to lead an ordinary life.

Policy direction and reforms

The main strategic framework and policy direction for disability inclusion and service provision across Australia are embodied in the:

- National Disability Strategy;
- National Disability Insurance Scheme;
- My Aged Care reform; and
- State and Territory Disability Plans

National Disability Strategy

The *National Disability Strategy 2010 -2020* was developed to facilitate a national, cohesive response towards improving lives of people with disability, their family and carers. The Strategy envisages 'an inclusive Australian society that enables people with disability to fulfil their potential as equal citizens' (p. 8). It also recognises different needs, interests and circumstances of people with disability including type and level of support, gender and ethnic or cultural background.

In this Strategy '**Disability**'³ is referred to:

People with all kinds of impairment from birth or acquired through illness, accident or the ageing process. It includes cognitive impairment as well as physical, sensory and psycho-social disability (p.23).

The Strategy outlines the current direction of public policy to achieve the six following outcomes:

1. Inclusive and accessible communities
2. Rights protection, justice and legislation
3. Economic security
4. Personal and community support
5. Learning and skills
6. Health and wellbeing

This Strategy commits all levels of government to take responsibility for the social transformation from the welfare based approach to empowerment, equal rights and cultural, political and professional participation of people with disability for the benefit of all Australians.

Concept of equity and access

Equal rights cannot be achieved without equitable provisions. Equity can be described as fair and equitable distribution and delivery of services and processes by which fairness is achieved. Equity aims at reducing disadvantage arising from

³ The legal definition of "Disability" as outlined in the *Disability Discrimination Act 1992* includes:

- Physical
- Intellectual
- Psychiatric
- Sensory
- Neurological, and
- Learning disabilities, as well as
- Physical disfigurement, and
- The presence in the body of disease-causing organisms.

discrimination due to disability. Other intersecting aspects add to disadvantage, including cultural and language difference, literacy proficiency, age, income, geographical isolation, gender, etc.

The process of achieving equity is based on equal and fair assessment of differences and similarities among individuals, and effective removal of structural and operational barriers. These barriers may restrict people with disability from successful participation, and prevent them from benefits arising from access to social and economic opportunities.

The significance of equity and equality of opportunities is that they are beneficial for the whole society in terms of better health, safety, trust and economic progress. It is estimated that approximately 31% of Australians may have at certain times accessibility requirements⁴. Inclusive practices benefit not only people with disability but also older people, people with short term injuries, people with prams, removalists, etc.

Estimates of the 2015 ABS (Australian Bureau of Statistics) survey on Disability, Aging and Carers, indicate that 18% of all Australians have a disability. One in three people with disability have a profound or severe disability. These affect their core activities (i.e. mobility, self-care, communication).

Almost 90% of disabilities are invisible (i.e. chronic conditions, pain disorder, back injuries, diabetes, depression). 51% of people who are over 65 have a disability.

Two ground breaking national reforms known as NDIS (National Disability Insurance Scheme) and My Aged Care ultimately take the 'equalising' role in addressing equity requirements to achieve equality of opportunities for people with disability, their carers and families. These reforms complement the efforts of the National Disability Strategy in creating better access to mainstream participation by providing access to essential care, support, therapy, equipment, early intervention and training.

NDIS and My Aged Care deliver on the *Personal and community support* outcome in the National Disability Strategy. Both of these reforms are discussed in sections that follow.

National Disability Insurance Scheme

The National Disability Insurance Scheme provides lifetime insurance cover for people who are 65 and under, and who have a significant disability affecting their core activities or psychosocial functionality.

The premise of the Scheme is that a person centred approach and provision of adequate supports would enable people with disability to develop skills and capabilities to live 'an ordinary life' in terms of maximising independence, economic and social participation, and having access to life opportunities.

Eligible participants are provided with Individual Support Packages and are funded directly for reasonable and necessary supports. NDIS participants and their families gain more power and control to choose the services they require.

⁴ ALGA 2017, p.4.

Currently the rollout of the Scheme is conducted across Australia. On its completion (envisaged for 2020) about 475,000 Australians will access Individualised Support Packages.

NDIS assessment, planning, and payments are managed by the independent statutory agency - National Disability Insurance Agency (NDIA). Funding for the sector will increase from \$8 billion (before implementation) to \$22 billion by 2020 (full rollout).

LAC and ILC

Sustainability of the NDIS and positive outcomes for participants is underpinned by effective interface between NDIS and other disability services as well as the mainstream services. This is facilitated through the Local Area Coordination (LAC) and Information, Linkage and Capacity Building (ILC) services.

There are two aspects to LACs' role. On one hand they assist participants to understand and develop capacity to deal with NDIS, implement their plan, and connect with relevant community organisations. On the other hand, LACs work with mainstream community organisations to make them more inclusive of people with disability in accessing their programs, activities or services.

ILC services are designed to provide information and referrals to access mainstream services. These may include health, housing, education, employment, transport, justice, etc.

Both LAC and ILC are available to all 4.3 million people with disability in Australia. It means that anyone who has a disability may access these services, regardless of eligibility for NDIS.

Implementation Challenges

There are number of challenges with the implementation of the NDIS scheme in regard to the system operation and to the experiences of participants and their families. The key issues are outlined as follow.

Participant intake - highly compressed timeframe assigned for completion of the rollout (within the next two years) places extreme demand on transitioning of participants. Hundreds of plans need to be approved every day, along with reviews of the earlier plans.

Currently just under a quarter of eligible people have been transitioned to NDIS and on average 500 plans would have to be approved every day (in addition to reviews of previous plans), to transition all participants by 2019 -2020. Therefore, the transitioning of participants is falling behind and with the trend of 80% delivery, the rollout is likely to extend by an additional year (Productivity Commission 2017).

Supports and plans – The *NDIS Act 2013* requires development of a plan which is, directed by participant (if possible), individualised, and maximises choice and control. The planning process involves conversation between participant and NDIA to determine goals and the level of function, and then match these with appropriate services and supports. This approach aims at integrity of outcomes for participants, but also predetermines sustainability of the Scheme in terms of cost predictability, market demand for service providers, and community support for the NDIS.

However, emphasis on participants' intake shifted attention from the quality of participants' plans and compromised their integrity and outcomes. Participants need more time and assistance as they find it difficult to access information and navigate the Scheme. This reduces their choice, influence and control over their supports. Conversely, participants expressed concern about limited availability of skilled Support Coordinators, able to assist participants with complex needs.

Workforce – in order to meet NDIS needs, availability of disability workers is required to increase. It is anticipated that during the transition period over approximately 70,000 additional support workers would be required. Flexibility of workers is also an issue as more care support workers are needed at specific times of the day (i.e. early morning, mealtime, bathing) and for a few hours only.

Evidence indicates that workforce growth is lower than what is needed in both caring roles and allied health professionals. This may lead to less qualified staff delivering supports to meet the level of demand. Attraction and retention of workers is related to level of pay and working conditions. The current NDIS price cap is impacting on wage rates and may need to be revised.

Market approach – disability support service providers need to rearrange their delivery model from block funded to a fee for service market based model. Increased demand for support services requires providers to grow very quickly over the transition period. NDIA's approach to price caps resulted in providers withdrawing from some disability supports. This may have a detrimental impact on participants with complex needs.

It is of concern that the demand for services exceeds the supply causing long wait lists. This reduces choice and control and lowers competitive pressure on the market. Gaps occurred where continuity of support services was interrupted due to lack of clarity around who provides what service, particularly for non-NDIS participants. Greater government intervention is required to develop markets, regulate pricing and integrate NDIS with other services.

My Aged Care

Simultaneously to the NDIS reform, the rollout of the national Aged Care reform is taking place. The reform was introduced in July 2016 and full transition is currently scheduled for 2020. My Aged Care increases individual's choice and focuses on wellness and enablement through goal oriented and person centred care plans. It takes a centralised, uniform and standardised approach to service provision for older Australians. A single national entry screening point via My Aged Care (MAC) portal takes registration for aged care services such as CHSP (Commonwealth Home Support Program), Home Care Packages or Residential Care.

Victorian State Disability Plan

In 2015 it was estimated that 18.5% out of six million of Victorians have a disability - the third of which require assistance with core activities. At the same time primary and secondary carers in Victoria amount to 12.8% of the Victorian population. This means that over 31% of the population in Victoria is directly affected by issues of potential barriers due to a disability or due to caring for a person with disability (i.e. unpaid carers or family members with caring responsibility). Consequently, disability access and inclusion directly affect a large proportion of our community.

Victoria, together with other States and Territories has obligations to implement the National Disability Strategy and the UN Convention. The *Absolutely Everyone - State Disability Plan 2017 – 2020* is the key measure for fulfilling this responsibility.

The *Absolutely Everyone* Plan is underpinned by the principles of autonomy, opportunity, human rights, diversity and autonomy. To make real progress in achieving rights for people with disability, the Plan includes actions to deliver specific outcomes and ensure that:

- Participation in the community is aligned with people's interest and identities.
- The built and natural environment is accessible.
- People with disability are able to move around and get to the places they need to go.
- Housing is accessible and affordable.
- People with disability actively engage and succeed in education and learning; and engage in sustainable employment.
- Achieve economic independence by generating income through employment or business ownership, and participate as consumers.

The key approaches in the Plan include Universal Design, attitude change, economic opportunity, representation and rights protection. Specific actions of individual departments are allocated under four pillars - inclusive communities; health, housing and wellbeing; fairness and safety; and contributing lives.

Local governments are encouraged in the *State Disability Plan 2017 – 2020* to improve the autonomy, independence and social inclusion of people with disability. These expectations are outlined in the Ministerial Statement on Local Government.

Impact of changes on local government

The social reforms of NDIS and My Aged Care have a significant impact on the role of local government (LG) in supporting people with disability and older residents. The role of local government in regard to disability access and inclusion is explored below, followed by the implications of the reforms on the approach of local government to aged and disability services.

Role of local government

Local Government has a key role in increasing the number of people with disability participating in civic life, being included in decision making processes and being employed within local government. LG's are obliged under the Victorian *Disability Act 2006* (Section 38) to develop a Disability Action Plan and report on its implementation in Annual Reports.

Disability Action Plans⁵ are one of four plans in local government that are legislated. The other three legislated plans are the Municipal Strategic Statement (MSS), Council Plan and Municipal Public Health Plan.

⁵ Disability Action Plans are required to be developed for the purpose of:

- a) reducing barriers for persons with disabilities accessing goods, services and facilities;
- b) reducing barriers to persons with disabilities by assisting those persons to obtain or maintain employment;
- c) promoting inclusion and participation in the community; and

Councils are supported with policy development, provision of advice, representation, etc., by the Municipal Association of Victoria (MAV) - a legislated peak body for the 79 local governments in Victoria. The MAV developed a strategic framework for disability - *Creating a more inclusive community for people with disability* (2011). This framework assists local governments in meeting the requirements under the National Disability Strategy, current reforms (i.e. NDIS, My Aged Care) and the consecutive Victorian State Disability Plans.

In the report *Local government: Building inclusive communities*, MAV confirmed that '... Victorian local government collectively employs over 42,500 people, manages revenue of \$6.1 billion and is responsible for \$55 billion in community infrastructure and assets' (p. 2).

Local governments need to ensure their workforce and community reflect and represent people with disability. Councils are expected to apply inclusive practices across all areas of business and reduce disability discrimination.

The key messages in the MAV report for achieving effective practices by councils are:

1. Strong leadership from the councillors and the senior management to keep disability rights on council agenda and lead by example to influence positive attitudes.
2. Allocation of resources in council budgets and capital work budgets for accessible infrastructure.
3. Provision of disability awareness training to councillors and staff that promotes rights and builds confidence to work with and consult people with disability.

Impact of reforms

The open, competitive market based approach to service delivery under the NDIS and My Aged Care reforms will remove block funding formerly provided to councils for Home and Community Care (HACC), and for Commonwealth Home Support Program (CHSP) after the transition period. Some block funding may remain for specific service types.

However, under the My Aged Care Reforms, councils will be required to determine their service contestability in terms of quality outcomes, flexibility, workforce development and pricing. They would need to enter specific contracts and compete for customers, whilst their funding would depend on volume of delivery.

NDIS and My Aged Care require split of supports for younger people (under 65 years old) from older people (over 65 years old). Prior to the reforms, HACC services covered both groups. People who are 65 and under are in the process of transitioning to NDIS.

People who are under 65 and are not eligible for NDIS, are at this point serviced by councils under Home and Community Care Program for Young People (HACC-PYP),

funded by DHHS (Department of Health and Human Services). The future of this program is unclear after the full implementation of both reforms.

In Victoria, NDIS rollout started with the North East Metropolitan Region (NEMA), which comprises five councils including Yarra, Darebin, Banyule, Whittlesea, and Nillumbik. After consideration of different options, all five councils resolved not to become an NDIS provider.

The features of Information, Linkages and Capacity Building program, which is provided under NDIS, resemble the function of Victorian Community Building Program (CBP). For a decade, under CPB councils were receiving from DHHS funding for RuralAccess, MetroAccess and DeafAccess officer positions.

Last year, as part of the State – Commonwealth agreement, DHHS re-allocated its CBP funding to NDIA, and until July 2018 councils continue to be funded by NDIA via its ILC program. With the rollout of ILC in Victoria in July 2019, funding for these officer roles is expected to cease as it will be subject to grant applications for specific ILC projects.

Under My Aged Care reform councils are in the process of transition to CHSP (Commonwealth Home Support Program). Assessment provision is separated from the service provision to eliminate any conflict of interest. Assessment is grouped into regions to form Regional Assessment Services (RAS). After eligibility screening (via My Aged Care Gateway (MAC)) individuals are referred to a RAS for face to face home based assessment. On completion of assessment and development of a Support Plan, referral for services is made via MAC.

Although the policy on the future of home based care is yet to be fully determined (when an Independent Aged Care Legislative Review is completed), it is anticipated that a market based service delivery model, and significantly larger regions for assessment, will be established. Individual councils will need to determine their future directions in supporting older people and whether they continue to provide individual, direct services to older residents under My Aged Care.

Yarra's position on access and inclusion

Council has achieved many accomplishments in disability rights within its access and inclusion framework. Before discussing the impact of the reforms and highlights of access and inclusion at Yarra, it is important to explore incidence of disability in the municipality, and strategic direction of Council in progressing disability rights.

Incidence of disability

It is estimated that 14.8% of residents⁶ in Yarra have a disability. As indicated in Chart 1 below, out of 13,874 residents with disability living in Yarra 3,043 residents require assistance with core activities⁷, and 2,706 of residents with disability are recipients of Disability Support Pension.

Chart 1: Estimated amount of people in Yarra with a disability from multiple data sources

⁶ ABS 2015, Disability, Aging and Carers Survey.

⁷ ABS Census 2016

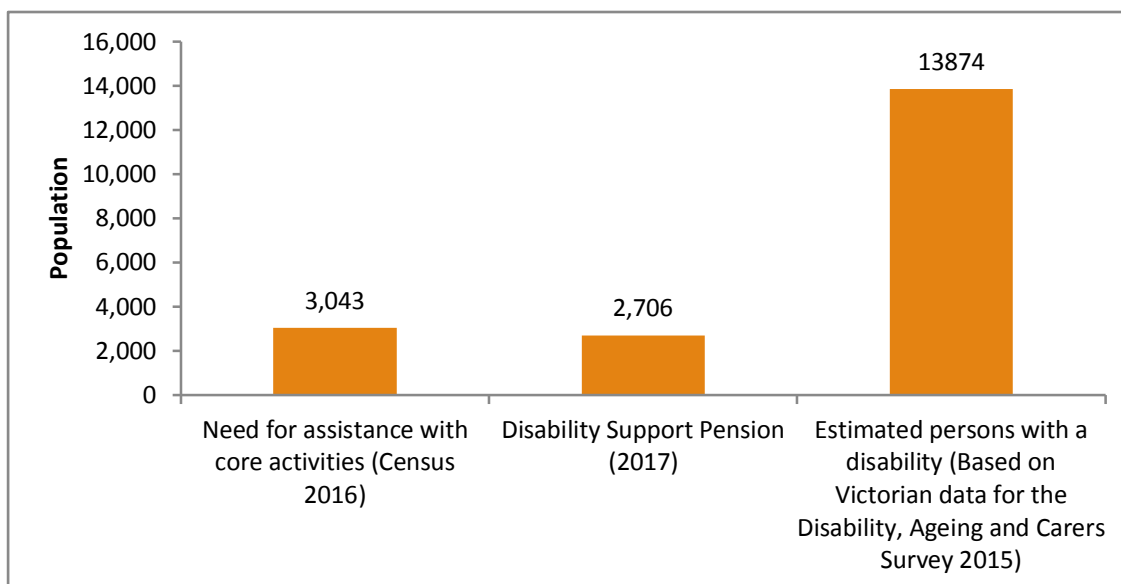
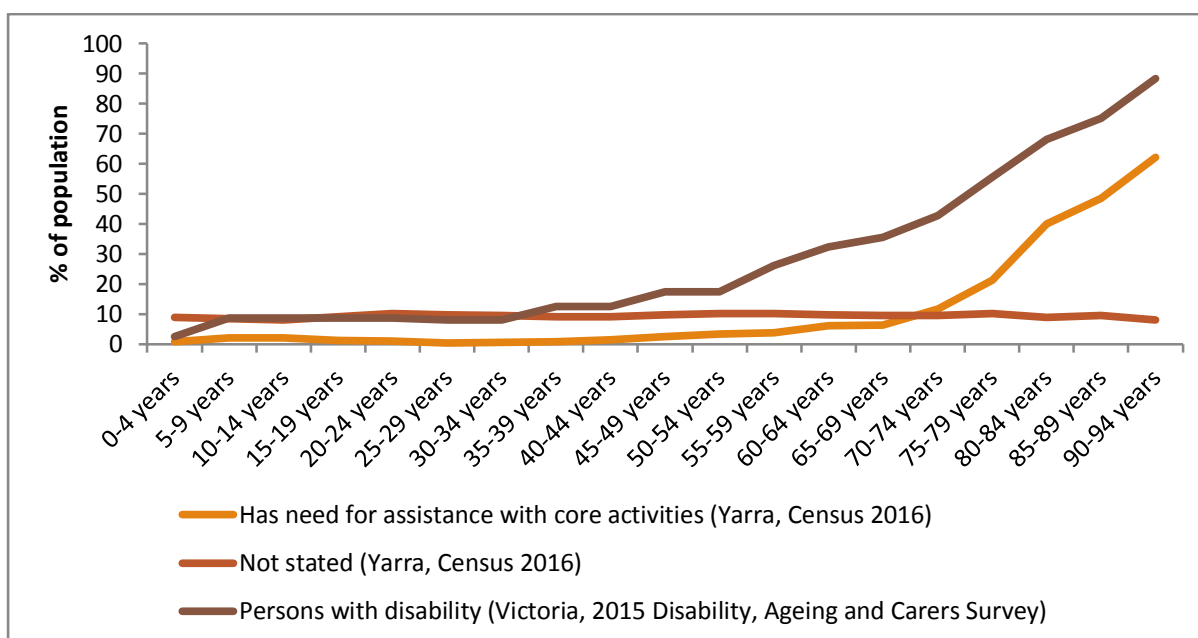


Chart 2 below specifies incidence of disability in Yarra by age groups. The Disability, Ageing and Carers survey data suggests a much higher incidence of disability among older age groups. This is primarily due to the difference in definition but also partly attributed to the high non-response rate to this question in the Census.

Chart 2: Disability as percentage of age group for Yarra (Census 2016) and Persons with disability (2015).



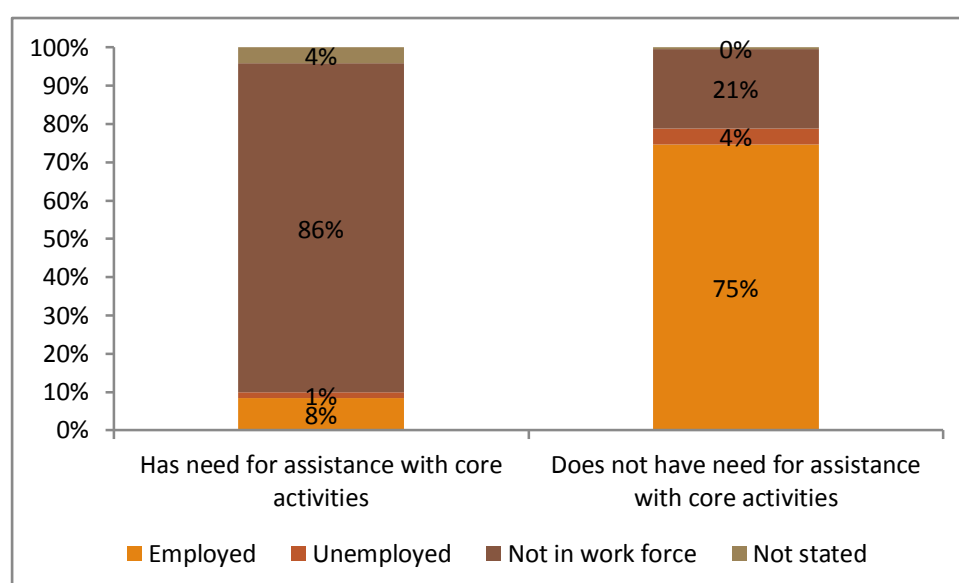
The age group percentage of Yarra residents with disability who require assistance with core activities is as follows:

- 0-14 years old constitute 2% of Yarra's population;
- 15 – 64 (working age) group also constitutes 2% of Yarra's population;
- 65+ group constitutes 20% of Yarra's population.

The percentage of persons with disability requiring assistance progressively increases between the ages of 65 to 94. At the age of 94 the percentage of females requiring assistance increases to 63% and males to 24%. This demonstrates that the majority of people with disability who require assistance with core activities are over 65 years old and outside working age.

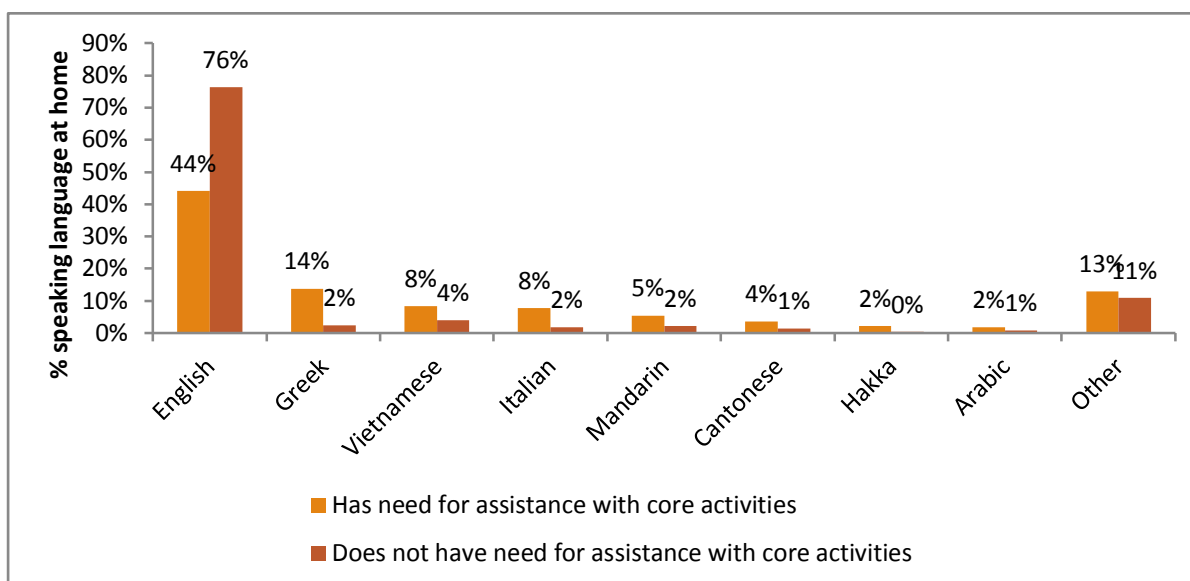
Chart 3 below demonstrates that the vast majority of working age people (i.e. 15 – 60 years old) with need for assistance are not in the labour force. Only 8% are employed as compared to 75% for people who do not require assistance.

Chart 3: Employment status comparison, working age Yarra residents aged 15-64, Census 2016



A quarter of the population needing assistance have some proficiency in English and a further 10% do not speak the English language. This is considerably higher than the population without need for assistance, with 3% and 1% respectively.

Chart 4: Language spoken at home, comparison of people with and without need for assistance in Yarra, Census 2016



As shown in Chart 4, just under half (44%) of people who have a need for assistance do not speak English at home, as opposed to 24% for people who do not need assistance. The main languages are Greek, Italian and Vietnamese, which is the same languages as for Yarra as a whole, but with significantly higher proportions for people who require assistance.

The highest rate of discrimination in Victoria, experienced due to a disability within 12 months period has affected people in the 25 - 34 age group (19.4%), followed by 35 - 44 age group (18.5%). The level of discrimination tends to decline with age, and 2.2% of people who are 65 and over reported experience of discrimination.⁸

The level of discrimination, however, is the highest among Victorians with Psychosocial disability (21%) and Intellectual disability (20.4%). All other types of disability oscillate between 9.7% and 7.30% level of discrimination.

Social disadvantage is still prevalent among people with disability. 63% of people with a need of assistance have a personal weekly income between \$1 and \$499. This group of people are more than three times as likely to live in social housing with the largest concentration of people needing assistance with core activities located in public housing estates.

A quarter of the population of people who need assistance have a low level of proficiency in the English language, and further 10% do not speak the English language.

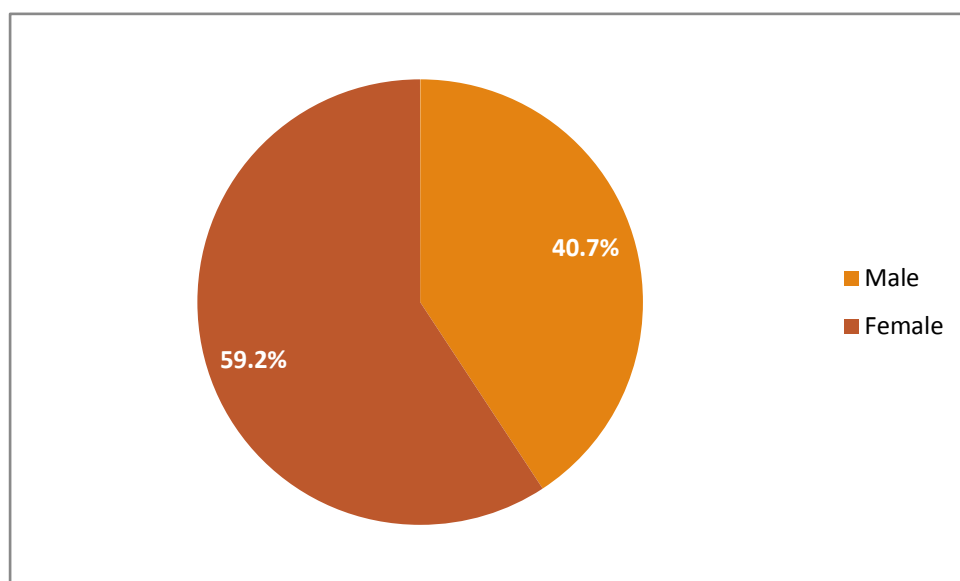
The prevailing languages among Yarra's residents with disability of non-English speaking background are Greek, Vietnamese and Italian, followed by Mandarin, Cantonese, Hakka and Arabic.

Within Yarra's small Aboriginal and Torres Strait Islander population of about 450 people, approximately 5.2% people have a need for assistance with core activities compared to 3.9% of non-indigenous population.

⁸ ABS 2015, Disability, Aging and Carers Survey

In Yarra 6752 people (i.e. 7.2% of Yarra's population) reported in the ABS Census 2016 that they provided unpaid help with daily activities to persons with disability. Majority of carers were between 40 and 65 years old.

Chart 5: Gender of carers, Census 2016



As shown in the Chart 5 above, close to 60% of unpaid carers were females. In 2017, the Carers Allowance was claimed by 559 Yarra residents. Most common relationships between carer and recipient of care are partners of care recipients (41.3%), followed by children of care recipients (29.3% - close to a third of relationship) and then parents (21% - over 1 in 5 relationships).

Yarra's approach to reforms

As of July 2016 transitioning of Yarra's clients has occurred. Two separate system of supports have been addressed under NDIS and My Aged Care.

NDIS transition -Yarra resolved not to become an NDIS provider. Council introduced measures to support existing HACC clients to transition to NDIS. These involved individual assistance to navigate change; and continuation of Yarra's services up to three months after their commencement with NDIS. At the same time Yarra has been working with the Brotherhood of St Laurence (through their Local Area Coordination role) and NDIA to ensure a smooth transition.

The transitioning was envisaged to be completed by end of August 2017, however, the process has been delayed due to the volume and complexity of NDIA's eligibility assessments, before participants could be referred to LAC and develop their plan.

Other impediments included difficulty for participants in accessing an on-line portal (myPlace) or communicating with NDIS workers. Some plans were not reflecting relevant HACC services.

On advice of the Disability Advisory Committee⁹ Council resolved to investigate opportunities for holding a regional forum to enable clients and their families to share their experiences of the rollout of NDIS in the NEMA region with an input from relevant councils, DHHS, NDIA and local LAC. General support has been expressed, although DHHS and NDIA have not confirmed their position on this matter.

My Aged Care transition - advice and support has been provided to residents about the rollout of changes and their access to the MAC gateway. At the same time Council restructured its service provision, resources and roles to comply with conflict of interest and reporting requirements during the transition period. Over the coming twelve months Council will consider its future strategic directions in supporting older people.

Access and inclusion have a strong presence in Yarra and is underpinned by Council's social justice and human rights principles.

Disability rights at Yarra

Almost two decades ago (1999) Council established a Disability Advisory Committee (DAC) as a means for direct participation of the citizens in the decision making processes. The purpose of this committee is to provide information, advice and guidance to Council at both a strategic and operational level on universal access and mainstream participation of people with disability. DAC provides ongoing support to Council in ensuring that disability rights are integrated into the core business of Council. The committee is comprised of residents who have a disability or who care for someone with disability. It is chaired by nominated councillors, and resourced by designated officers. The policy advice provided by DAC is highly valued by both - Council and the community.

Disability rights are well represented in the *Yarra City Council Plan 2017 – 2021* through a number of specific Strategies, Indicators and Initiatives. Council wants to create 'a vibrant, liveable and sustainable inner city that the community can be proud of' (p.4). Under the seven strategic objectives in the Council Plan Yarra is committed to:

- Continue to implement the National Aged and Disability Care reforms and develop new strategic directions for support of older people and people with disability (Initiative 1.2.3 - p.22).
- Improve accessibility to public transport for people with mobility needs and older people (Strategy 6.4, p. 59)
- Plan, promote and provide built form and open space that is accessible to all ages and abilities (Strategy 4.3, p. 45)
- Provide the community with meaningful and genuine opportunities to contribute to and participate in Council planning and decision making processes with a focus on young people, hard to reach and traditionally underrepresented communities (Strategy 7.5, p.65)

⁹ Information about Disability Advisory Committee can be found in the first paragraph of the section 'Disability rights at Yarra' on page 18 - 19.

- Adopt ... (new) Access and Inclusion Strategy and Action Plan; and investigate developing a Council social justice/human rights charter to better articulate Council's commitment (Initiative 2.2.2 p.30).

Under the previous *Access and Inclusion Plan 2014 – 2017* Yarra allocated a total of 61 actions over the four year period. It is anticipated that by December 2017 completion rate of about 80% will be achieved. The highlights include a Changing Places facility, Internships for tertiary students with disability, KPIs (Key Performance Indicators) for managers, Universal Design training, and an Access Ambassadors project.

At the same time council strives to overcome persistent challenges. They include accessibility of ICT (Information and Communication Technology) corporate software applications, and heritage 19th century built environment.

Access and inclusion highlights

Changing Places

Yarra has its first accredited Changing Places facility at Bargoonga Nganjin - North Fitzroy Community Hub. This facility provides a secure, clean environment for people with disability who need space and specialised equipment to use the bathroom when out and about in the community. This facility, which has recently gained a certificate of accreditation, has been delivered thanks to advice and advocacy of Council's Disability Advisory Committee, and to dedication of City Works and Assets officers.

Internships

Yarra offered four paid professional internships to tertiary education students with disability, under the *Stepping Into*¹⁰ national program (two in summer 2015/16 and two in summer 2016/17). Participating students gained practical work experience that would advance their opportunities in finding future employment. These Internship placements contributed to Yarra's confidence and capacity of creating inclusive workplace culture.

The Internships coincided with the development of Yarra's *Workplace Adjustment Policy* and the *Employee Diversity and Inclusion Strategy 2015 - 2017*.

Managers' KPIs

¹⁰ Stepping Into is national initiative operated by the Australian Network on Disability (AND). AND provides expertise to employers on equitable inclusion of people with disabilities. Yarra is a Silver member of AND and has been accessing their resources and activities for number of years.

Yarra managers attended compulsory 'Disability Competent Manager' training with emphasis on recruitment inclusive of applicants with disability; and on workplace adjustments, to build inclusive and empowered workforce.

All managers are accountable for disability access and inclusion Key Performance Indicators (i.e. Objectives) allocated in their annual Performance Plans.

Universal Design Training

The entire leadership group at the City Works and Assets attended a seminar on Universal Design (UD). They demonstrated strong interest and appreciation of the UD approach in their practice.

Access Ambassadors

In partnership with Arts Access Victoria and Yarra's Access and Inclusion team, the library service developed a library-specific disability-awareness and accessible-customer-service training program. This training was undertaken by all Yarra Libraries staff, after which two officers at each of the five library branches were nominated to become Access Ambassadors. Together they will champion accessibility throughout our libraries and be available to help people use spaces, facilities and services.

This people-focussed approach will ensure that courteous assistance is always available at our libraries and ongoing access issues are addressed effectively. In August 2016 Yarra Libraries received the Pierre Gorman Award from State Library Victoria, a grant of \$25,000, which enabled the development of this project.

Challenges

Accessible Information and Communication Technology (ICT)

Yarra needs to continue advocacy regarding the improvement of the design of software systems to make them accessible for employees who use adoptive software such as Jaws - to enable them to perform all functions of their role.

The lack of national procurement standards in Australia (for software that meet WCAG standards) has prevented employers like Council from mandating vendors supply accessible software systems.

Heritage

DAC has advocated over the years for greater consideration given to challenges arising from accessibility and heritage protection in Yarra's 19th century built environment.

Safe and equitable access to public places and heritage buildings by people with disability and older people must be considered in heritage protection.

There is a need for raising greater awareness among the professionals within the heritage field, to embrace and understand the implication of accessible heritage

buildings and spaces on social inclusion. Facilitation of workshops with an international expert in the field and with a Universal Design Facilitator is in the process of planning.

Community needs and priorities

A diverse number of issues have been identified and explored in this paper. These issues include:

Community participation - more people with disability need to be involved in decision making processes and take up leadership opportunities representing all areas of society. It is not just about freedom from constraints but freedom to grow and have influence on social advancement.

Education – strong emphasis need to be placed on education for all from early childhood through to schools, vocational training and higher degrees.

Employment - people with disability want jobs. They need access to work placements and graduate positions; and need to be enabled to continue their career development. This promotes wellness, financial security, sense of achievement and fulfilment.

Transport - greater effort needs to be made to ensure that people with disability are able to access affordable, timely and appropriate public transport to attend to venues, activities, employment or other commitments.

Built environment – whilst the public domain and large businesses are accessible to people with disability, the critical issues in terms of access to built environment include access to adequate housing and to smaller businesses that people require for their daily functions and to fully participate in an inclusive society.

The consultation phase provides the opportunity to explore these issues and identify other issues of significance to people with disability for consideration in Council's next Access & Inclusion Strategy. Council wants to continue breaking down barriers, celebrate abilities and encourage support for dignity, rights and wellbeing of people with disability, their families and carers.

Conclusion

It has been documented in this paper that the most common barriers preventing people with disability from social participation are discrimination (including unintentional discrimination), lack of awareness and poor attitudes, lack of affordability, and poor accessibility to information, services, built environment, public transport and community events. The whole of community approach is required to empower people with disability to participate, contribute and be represented in society the same way as other citizens.

Council's planning, programs and operations need to continue to strengthen the focus on creating an enabling environment for people with disability and ensure they can access appropriate support services. At the same time Council needs to support mainstream organisations to become more inclusive and develop skills and capacity to meet the needs of people with disability. Yarra needs to support its workforce,

businesses, community organisations and individuals, to view disability as a natural part of life that may affect anyone.

To this effect Yarra will conduct extensive community consultations. It strives to hear the voice of all community members who are interested in expressing their views.

Community contribution to the process of the development of Yarra's new Access and Inclusion Strategy will be sought in early February and March 2018. Submissions from the community will be invited in August 2018. The new Access and Inclusion Strategy will provide a strategic direction over the next six years in shaping Yarra as an inclusive city with welcoming communities.

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