



# **DISABILITY POLICY & ACTION PLAN 2008-12**

**Adopted 20 October 2008**

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## DEFINITION OF DISABILITY

For the purpose of the Maroondah Disability Policy and Action Plan, Council will adopt the definition of 'disability' from the Federal *Disability Discrimination Act 1992* ('the DDA').

To encompass as many people as possible within its operation, the DDA adopts a very broad-based definition of disability. Under the DDA, the term 'disability' includes:

- physical disabilities
- intellectual disabilities
- psychiatric disabilities
- neurological disabilities
- sensory disabilities
- learning disabilities
- physical disfigurement
- the presence in the body of disease-causing organisms.

Further, the DDA definition includes people who currently have a disability, or who had a disability in the past, or who may have a disability in the future (for example, a family history of a disability), or who are believed to have a disability, or who have assistance for a disability (such as a carer, interpreter, reader, helping animal or use of an equipment or aid).



## PART 1. STATEMENT OF INTENT AND PRINCIPLES

### Statement of Intent

Maroondah City Council (“Council”) is committed to making services and amenities accessible to the whole community and ensuring that its business and operations reflect and encourage inclusive practices.

Specifically, in line with the *Disability Act 2006* (Vic.) this policy aims to:

- eliminate barriers to persons with a disability **accessing goods, services and facilities**
- eliminate barriers to persons with a disability **obtaining and maintaining employment**
- contribute to a **strengthened service system** that effectively assists, empowers and supports persons with a disability and carers
- promote **inclusion and participation** in the community of persons with a disability
- achieve tangible **changes in attitudes and practices** which discriminate against persons with a disability.

### Principles

In accordance with the Australian Human Rights Commission (formerly the Human Rights and Equal Opportunity Commission) the Maroondah Disability Policy and Action Plan (‘the Plan’) is underpinned by the following principles to ensure it is effective in relation to the DDA. It:

- has a rights-based focus
- eliminates discrimination on the basis of disability in mainstream services
- ensures that people with disabilities have equal access
- addresses all barriers to access, including physical, information, communication and attitudinal barriers
- incorporates the DDA’s broad definition of ‘disability’.



## PART 2. EXECUTIVE SUMMARY

Local government is responsible for ensuring equitable access to the services, facilities and programs that it provides, and to the decision-making processes in the development of local policies and plans.

The concept of 'access' embraces many dimensions: physical access, information and knowledge, financial resources and costs, attitudes and treatment by others, and mechanisms and forums. Consequently, a whole-of-council and whole-of-community approach is integral to achieving the goal of access, equity and inclusion for all in the Maroondah community. The rights and dignity of people with disabilities are of paramount importance and can be achieved through policies and actions that maximise access for people with disabilities to the choices and decisions relating to their own lives.

Approximately one in five people in the City of Maroondah has a disability<sup>1</sup> and may require a range of support services from both Council and external service providers. This percentage is expected to rise in the coming years as the population ages and the need for support increases.

Disability affects individuals in different ways—people with a disability can experience varying degrees and areas of restrictions, and may require different levels and types of supports, or may not require any assistance or supports at all. Aids and equipment, informal and formal assistance, adequate income support programs, an accessible built environment and non-discriminatory attitudes are some of the key ingredients necessary to ensure that people with disabilities have the opportunities to fully participate in community life.

People with disabilities can face barriers and disadvantages in many facets of their lives. Although physical barriers continue to pose major obstacles, recent activities by all sectors have led to incremental improvements in accessibility within the built and natural environments. However, people with disabilities also experience

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<sup>1</sup> Synthetic estimates from the 2003 ABS Disability, Ageing and Carers Survey, coupled with 2004 population projections, suggest that, in 2008, approximately 22% of Maroondah residents have a disability. This is slightly higher than the estimate of 21% in metropolitan Melbourne. (VLGA Social Statistics)



disadvantages in other areas of life including housing, employment, education, transport, services, financial sufficiency and civic participation. These often inter-related disadvantages can significantly restrict their full participation and contribute to their marginalisation.

Carers have a vital role in providing assistance and support for people with disabilities. However, the ageing of the Australian population, longer life expectancies and lowered fertility rates, together with a number of other social and economic factors, are likely to lead to a critical supply shortage in carers over coming decades. To ameliorate this predicted shortfall, there needs to be adequate holistic planning and political, financial and workplace supports, along with a well-resourced, complementary and high quality service system.

The plethora of legislation, policies, plans, regulations and evidence at the international, national and state levels indicate that there is a growing recognition of the importance of and need for collective responsibility to actively support people with disabilities. The United Nations Convention on the Rights of Persons with Disabilities, the Commonwealth *Disability Discrimination Act 1992* and the Victorian *Disability Act 2006* formally recognise the rights of people with disabilities and provide a sound framework for equity, access and inclusion for all in the City of Maroondah.

Twenty-nine strategies were identified in the Maroondah Disability Policy and Action Plan 2001. These strategies set out a plan for Council, key stakeholders and the Maroondah community to work towards achieving the stated goal of full access and equity. The list of the recent initiatives that have been undertaken at the national, state and local levels is extensive and these initiatives have brought about noticeable improvements at the local level. However, ongoing joint commitment, planning, engagement and action are necessary to build on the momentum and positive outcomes achieved thus far to further the realisation of a fully equitable, accessible and inclusive community.

The Maroondah Disability Policy and Action Plan 2008 has been developed collaboratively, in partnership with Council, the community, service providers and key



stakeholders. It builds on the initiatives and accomplishments of the Maroondah Disability Policy and Action Plan 2001.

The aim of the Disability Policy and Action Plan is to facilitate the inclusion, empowerment and independence of people with disabilities in Maroondah consistent with, and acknowledging the requirements of the *Disability Discrimination Act 1992* (C'wlth), *Equal Opportunity Act 1995* (Vic.), *Charter of Human Rights and Responsibilities Act 2006* (Vic.), the *Building Act 1993* (Vic.) and Council's vision and mission statements.

Council recognises that disability planning is about more than just the service system; it is also about supporting positive social connections in the community and forging strong partnerships.

A research and evidence-based approach has informed the objectives and actions in the Maroondah Disability Policy and Action Plan.

In April 2007 Access Audits Australia (AAA) was commissioned by Council to engage the community in a review of Council's Disability Policy and Action Plan. This was in addition to consultation previously undertaken by Council. The aim of the consultation process was to provide an opportunity for a range of key stakeholders in the Maroondah community to input into the updated Plan.

A range of consultative strategies were implemented including surveys, forums and one to one interviews. The results of this consultation, in line with the findings of state and local area data relating to disability issues, have been amalgamated and defined in this Plan.

Council has had a long-standing commitment to addressing disability access issues in a number of ways. The review of the 2001 Disability Policy and Action Plan has now identified specific Strategic Directions that can be further explored and prioritised for action.



These eight Strategic Directions are:

- Communication, Information and Advocacy
- Carers
- Participation and Inclusion
- Physical and Built Environment
- Community Attitudes and Awareness
- Mental Health
- Transport
- Support, Resourcing and Training.



## PART 3. ABOUT THE PLAN

The objective of the Plan is to ensure that Maroondah City Council is more responsive to its obligations under the DDA and to the access requirements of people who live in, work in and visit the City of Maroondah.

### Methodology

The Plan draws together the findings of literature reviews, demographic data and the contributions from community members, service providers, community groups, State Government departments and Council officers.

The consultation program involved a range of engagement processes, including:

- Community survey – Survey was available online and in hard copy and 36 completed surveys were received.
- Service Provider survey – Surveys were distributed to over 200 service agencies by post and 31 completed surveys were received.
- Service Provider workshop<sup>2</sup> – 23 participants from service agencies in and around Maroondah attended the two-hour workshop on 10 October 2007.
- Council officer workshop – 18 Council officers from various Council service areas attended the two-hour workshop on 9 October 2007.
- Interviews<sup>2</sup> – Targeted interviews were held with 5 residents and service providers.
- Disability Forum workshop – Small group discussions were undertaken at the Maroondah Forum for People with Disabilities and Carers on 5 August 2008.
- Public exhibition – The draft document was placed on exhibition from 19 August to 16 September 2008 for public comment.

An open Community Forum scheduled for 20 October 2007 was subsequently cancelled due to a low response rate.

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<sup>2</sup> Appendix A lists the participating service providers, community groups and other organisations.



## **About the Policy and Action Plan**

The Plan is divided into six Parts:

Part One: Statement of Intent and Principles

Part Two: Executive Summary

Part Three: About the Plan

Part Four: The Broad Policy Framework

Part Five: Council's Policy Framework. Role and Past Achievements

Part Six: Research Findings

Part Seven : Strategic Directions and Actions, 2008 to 2012.

## **Communication and Implementation**

Following final adoption by Council, the Plan will be lodged with the Australian Human Rights Commission pursuant to section 67 of the DDA.

Further, the Plan will be thoroughly communicated to Council employees by Council's Community Planning and Development Unit and through Disability Awareness Training, supported by Directors and Managers. The Plan will also be made widely available to the community in a range of formats.

## **Monitoring, Reporting and Review**

The Council Staff Disability Policy Steering Group (to be established, see Action 8.1) will meet at least three times a year to monitor the implementation of the Plan. This will inform the refinement of current actions and the development of further short to long-term actions for access and equity in Maroondah.

In accordance with s.38(3) of the *Disability Act 2006*, Council will report on the implementation of the Plan in its annual reports. Council will review the Plan in 2012, or earlier if there are significant legislative changes.



## **Acknowledgements**

Council gratefully acknowledges the many individuals and organisations who offered their time, expertise and contributed valuable input to the development of the Plan. Specific appreciation is extended to the residents, service providers, individual professionals, local networks, and families.



## PART 4. THE BROAD POLICY FRAMEWORK

The following table provides a summary of the numerous Federal, State and regional legislation, policies, standards and strategic or action plans that have noteworthy bearing on disability at the local level.

Level	Name of Document	Type of Document
Federal	Disability Discrimination Act 1992	Legislation
Federal	Disability Services Act 1986	Legislation
Federal	National Mental Health Plan 2003	Plan
Federal	Disability Standards for Accessible Public Transport (2002)	Standards
Federal	Disability Standards for Education (2005)	Standards
Federal	National Standards for Disability Services (1993)	Standard
Federal/ State	Commonwealth State/Territory Disability Agreement (the new CSTDA is under development)	Agreement identifying funding arrangements & roles/responsibilities
State	Growing Victoria Together: A Vision for Victoria to 2010 and Beyond (2005)	Plan
State	A Fairer Victoria: Strong People, Strong Communities (2008)	Plan
State	Charter of Human Rights and Responsibilities Act 2006	Legislation
State	Equal Opportunity Act 1995	Legislation
State	Disability Act 2006	Legislation
State	Mental Health Act 1986	Legislation
State	Victorian State Disability Plan 2002-2012	Plan
State	New Directions for Victoria's Mental Health Services (2002)	Plan
State	Melbourne 2030 (2002)	Policy/Plan
State	Linking Melbourne; Meeting Our Transport Challenges (2006)	Plan
State	Accessible Public Transport in Victoria - Action Plan 2006-12	Plan
State	Building Act 1993	Legislation
Eastern Region	Eastern Regional Housing Statement (2006)	Plan



In summary, current government policies and actions in Australia are characterised by a number of common features:

- A rights-based model
- An holistic and integrated approach
- A broad definition of disability
- That discrimination on the basis of disability, either towards the individual with the disability or an associate of the individual, is unlawful
- Inclusion and participation of people with disabilities in the community
- Dignity for people with disabilities to make decisions and choices about their own lives
- Equality in access to services, facilities, infrastructure and opportunities
- Accountability of services to service users
- High quality care in the community
- A whole-of-government and whole-of community approach.



## PART 5. COUNCIL'S POLICY FRAMEWORK, ROLE AND PAST ACHIEVEMENTS

### Council's Policy Framework

Fundamental to the implementation of Council's roles and responsibilities is the planning framework. The framework that underpins the development of this Plan and will also guide its implementation include:

- Maroondah 2025: A Community Planning Together
- Maroondah City Council Plan
- Health, Safety & Wellbeing Plan (Municipal Public Health Plan)
- Maroondah's Municipal Strategic Statement.

Each year Council undertakes a strategic review of its Council Plan. The Council Plan articulates the strategic direction and priorities of Council for the next four years. The Council Plan and other strategies, plans and policies have informed the development of the Maroondah Disability Policy. The relationship between the Council Plan and other key Council strategies related to the Disability Policy and Action Plan is outlined below:



## **Maroondah 2025**

Maroondah 2025 is the driving force for Maroondah's Strategic Planning Framework.

The vision for the Maroondah community is:

*Maroondah will be a vibrant city. It will have an active community, a strong local economy and a diverse cultural life in a prosperous and sustainable environment,*

Council ensures that all developed strategies and plans continue to respond directly to the values and aspirations articulated by the community.

The Maroondah 2025 vision covers every aspect of life within the municipality. Specific references to people with disabilities are included in five of the six key themes:

### **COMMUNITY**

- *Provide support for people with a disability and older adults and their carers, particularly respite care and opportunities to socialise.*

### **LEISURE AND CULTURE**

- *Improve access for community members with disabilities*
- *Provide facilities and activities which encourage involvement and inclusion of people with a disability and their carers.*

### **URBAN DESIGN AND DEVELOPMENT**

- *Improve urban and building design to accommodate members of the community with disabilities.*

### **TRANSPORT**

- *Improve the accessibility and safety of transport for people with disabilities.*

### **ECONOMIC DEVELOPMENT AND EMPLOYMENT**

- *Improve access to employment for people with disabilities.*

## **Council Plan**

The commitments specified in the Maroondah City Council Plan 2008-12 that are directly relevant to disability:

- *Continue to implement the MetroAccess project.*



- *Commence community consultation on the redevelopment of the Disability Action Plan.*
- *Implement the Essential Services requirements for all Council buildings in accordance with the Building Regulations and Disability Discrimination Act.*

## **Health, Safety and Wellbeing Plan**

The Maroondah Health, Safety and Wellbeing Plan contains four key goals that have objectives relevant to people with disabilities. These goals and objectives include:

<b>HSW Plan Goal</b>	<b>Key Objectives</b>
Promoting a Safer Community	<ul style="list-style-type: none"> <li>▪ Explore safety issues impacting on specific target groups.</li> </ul>
Supporting Healthy Lifestyles	<ul style="list-style-type: none"> <li>▪ Increase social connectedness of vulnerable groups.</li> <li>▪ Promote physical activity amongst the least active.</li> <li>▪ Promote positive physical and mental wellbeing.</li> </ul>
Enhancing Community Connections	<ul style="list-style-type: none"> <li>▪ Explore, develop and implement appropriate transport strategies in relation to the socially isolated.</li> <li>▪ Increase the range of opportunities in relation to social networking.</li> <li>▪ Explore opportunities to enhance existing social connection initiatives</li> <li>▪ Increase promotion of, and involvement in, local arts, cultural and social events and programs.</li> <li>▪ Improve/Explore avenues for information dissemination to the socially isolated.</li> <li>▪ Conduct a disability audit.</li> </ul>



<b>HSW Plan Goal</b>	<b>Key Objectives</b>
Protecting and Improving our Environment	<ul style="list-style-type: none"> <li>▪ Provide a range of safe and accessible local infrastructure.</li> <li>▪ Promote benefits of pet ownership as a strategy to lessen social isolation.</li> <li>▪ Enhance the natural environment to support increased physical, recreational and social activity for children with a disability and their families/carers.</li> </ul>

### **Municipal Strategic Statement (MSS)**

Council's MSS contains a number of objectives and strategies that have relevance to people with disabilities in Maroondah. These include:

<b>MSS Clause</b>	<b>Objective/Strategy</b>
21.04-3 Transport and Accessibility	<ul style="list-style-type: none"> <li>▪ Improve the level of access to public transport services within Maroondah and facilitate improvements to facilities associated with public transport nodes.</li> </ul>
21.06-3 Open Space	<ul style="list-style-type: none"> <li>▪ Ensure that development of housing for older people and people with a disability occurs in a manner that enables easy access to public open spaces by methods other than private motor vehicles.</li> <li>▪ Provide for community involvement in the planning and management of Maroondah's open space network.</li> </ul>
21.08-3 Residential Land Use	<ul style="list-style-type: none"> <li>▪ To maintain and enhance the mix of housing types and residential densities to cater for the changing profile of the population.</li> <li>▪ To ensure the provision of responsible and sustainable housing stock in terms of design, construction, building materials and siting criteria.</li> </ul>



In addition to the overarching strategies described above, the following Council policies and plans also have relevance to disability, participation, equity and access in the municipality.

- Healthy Ageing, Healthy Future Plan 2007-12
- Early Years Plan 2005-10
- Community Engagement Policy 2008 (to be adopted)
- Council Grants Policy (under development)
- Integrated Transport Strategy 2006
- Public Footpath Trading Policy 2007
- Open Space Strategy 2005
- Croydon Town Structure Plan
- Maroondah Pedestrian Strategy 2007
- Asset Management Plans
- Equal Opportunity Policy 2006 (internal policy)
- Recruitment and Selection Policy 2007 (internal policy)
- Employment of Persons with a Disability Policy 2006 (internal policy)
- Privacy Policy 2002 (internal policy).

## **Council's Role in Equity and Access for All**

In Victoria, there is a growing number and range of support services for people with disabilities, their carers and families and for organisations and individuals working in a professional capacity with this particular target group. Services and programs for people with disabilities are delivered by each tier of government, non-government and private organisations and there are often, although not always, high levels of linkages within this service network.

Likewise the funding arrangements and regulations are complex and can be the responsibility of a mix of one or more levels of government and/or non-government operators. Each State has a different model of service provision. In Victoria, local councils play a significant role in the direct provision of services and/or facilities,



advocacy and support, planning and engaging the community in participation, and development in relation to accessibility and inclusion.

Maroondah City Council has a broad role in the disability sector, as outlined below:

- Planner - Participation in service co-ordination, networking, policy development, research and analysis and recommending appropriate directions.
- Resource Provider – Provision of buildings and/or infrastructure as required for the municipality and wider region where appropriate.
- Service Provider - Delivery of community services required for the municipality and wider region where appropriate.
- Advocate and Support - A key role identifying and advocating for the needs of the community to all levels of government and private industry as appropriate.
- Community Strengthening – Coordinate and encourage inclusive practices towards community empowerment.

	Resource Provider	Service Provider	Advocate & Support	Planner	Community Strengthening
Access and Equity	✓	✓	✓	✓	✓
Community Arts and Festivals	✓	✓	✓	✓	✓
Community Safety			✓	✓	✓
Community Grants	✓				✓
Employer	✓	✓		✓	
Leisure Facilities	✓	✓	✓	✓	✓
Library Services	✓	✓	✓	✓	✓
Life Stage Planner				✓	
Maternal and Child Health	✓	✓	✓		✓
MetroAccess			✓	✓	✓
Municipal Health Plan				✓	✓
Neighbourhood Houses	✓		✓		✓
Networks			✓		
Open Space & Playgrounds	✓	✓		✓	✓



	Resource Provider	Service Provider	Advocate & Support	Planner	Community Strengthening
Policies				✓	
Public Health	✓	✓	✓	✓	
Respite Services		✓	✓		
Toy Libraries	✓		✓		

## Highlights from the Maroondah Disability Policy & Action Plan 2001

Like the original plan, the Disability Policy and Action Plan 2008 is a concise report that documents strategies and highlights the role that Council will play in planning, providing, purchasing, capacity building and/or advocating for people with disabilities and their families and carers in Maroondah.

However, there has been a significant change in the process and development of the Plan with Council policy development shifting to a planning framework based on a Social Model of Health. In the past six years, the State Government has focussed heavily on the recognition that Local Government has a unique capacity to influence the health, safety and wellbeing of its community particularly through the four environmental dimensions of health: social, economic, built and natural. The acknowledgment of these dimensions in the development of the Maroondah Disability Policy and Strategic Directions, has contributed to:

- Informed strategic planning undertaken by local governments
- Development of a partnership approach that will enable more effective contributions to other planning processes
- Reduction of duplication of planning efforts at the local level
- Development and implementation of the tools for working across a wide range of additional regional and local plans, including community health plans
- Creation of the supportive conditions for improving community health, safety and wellbeing
- Improvements in health, safety and wellbeing through health promotion interventions that address the many social, cultural, environmental, biological, political and economic determinants of health.



It is important to reflect on the achievements of the implementation of the Disability Policy and Action Plan 2001. This recognition will ensure continuous improvement as Council in partnership with stakeholders work towards a more focussed, integrated, coordinated and improved disability service system for children and their families.

Since the adoption of the 2001 Policy and Plan, a host of projects and initiatives that are not directly related to the actions identified in the Action Plan, but are nevertheless complementary and consistent with the policy statements and priorities, have been commenced. Some projects have been completed (signified by an asterisk \* in the following list) and others are yet to be completed or are ongoing.

### **Internal (Council) projects**

- Survey of the training needs of Council employees on disability and access\*
- Access Awareness Training program
- Access & Inclusion Capital Works Program
- Access & Inclusion Reference Guide\*.

### **Infrastructure projects**

- Wyreena/SCOPE Access Project (access to facilities and programs)\*
- Access improvements to the Karralyka Centre\*
- AMazing Space – all access play environment at Federation Estate\*
- Access 4 All 2 Play (accessible playgrounds)\*
- Access improvements at the Ringwood Aquatic Centre (paramobility hoist\* and adult change facilities)
- Access audit of community centres and development of improvement plans
- Access upgrades to various Council facilities and infrastructure (including pedestrian paths, roads, crossings, car parks, public toilets, bus stops)
- Installation of a Liberty Swing at Ringwood Lake.

### **Information projects**

- Scoot Wheel 'n' Move project – development and distribution of the 'Maintaining Your Mobility in Maroondah' booklet\*



- Mobility and Way-Finding Strategy\*.

### **Engagement, Participation and Capacity Building projects**

- Engagement of MetroAccess Coordinator\*<sup>3</sup>
- Volunteer Incentive Program (Sports and Recreation)\*
- Diversity Discovery Day – July 2005\*
- Open Door Project (improving practices of Neighbourhood / Community Houses to increase the inclusion of people with disabilities)\*
- Systemic Advocacy Project\*
- Scoot Wheel 'n' Move project – Maroondah Mobility Access Expo 2006\*.

### **Projects to improve access to shops and other local businesses**

- Assistance Animal Project\*
- Large Print Business Card
- Scoot Wheel 'n' Move project – access improvements at local shopping centres
- Footpath Trading Policy\*
- Recharge Program.

### **Transport Projects**

- Advocacy for improved taxi access\*.

### **Other Initiatives/Projects**

- Affiliation of some Council services with and promotion of the Victorian Companion Card\*
- MetroAccess information sharing
- Involvement in various local, regional and statewide networks.

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<sup>3</sup> MetroAccess is an initiative of the Victorian Department of Human Services. MetroAccess officers are based at Council and provide a comprehensive response to key issues facing people with disabilities which prevent their full inclusion in community life. MetroAccess officers work towards this goal by engaging stakeholders, strengthening the capacity of local disability supports, community education/awareness, undertaking projects and assisting in policy development.



## Summary of Key Achievements in Maroondah

Prior to the State Government's MetroAccess initiative, Council's actions relating to disability and access have been largely constrained by limited funding and resources. However, since the inception of MetroAccess in Maroondah and the resulting shift in focus towards inclusive approaches, there has been significant progress at the local level.

Based on a model of inclusiveness, participation and empowerment, Council's recent actions have focused on:

- Improving physical access (eg upgrades to bus stops)
- Delivering universally accessible programs and events (eg Croydon Leisure Centre upgrades)
- Creating opportunities and forums for people with disabilities to actively participate in decision making (eg targeted consultations with people with disabilities, families and carers)
- Empowering people with disabilities to participate in decision making and the life of their local community (eg Systemic Advocacy Project)
- Providing information to both people with disabilities and the wider community (eg Forum for People with Disabilities and Carers)
- Enabling the broader community to provide greater supports to people with disabilities, their families and carers through strengthening community awareness and capacity (eg Diversity Discovery Day).



## **PART 6. RESEARCH FINDINGS**

### **Population Profile – Data from the 2006 Census**

#### **Maroondah Residents**

The main distinguishing features of Maroondah compared to the overall metropolitan Melbourne Statistical Division include:

- A higher proportion of Australian-born residents
- A higher proportion of residents who mainly speak English at home
- Proportionally more detached/separate dwellings
- More households that fully own their home
- A lower unemployment rate
- A far higher percentage of residents with a Certificate level qualification or higher.

#### **People With a Disability**

The 2006 ABS Census is the first Census to capture data relating to the number of people who have a profound or severe disability, or who care for a person with a disability.

People with a profound or severe disability were defined as those who reported a need for assistance in one or more of the three core activity areas of self-care, mobility and/or communication due to a disability, a health condition lasting six months or more, or 'old age'. The 2006 Census reveals the following<sup>4</sup>:

- There were 4,112 people in Maroondah who required assistance with one or more core activities. This represents 4.3% of the total population.
- The need for assistance increases with age. While less than 2% of people aged under 45 years require assistance with a core activity, this percentage increases to 2.5% in the 45 to 54 year age group, 20.6% in the 75 to 84 year age group, and 58.6% in those aged 85 years and over.

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<sup>4</sup> Due to the Census undercount and other related factors, the Census statistics are likely to be highly conservative in relation to disability prevalence.



- There are a higher proportion of children and young people who require assistance compared with metropolitan Melbourne (this difference is most notable in the 20 to 24 year age group). Additionally, a far higher proportion of Maroondah residents in the oldest age group (85+ years) require assistance (58.6% in Maroondah compared with 53.5% in Melbourne).
- The gender imbalance in disability rates is most biased towards women in the 75 to 84 years age group, who are 36% more likely to need assistance than men their age; those aged 85+ years are 22% more likely to need assistance.
- By 2031, the 55 years and over population of Maroondah is projected to grow by 118% (an overall increase of nearly 23,000 persons) to comprise over one-third (37%) of the total population in the City.
- The combination of increased longevity and number of people of older age will result in greater numbers of people with disabilities and therefore, a greater volume of demand for services for people with a disability in Maroondah in the future.

## **Carers**

According to the 2006 Census, 11.3% of people aged 15 years and over in Maroondah reported providing unpaid assistance to a person with profound or severe disabilities.

The ratio of carers to people who need assistance also gives an indication of the need for formal carer services and supports. Overall, there are 8,315 carers in Maroondah for 4,112 residents needing care, a ratio of 2 to 1.

- Females aged 45 to 64 years are the largest group of informal carers.
- The proportion providing care is highest amongst those aged 55 to 64 years (18%).
- Overall, a higher proportion of females than males provide unpaid assistance (13% of women provide assistance compared with 9% of men). This gender bias is particularly pronounced in the middle age range (35 to 54 years).



## Findings from the Literature Review and Consultations

The following are the key issues and statistics in relation to disability in Victoria and the City of Maroondah identified in the literature review and community consultations. Unless otherwise stated, the statistics included are drawn from the Australian Bureau of Statistics (ABS) 2003 Disability, Ageing and Carers Survey.

### Need for Assistance

Just under two-thirds (64%) of all people with disability in Victoria require assistance in one or more key activity areas.

- (34%) of people with disabilities required assistance for property maintenance.
- One in three (29%) needed help with health care activities.
- One-quarter (25%) required assistance with housework and/or transport.
- Approximately half the people with disabilities in Victoria use one or more aids/equipment to assist in daily tasks.

### Types of Service Providers

Friends, family and neighbours provide an invaluable source of help and support for many people with disabilities.

- The vast majority of people with disabilities (86%) receive assistance from these informal service providers.
- Approximately three out of five (62%) receive assistance from formal service providers.
- In all of the major activity areas except for health care, more people draw on informal sources for assistance than on the formal service providers. This discrepancy is particularly notable in certain activity areas such as transport, mobility, property maintenance, self care and paperwork.
- Partners (39%) and adult children (26%) are the most common informal service providers.
- Of the three types of formal service providers, approximately one-third of people requiring assistance receive services from private commercial organisations (37%) and/or government services (33%). Private non-profit organisations provide assistance to 9% of people with disabilities.



## **Major Challenges for Service Providers**

There are a number of challenges for service providers including:

- An increasing need for services due to the growing number of people with disabilities, older adults and greater numbers of people with a disability living in the community rather than in institutional settings
- A greater reliance on formal assistance as the main group of carers in the community grows older, as well as the changing age structure of the population which results in a diminishing ratio of younger people (potential carers) to older people (those more likely to require care)
- The limited resources available to service providers which can have a major impact on the quality, capacity and sustainability of disability services as well as the increasing difficulty in recruitment and retention of skilled and qualified staff
- Additional costs associated with insurance, equipment (for example, lifting equipment) and environmental modifications in order to ensure that services are accessible and appropriately resourced
- As life expectancy increases and the population ages, the complexity of needs and number of people with multiple disabilities is likely to rise and place greater pressures on services to offer longer term and more intensive supports
- The increased cost of service delivery for both government funded disability services and community support services that are not adequately funded.

## **Carers**

In 2003, there were more than 690,000 carers in Victoria or 14% of the total population. Specific information includes:

- Carers were mostly aged 35 to 64 years (55% of all carers), two thirds (66%) of primary carers fell into this age bracket
- 41% of carers provide at least 40 hours of care a week for a person with a disability that lives in the same household
- The majority of carers cited family/emotional obligation as a reason for their provision of care
- 36% took on the role in order to provide 'better care'



- 6 out of 10 (61%) primary carers in Australia were not in the labour force and had reduced their work hours in order to take on the caring role
- Majority of carers (87%) in Australia had never used respite care and 62% stated that they had no need for such a service
- 17% of the primary carers surveyed reported a need to use or have further access to respite care services
- In the SANE Australian 2007 survey, 70% of the carers providing care for a family member with mental illness had never received formal training or education to help them in their caring role, and over half (54%) had never accessed carer support services.

Given the changing demographic and lifestyle trends in Australia, there are serious concerns about the future supplies of carers. Therefore ensuring that there are adequate social, economic and environmental supports to enable and encourage people to take on the carer role in the future will be critical.

### **Access**

The concept of access is not limited to physical accessibility, but extends to ensuring there are real opportunities for people with disabilities to participate in all facets of community life, education, citizenship, the labour market, planning and decision making.

Nevertheless, physical access continues to pose a major barrier for people with disabilities. However, there have been gradual improvements to physical access, particularly access in public buildings, facilities and public spaces. These improvements have been largely facilitated by the introduction of legislative and regulatory requirements, growing community awareness, advocacy and the increasing recognition of the value of universal access or 'access for all'.

### **Education**

People with disabilities experience significant disadvantages in terms of educational attainment including:

- People with disabilities are far more likely than people without disabilities to have never attended school or to have attained Year 8 level or lower, and far less likely to have completed Year 12



- Fewer people with disabilities than people without disabilities have attained a post-school qualification, particularly a university degree
- The correlation between the lack of a post-school qualification and higher long term unemployment rates suggests that people with disabilities are often at a substantial disadvantage in terms of employment.

## **Employment**

Paid employment not only provides financial benefits for people, but can also affect their sense of self-worth and identity, quality of life, and lifestyle and consumption choices. Statistics from the 2003 ABS survey confirm the following:

- A far lower labour force participation rate among people with disabilities (aged 15 years and over) (55%) compared with the rate among people without disabilities (81%)
- People with disabilities who are working are less likely than those without disabilities to be employed on a full time basis (59% of people with disabilities in the labour force were employed full time in 2003, compared with 66% of people without disabilities)
- People with psychiatric disabilities are the least likely to be participating in the labour force and, if they are employed, are more likely to work on a part time basis.

The National Inquiry into Employment and Disability in 2005 concluded that people with disabilities face more barriers to participation and employment than many other population groups.

## **Income and Economic Costs of Disability**

There is a strong link between the presence of a disability and a low income as follows:

- Government pensions /allowances form the most common source of personal income for people with a disability (53%)
- 11% of people with a disability derive their main income from a source other than pensions/ allowances
- In 2003 only one quarter of people with a disability in Victoria received their principal income through wages/salary.



## **Housing**

Housing options and related issues identified in the literature review include:

- The vast majority (73%) of people with disabilities in Victoria live in a private dwelling with other people
- Another one-fifth (20%) live alone in a private dwelling and 2% live in a retirement village (these can be either private or non-private dwellings)
- Only 7% of people with disabilities live in non-private dwellings (such as nursing homes, hostels, caravan parks, rooming houses, motels, etc)
- People with disabilities are much more likely to live in non-private accommodation than people without disabilities
- People with mental illness are particularly vulnerable to homelessness. Financial hardship is often the main barrier to securing stable private accommodation and there is a shortage of appropriate long-term supported accommodation.
- Physical access within and to private dwellings remains a significant issue and many dwellings have had to be retrofitted in order to enable physical access for people with disabilities. Retrofitting of houses is often expensive, particularly if it involves significant structural changes.
- The limited supply of accessible and affordable housing in Victoria can severely restrict the housing options of people with disabilities. The projected increase in the number of older people and people with disabilities will further compound the current supply shortage, and the need to increase the supply of accessible housing was identified as a priority issue in the 2007 A Fairer Victoria.

## **Transport**

Access to transport is essential to participation in community and recreational activities, employment and education, access to services, maintaining social connections and performing tasks of daily living such as buying groceries and attending medical appointments. In relation to transport:

- Approximately three-quarters (74%) of people with disabilities in Victoria have a current driver's licence
- Two out of five (40%) people with disabilities reported needing assistance with private transport



- Public transport, community transport and taxi services offer alternative forms of travel; however, such transport can sometimes be physically difficult to access, confusing to understand or use, unaffordable or simply not available
- 40% of people with disabilities in Victoria use public transport. Of the remaining 58% of people with disabilities who do not use public transport, 85% reported that public transport in the local area was available and this suggests that lack of availability is not the main reason for non-usage
- Three in ten (30%) people with disabilities have difficulties using public transport. The main difficulties were associated with physical access (getting to stops/stations and getting into/out of vehicles or carriages).

### **Civic Participation**

People with disabilities are often marginalised from wider community life and decision-making mechanisms and processes. The direct and active involvement of people with disabilities is important, not just from a rights-based perspective, but also to ensure that services can more effectively meet customer needs.

However, people with disabilities often encounter numerous barriers to civic participation. Such barriers can be systemic, organisational or individual. Through exploring diverse and innovative models of engagement, alongside addressing attitudinal and structural barriers, people with disabilities can have greater and more practical opportunities to actively participate. For example, many local governments in Victoria have established specific mechanisms or forums as a means of engaging local residents with disabilities.

### **Public Attitudes**

There have been considerable positive shifts in public attitudes in Australia towards people with disabilities over the past decades. However, despite these shifts, community attitudes continue to pose a significant barrier to the full participation of people with disabilities.

Social stigma associated with disabilities can be very harmful to individuals and communities. Stigmatisation can detrimentally affect the self-esteem of people with disabilities, compound their social isolation and form a barrier to their access to services. Many people may feel uncomfortable around people with disabilities,



unsure of how to behave and what to say. Education, community awareness, targeted training, positive media representations of people with disabilities, and anti-discriminatory policies are just some of the ways of reducing damaging stereotypes and attitudes.

### **Participation in Cultural and Leisure Activities**

The most common type of community activity in which people with disabilities participate is visiting friends and relatives:

- Over half (52%) reported this as their main activity outside the home during the preceding year
- Going to restaurants/clubs (8.8%), involvement in church activities (8.1%) and participating in sports/physical recreation (6.2%) were other common activities.

### **Children with Disabilities**

- The 2003 ABS survey indicated that approximately 7.2% of children aged under 15 years in Victoria have a disability. In addition:
- Disability is far more common among boys than girls (8.8% of males under 15 years of age have a disability compared with 5.4% of females in the same age group)
- Physical disability and intellectual disability were the most common disability types among children, followed by sensory/speech difficulties, psychiatric disability and Acquired Brain Injury (ABI)
- Over half (53%) of primary carers of children with disabilities reported the need for more supports (particularly respite care and financial assistance) - the current level of service provision appears to be insufficient to fully meet needs.

### **Mental Health**

Much of the past policy, funding and project priorities have focused on physical disability; however, mental health issues are slowly receiving greater attention. Nevertheless, there is still a higher level of community awareness of physical disability and access issues compared with the less 'visible' mental health issues.

The National Survey of Mental Health and Wellbeing 2006 estimates that approximately 18% of Australian adults (aged 18 years and over) experience a



mental illness each year. Depression and anxiety are the most frequently occurring forms of mental illness.

The impacts of mental illness on the individual and his/her family and friends can be substantial. Not only can mental health problems reduce physical health, but there can also be significant associated economic costs; reduced capacity to participate in the workforce, education and community life; shame, stigma, and social isolation. There is also a higher incidence of homelessness and incarceration among people with mental illness.

It is important to note that some people may have multiple disabilities, including both a physical disability and mental illness. This highlights the importance of person-centred approaches that consider the diversity and complexity of circumstances.



## **PART 7. MAROONDAH'S FUTURE: STRATEGIC DIRECTIONS AND ACTIONS, 2008 TO 2012**

The consultation process has identified a wide range of issues and barriers for people with a disability in accessing Council services as well as in participating in opportunities and general life within the municipality.

The key issues are fairly consistent across the different groups that were consulted. They are also consistent with the key issues identified in State and Federal policy directions and local and international research.

In summary, past and current Council, MetroAccess and community activities have brought about improvements for people with disabilities, their carers and the wider Maroondah community. Equity in service provision is gradually increasing, accessibility within the built environment has improved markedly, Council and community awareness of disability-related issues has been enhanced, and there is greater and more meaningful participation by people with disabilities in community life and decision making channels. Importantly, there is now greater recognition of the value of equal access and the active involvement of people with disabilities in the community. Changes in organisational and individual attitudes towards disability, both within Council and in the wider Maroondah community, provide positive indicators of an increasingly supportive and inclusive environment.

The Plan is a prime opportunity to engage the Maroondah community in reviewing and reflecting on past achievements, to consider any changes in State/Federal policies and priorities, to ensure that Council's position and priorities continue to be relevant, and to identify opportunities for future actions. The updated Plan will provide a platform upon which Council and the Maroondah community can, together, build a more equitable, accessible and inclusive community.



Council will enact the policy through a focus on the following eight key Strategic Directions identified from a local evidence based approach:

- Communication, Information and Advocacy
- Carers
- Participation and Inclusion
- Physical and Built Environment
- Community Attitudes and Awareness
- Mental Health
- Transport;
- Support, Resourcing and Training.



## Strategic Directions & Actions

### **Strategic Direction 1: COMMUNICATION, INFORMATION AND ADVOCACY**

**Provide up to date information to increase the awareness of supports and lifestyle opportunities for people with a disability and carers**

ACTIONS	PERIOD	RESPONSIBILITY
<p>1.1 Improve the effectiveness of Council's communication of information to people with a disability and their carers.</p> <ul style="list-style-type: none"> <li>• Investigate a range of accessible communication systems including electronic and alternative formats, TTY, SMS, email, and hearing augmentation and sign language interpreters at key Council locations and events.</li> <li>• Assess the effectiveness of available media, including Council newsletters, Council's website, local newspapers and community radio.</li> <li>• Develop regular methods of communicating information to people with a disability and carers, such as mailing lists or periodic dedicated publications.</li> </ul>	<p>Mid term &amp; Ongoing</p>	<p>MetroAccess, Customer Service, Public Affairs</p> <p>Public Affairs</p> <p>MetroAccess</p>



ACTIONS	PERIOD	RESPONSIBILITY
<p>1.2 Broadly promote the range of services and activities that Council and other services/groups in Maroondah provide, with particular consideration to:</p> <ul style="list-style-type: none"> <li>• Continuing to ensure that the main Council website (maroondah.vic.gov.au) remains accessible and compliant with Web-access guidelines.</li> <li>• Continuing to improve the accessibility of other Council websites</li> <li>• The Community Directory and the collection and update of information to ensure it remains relevant.</li> <li>• The development and update of a resource guide or directory specifically designed to meet the needs of people with a disability.</li> <li>• Raising awareness and profiling the range of services, issues and achievements of people with a disability through Council and community events, local newspapers and other Council publications.</li> </ul>	<p>Ongoing</p> <p>Mid term</p> <p>Short term &amp; Ongoing</p> <p>Short term &amp; Ongoing</p> <p>Long term &amp; Ongoing</p>	<p>Public Affairs</p> <p>All relevant Service Areas</p> <p>Public Affairs</p> <p>MetroAccess</p> <p>Public Affairs, All relevant Service Areas</p>
<p>1.3 Ensure information about the location of accessible toilets, parking, reserves and walking paths is kept up to date.</p>	<p>Ongoing</p>	<p>Open Space</p>



ACTIONS	PERIOD	RESPONSIBILITY
1.4 Facilitate at least four Forums for People with Disabilities and Carers each year to gain feedback on Council activities and share information. Annually review the Forum's function, structure and effectiveness and modify the Forums accordingly.	Short term & Ongoing	Community Services
1.5 Strengthen and promote Council's role as an advocate for people with a disability, particularly in relation to issues that are largely outside the realm of Council's direct control (eg transport issues, HACC funding, housing, support for carers). Ensure that outcomes are communicated back to the community.	Short term & Ongoing	All Staff

Short term = < 1 year

Mid term = 1-3 years

Long term = 3+ years



## **Strategic Direction 2: CARERS**

### **Recognise and support the important role of carers**

ACTIONS	PERIOD	RESPONSIBILITY
2.1 Promote and acknowledge the role of carers.	Mid term & Ongoing	MetroAccess, Aged & Disability Services
2.2 Identify strategies that Council could support and/or facilitate to address the expected increasing reliance on formal carers in the future, including: <ul style="list-style-type: none"> <li>Increased opportunities for volunteering and training to develop and enhance the capacity of the community to provide care for people with a disability.</li> </ul>	Long term & Ongoing	Aged & Disability Services, Community Planning & Development
2.3 Advocate for appropriate resources to support the anticipated growth in demand for Council's respite services.	Long term & Ongoing	Aged & Disability Services

Short term = < 1 year

Mid term = 1-3 years

Long term = 3+ years



### **Strategic Direction 3: PARTICIPATION AND INCLUSION**

#### **Ensure that public events and activities provided by Council are accessible to people with disabilities**

ACTIONS	PERIOD	RESPONSIBILITY
3.1 Ensure that Council is a community and business leader in encouraging and supporting inclusive practices to the range of programs, services and opportunities on offer. This will include continuing the regular training of employees in relation to disability access awareness issues as well as education of the broader community.	Mid term & Ongoing	MetroAccess, Human Resources
3.2 Ensure that information regarding the accessibility of Council's facilities, events and services is provided in all promotional and information material.	Mid term & Ongoing	All relevant Service Areas, Public Affairs, Customer Service
3.3 Ensure all Council event checklists include the elements needed to provide disability access and maximum inclusion.	Short term	Leisure Services, All relevant Service Areas



ACTIONS	PERIOD	RESPONSIBILITY
3.4 Explore the feasibility of contracts with external contractors to include a question or statement of expectations regarding accessibility and inclusion considerations.	Mid term	Contracts Management
3.5 Explore the feasibility of requiring all community events funded through Council's Community Grants and Arts and Culture Grants programs to be accessible and inclusive.	Short term	Leisure Services, Arts & Culture Services
<p>3.6 Ensure that all public consultation and engagement opportunities provided by Council are inclusive and accessible, including consideration of:</p> <ul style="list-style-type: none"> <li>• Venue accessibility (including accessible parking, transport options, wheelchair accessibility)</li> <li>• Scheduling of events (day and time)</li> <li>• Signage</li> <li>• Accessibility of information about individual events and a commitment to respond to requests for special provisions (such as hearing loops, transport, attendant carer and interpreter services) to support the contributions and participation of people with a disability.</li> </ul>	Short term & Ongoing	All Staff



ACTIONS	PERIOD	RESPONSIBILITY
3.7 Continue to promote the existing programs that support inclusion and participation, such as the Victorian Companion Card and Recharge Program.	Ongoing	MetroAccess

Short term = < 1 year      Mid term = 1-3 years      Long term = 3+ years



## **Strategic Direction 4: PHYSICAL AND BUILT ENVIRONMENT**

**Identify and address issues relating to physical access and ensure people with disabilities have equitable access to infrastructure and the built environment**

ACTIONS	PERIOD	RESPONSIBILITY
<p>4.1 Undertake access audits of key Council facilities including buildings, parks, playgrounds and parking bays with consideration to:</p> <ul style="list-style-type: none"><li>• High risk/high use facilities</li><li>• 'Front door' projects – point of access</li><li>• Locations and appropriateness of accessible public toilets, including fixtures (eg taps, door handles).</li></ul>	Mid term  Short term  Mid term	Asset Management



ACTIONS	PERIOD	RESPONSIBILITY
<p>4.2 Work with retailers and trader associations to raise awareness of the benefits and opportunities of providing accessible shopping environments including:</p> <ul style="list-style-type: none"> <li>• Further promotion, regulation and monitoring of Council's recently adopted Footpath Trading Policy</li> <li>• Continue with <i>Good Access Good Business</i> Training for local business</li> <li>• Liaising with key private shopping centres for improvements to access.</li> </ul>	<p>Mid term &amp; Ongoing</p> <p>Ongoing</p> <p>Mid term &amp; Ongoing</p>	<p>Economic Development</p>
<p>4.3 Undertake an access audit of Council's key pedestrian path networks particularly those in high traffic areas or strip shopping precincts.</p>	<p>Long term</p>	<p>Engineering Services</p>
<p>4.4 Identify and provide training to ensure that building surveyors, planning and Major Projects staff (as appropriate) are skilled in the interpretation of the Building Control Act and the new draft premises standard when completed.</p>	<p>Mid term</p>	<p>Building Services, Human Resources</p>

Short term = < 1 year

Mid term = 1-3 years

Long term = 3+ years



## **Strategic Direction 5: COMMUNITY ATTITUDES AND AWARENESS**

**Take a leadership role in promoting and reinforcing positive community attitudes to people with disabilities**

ACTIONS	PERIOD	RESPONSIBILITY
5.1 Profile the range of services and the achievements of people with a disability in the community in Council publications and local newspapers.	Mid term & Ongoing	MetroAccess, Public Affairs
5.2 Further promote the availability of the Communicating with People with a Disability booklet and explore the expansion of this document to improve attitudes and further break down barriers in the local community.	Mid term	MetroAccess
5.3 Provide effective leadership in adopting, where possible, a more proactive role in educating sections of the community (eg school children, businesses, sporting clubs), including: <ul style="list-style-type: none"> <li>• Direct and targeted information provision</li> <li>• Opportunities to bring together sections of the community and people with a disability to increase understanding and promote positive attitudes.</li> </ul>	Mid term	MetroAccess, Leisure Services, Youth Services, Economic Development

Short term = < 1 year

Mid term = 1-3 years

Long term = 3+ years



## **Strategic Direction 6: MENTAL HEALTH**

### **Facilitate responsive and appropriate supports for people with mental health issues**

ACTIONS	PERIOD	RESPONSIBILITY
6.1 Increase internal Council awareness of mental health issues.	Mid term & Ongoing	MetroAccess, Community Planning & Development
6.2 Increase the capacity of the community sector and Council to develop and deliver programs and services to meet the needs of people with mental health issues.	Mid term & Ongoing	MetroAccess
6.3 Continue to support and resource local Supported Residential Services (SRS).	Short term & Ongoing	Community Planning & Development
6.4 Work with key agencies to reduce the stigma associated with mental health.	Mid term	MetroAccess

Short term = < 1 year

Mid term = 1-3 years

Long term = 3+ years



## **Strategic Direction 7: TRANSPORT**

### **Improve the access of people with disabilities to a range of transport options**

ACTIONS	PERIOD	RESPONSIBILITY
<p>7.1 Advocate for public transport that is user friendly, accessible and reflects the needs of people with disabilities including:</p> <ul style="list-style-type: none"><li>• Improving access at Ringwood Railway Station and other high traffic areas</li><li>• Continuing with access improvements at Bus Stops</li><li>• Upgrading of accessibility at major roads crossings.</li><li>• Advocating to transport service providers (eg buses, trains, taxis) for improved access and frequency of services.</li></ul>	Short term & Ongoing	Community Planning & Development, Engineering, Major Projects, Strategic Planning, Engineering Services
<p>7.2 Explore expanded community transport options with relevant service organisations including:</p> <ul style="list-style-type: none"><li>• Sharing of buses and volunteers</li><li>• Financial assistance to individuals for transport costs associated with attending activities.</li></ul>	Mid term	Community Planning & Development, Aged & Disability Services



ACTIONS		RESPONSIBILITY
<p>7.3 Audit accessible parking in key community locations to ascertain:</p> <ul style="list-style-type: none"> <li>• Compliance with standards</li> <li>• Availability</li> <li>• Locations</li> <li>• Appropriateness of dimensions</li> <li>• Alternatives.</li> </ul>	Mid term	Engineering Services
7.4 Promote accessible forms of public transport to improve the mobility and social inclusion of people with disabilities.	Short term	Community Planning & Development, Strategic Planning

Short term = < 1 year      Mid term = 1-3 years      Long term = 3+ years



## **Strategic Direction 8: SUPPORT, RESOURCING AND TRAINING**

### **Develop the internal capacities of Council to meet the needs of people with a disability and their carers**

ACTIONS	PERIOD	RESPONSIBILITY
<p>8.1 Establish the Council Staff Disability Policy Steering Group which will:</p> <ul style="list-style-type: none"><li>• Comprise key staff from relevant Council service areas</li><li>• Meet at least three times a year</li><li>• Monitor the implementation of the Disability Policy and Action Plan</li><li>• Construct and institute processes for monitoring, evaluating and reporting on implementation</li><li>• Assist in the review of the next Disability Policy and Action Plan.</li></ul>	Short term	Community Planning & Development



<p>8.2 Review, monitor and document demands for disability related services and supports and identify the likely impacts that this will have on HACC services including:</p> <ul style="list-style-type: none"> <li>• Delivered meals</li> <li>• Respite care</li> <li>• Home care</li> <li>• Personal care</li> <li>• Property maintenance</li> <li>• Social support program</li> <li>• Planned activity groups.</li> </ul>	<p>Mid term &amp; Ongoing</p>	<p>Aged &amp; Disability Services</p>
<p>8.3 Explore possibilities for the employment of a Disability Access and Inclusion Officer with a key role to steer the implementation of the Disability Action Plan.</p>	<p>Short term</p>	<p>Community Planning &amp; Development</p>
<p>8.4 Explore, implement, monitor and review methods and processes for Council to meaningfully and effectively engage people with a disability, their carers and family members in Council decision making processes and Council activities, including:</p> <ul style="list-style-type: none"> <li>• Exploring the feasibility and effectiveness of new methods, including advisory/consultative committees and Internet-based technologies.</li> <li>• Investigating opportunities for representation on Council Working Parties and Committees.</li> </ul>	<p>Short term &amp; Ongoing</p>	<p>MetroAccess, Community Planning &amp; Development</p>



ACTIONS		RESPONSIBILITY
8.5 Develop policy, support and systems for Council to provide employment opportunities for people with a disability.	Short term	MetroAccess, Human Resources
8.6 Continue the regular disability access awareness training of Council employees and explore opportunities to embed training in the Staff Induction Program.	Mid term & Ongoing	MetroAccess, Human Resources
8.7 Facilitate partnerships with service agencies and community groups to attract resources, identify new program opportunities and expand the range of services for people with disabilities.	Ongoing	MetroAccess, Community Planning & Development, Aged & Disability Services
8.8 Establish standards for Council's customer complaints handling process and effectively communicate the complaints process to people with disabilities, their carers and families.	Short term	Customer Service Cross Functional Working Group, Community Services

Short term = < 1 year

Mid term = 1-3 years

Long term = 3+ years





## **APPENDIX A. SERVICE PROVIDER WORKSHOP & INTERVIEW PARTICIPANTS**

The following service providers, community groups and other organisations were represented at the Service Provider Workshop or in the interviews:

- Ringwood Biala
- Ringwood Community Library
- Croydon Community Library
- Croydon People with MS Self-Help Group
- Parent Support Network – Eastern Region
- The Peter James Centre
- Eastern Health – Mental Health Program
- Eastern Health – Aged Psychiatric Assessment Team
- Central Ringwood Community Centre
- Dunelm Supported Residential Services
- Equipment Recycling Network Inc
- Onemda
- Donwood Day Centre
- Murnong Community Mental Health Service
- Department of Human Services
- Outer Eastern Citizen Advocacy Service
- Yarrunga Community Centre
- Centrelink (Ringwood)
- Croydon Special Developmental School
- Eastern Access Community Health – Community Inclusion Support Services
- Eastern Access Community Health – Community Mental Health Support
- Monkami

