

BERRIGAN SHIRE COUNCIL ACTIVE AGEING AND DISABILTY INCLUSION PLAN

*Disability Inclusion
Action Plan
2017 - 2021*



Draft

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Disability Inclusion Action Plan

The Berrigan Shire's population is ageing and people over 60 years will increase from 31% to 38% of the population in the next two decades. Similarly, the needs of younger residents and older residents requiring assistance with core activities and or assistance with mobility and dressing, based on 2011 Census data, is approximately 6% of the residents.

This strategy identifies the steps the Shire and its communities' are taking to support ageing in-place and the inclusion of people with a disability. In doing so it also considers how the local economy, the amenity of our communities can be sustained and 'add' to all residents and visitors quality of life, health, and sense of inclusion in their local community.

The [New South Wales Disability Inclusion Act 2014](#) defines disability as: the long-term physical, mental, intellectual or sensory impairment which in interaction with various barriers may hinder the full and effective participation in society on an equal basis with others.

This Strategy reflects contemporary approaches toward disability, ageing, diversity and inclusion. It outlines how disability, active ageing, diversity and inclusion will be promoted by the Council through a focus on:

- Changing community and workplace attitudes and behaviours;
- Enhancing the liveability of our communities: represented by the built environment;
- Promotion of diversity, access to employment and inclusion for disabled and older workers; and
- The development of systems and processes that enable and promote inclusion of older residents (65+ years), their carers and younger people (0 – 65 years) with a disability.

As part of the development of this Strategy focus groups were held with residents who identified as having a disability and their carers.

In four parts this Strategy explores in Part I the policy context.

Part II answers the question where are we now highlighting the prevalence of disability and ageing in the Berrigan Shire and the broader region.

Part III describes the current services available to residents.

Part IV outlines an Active Ageing and Disability Inclusion Planning Framework and the actions Council will take to promote inclusion for all residents irrespective of age or disability.

This is the Council's plain english version of the Strategy. To read the full Strategy visit the Council's website.

Draft

Part I

Living Longer Living Better: A Positive Ageing Agenda

In the past decade significant work has been undertaken by the Commonwealth, State and Local Government throughout Australia and globally on the social and economic impact of an ageing population. According to the Commonwealth Government's 2015 Inter-generational Report

A significant change in past 40 years has been the increase in the number of people using aged care services. The focus of Aged Care reform is now on how we can promote well-being, better health and . Further evidence of how at a policy level the Commonwealth government is 'adapting' to pressures implicit in an ageing population.

National Disability Insurance Scheme (NDIS)

The Australian Government (2010) conducted through the Productivity Commission an inquiry into a long-term disability care and support scheme. This looked at a range of issues including:

- How the scheme should be designed and funded to meet the long-term needs of people with disability, their families and carers.
- The costs, benefits, feasibility and funding options of alternative schemes.
- How the scheme will interact with the health, aged care, informal care, income support and injury insurance systems.
- Its impacts on the workforce.

This inquiry led to the development of the National Disability Insurance Scheme (NDIS) a scheme which has since 2013 been progressively rolled out throughout Australia. The scheme has two elements:

funded packages) heralds a move away from funding organisations to provide a range of services for disabled people who may or may not need all the services offered or who may need a service that is not provided. To a model that provides disabled people and their carers with the option of purchasing the service specific to their needs and circumstances.

The second element ILC is concerned with ensuring that people with a disability are connected into their communities. It has a twin focus on:

1. Personal capacity building – this is about making sure people with disability and their families have the skills, resources and confidence they need to participate in the community or access the same kind of opportunities or services as other people.
2. Community capacity building – this is about making sure mainstream services or community organisations become more inclusive of people with disability. (Dept Human Services, 2017)

- NDIS plans (sometimes known as individually funded packages) for eligible people with a disability, and
- Information, linkages and capacity building or ILC.

Both elements of the scheme contribute to the overall goal of the NDIS to enable people with disability to live an ordinary life.

NSW: Disability Inclusion

The NSW Disability Inclusion Plan 2015 outlines the NSW Government's commitment to addressing the barriers which prevent people with disability from enjoying the same opportunities and choices as their friends, family and neighbours. It reflects also and is integrated with the Australian National Disability Strategy and our obligations under the United Nations Convention on the Rights of Persons with Disabilities.

The plan has four focus areas:

- Developing positive community attitudes and behaviours.
- Creating liveable communities.
- Supporting access to meaningful employment.
- Improving access to mainstream services through better systems and processes.

Figure 1 Overview Policy & Legislative Framework



Why Inclusion?

The inclusion of older workers and younger people with a disability is an opportunity for the Council to be a local leader and contribute toward the social justice and inclusion outcomes described in Berrigan Shire 2017.

Lifelong Communities: Disability, Ageing in Place & Liveability

The notion of life-long communities incorporates disability, ageing in place and liveability. We believe **communities should be places where people of all ages and abilities can live as long as they'd like.**

Lifelong community goals generally seek to:

1. Provide housing and transportation options,
2. Encourage healthy lifestyles, and
3. Expand access to services

And for the most part these goals are achieved by actions which promote:

Connectivity – Providing the most options for getting from one place to another, reducing traffic and creating a viable street network for multiple modes of transportation

Pedestrian Access and Transit – Creating a vibrant streetscape, destinations worth walking to, connected and safe sidewalks and transit, both within the community and to regional hubs

Neighbourhood Retail and Services – Permitted within walking distances of housing to reduce auto travel, increase walkability and provide for sustainable community hubs

Social Interaction – Resulting from the provision of adequate green space, community centers, neighbourhood gardens and more

Diversity of Dwelling Types – Allowing individuals to remain within the community as their needs and preferences change

Healthy Living – Growing out of an environment that promotes physical activity (trails and bike paths), neighbourhood-scale groceries offering fresh fruits and vegetables and health clinics and medical offices within walking distance

Consideration for Existing Residents – Providing options for existing residents to remain in the community as development occurs (Keyes & Berger, 2013).

Liveability, Universal Design & Age-Friendly Cities

Universal Design Principles:

P1: Equitable use – design that is useful and marketable to persons with diverse abilities

P2: Flexibility in use – design that accommodates a wide range of individual preferences and abilities

P3: Simple and intuitive use - Design that is easy to understand, regardless of the user's experience, knowledge, language skills, or concentration level.

P4: Perceptible information - Design that communicates necessary information effectively to the user, regardless of ambient conditions or the user's sensory abilities.

P5: Tolerance for error - Design that minimises hazards and the adverse consequences of accidental or unintended actions.

P6: Low physical effort - Design that can be used efficiently and comfortably and with a minimum of fatigue.

P7: Size and space for approach and use - Design that provides appropriate size and space—for approach, reach, manipulation, and use, regardless of the user's body size, posture or mobility.

Source:

https://www.ncsu.edu/ncsu/design/cud/pubs_p/docs/poster.pdf

Age & Disability Prevalence

Berrigan Shire, Age and Disability Prevalence: A Regional Profile

The *Berrigan Shire and Districts Disability and Ageing Data Profile* presents data about the prevalence of individuals and families support providing care for or experiencing a disability and who live in the Berrigan Shire and neighbouring (non-Berrigan LGAs).

It also includes information about the social, economic and health status of Berrigan Shire and neighbouring (non-Berrigan LGA) town residents' who are aged 55+ years of age. The inclusion of neighbouring communities recognises that the services provided in our towns or in neighbouring communities (in particular, Cobram) are services used by residents.

Demographic Overview

The Berrigan Shire (population 8,420) is situated in New South Wales' Southern Riverina or Central Murray planning region. It is bound to the south by the Murray River and the Victorian local government area of the Moira. It is a Shire characterised by its efficient and productive irrigation-based agriculture industry: historically rice and dairy, and Murray River based tourism.

Council boundaries encompass the towns of Barooga, Berrigan, Finley and Tocumwal. These towns act as service hubs for the Shire's population (median age 48 years), water-based agri-businesses, and agri-businesses in the neighbouring New South Wales Councils' of Edward River and Murrumbidgee. Approximately 6% of our population need assistance with daily activities with a further 33% of the population aged over 55 years of age.

Aged Care Services and Disability Service Providers: Berrigan Shire

The provision of services to disabled residents and their carers and Shire residents as they age and how they can be supported to remain in their home is the subject of intensive review and reform overseen by the Commonwealth Government.

For many navigating and understanding the range of services and facilities and acronyms used to describe disability services, the introduction of NDIS and accessing aged care services is a challenge.

The following tables' provide an overview of the type of service and who it is for.

Older Residents: My Aged Care Portal

| Type of Assistance | For ... | Accessing the Service |
|--|---|-----------------------------------|
| Help at home | | |
| Commonwealth Home Support Programme | The Commonwealth Home Support Programme (CHSP) is an entry level home help program for older people who need some help with daily tasks to live independently at home. | Call My Aged Care on 1800 200 422 |
| Home Care Packages Program | The Home Care Packages Program helps you live independently in your own home for as long as you can. The Australian Government provides a subsidy to an approved home care provider towards a package of care, services and case management to meet your individual needs | Call My Aged Care on 1800 200 422 |
| Respite | Carers and family members looking after someone in their own home and who may need to take a short break from time to time. | Call My Aged Care on 1800 200 422 |
| End of Life Care at Home includes nursing care – a qualified nurse domestic assistance – household jobs counselling personal care – help with bathing / dressing | Support for carers and individuals nearing the end of life | Call My Aged Care on 1800 200 422 |

| Aged Care Homes | | |
|---|--|-----------------------------------|
| Aged care homes assist with day-to-day tasks (such as cleaning, cooking, laundry); personal care (such as dressing, grooming, going to the toilet); or 24-hour nursing care (such as wound care, catheter care) | Support and accommodation for individuals and couples requiring varying levels of support with day to day tasks etc. | Call My Aged Care on 1800 200 422 |
| Multi-Purpose Services for small rural and remote communities | Provides integrated health and aged care services for some small rural and remote communities | Call My Aged Care on 1800 200 422 |

Aged Care Service providers located in the Shire include:

Amaroo Aged Care

51-53 Davis Street, Berrigan
PH 03 5885 2731

Finley Regional Care

26 Dawe Avenue
Finley
PH 03 5883 9600

Tocumwal Lions Community Hostel

21 – 23 Jerilderie Street
Tocumwal
PH: 03 5874 3650

The following table describes the NSW based Disability Service providers that currently provide services to carers and disabled adults. Children receive support through local schools and the Council's Early Intervention Services.

The introduction and the transition to the NDIS will change this significantly in the first three months of this strategy.

Current Disability Service Providers

Yallambee - Kurrajong

Lifestyle Choices
Kurrajong Social Enterprises
142-144 Napier St, Deniliquin
NSW 2710
03 5881 2624

Intereach

Planning and Support Service
New Access – Mental Health
Service
Ability Links
ROAR – Mental Health Adolescent
Commonwealth Home Support
Riverina Murray Commonwealth
Respite Care Link
Trickett Street, Deniliquin
Ph: Toll free 1300 488 226

Centacare SW NSW

Personal Helpers and
Mentors Program
2 Coree Street
Finley
Ph:02 6051 0222

Engagement Strategy

The Council's rolling program of engaging residents and users of Council services in the development of this and other Council Strategies - Library Services, Pedestrian and Mobility Management Plans together with satisfaction surveys and feedback from residents, service users and local business, and non-government organisations continues to inform all Council planning.

Recognising the extent of engagement undertaken by the Council, a decision was made to respect the views expressed by older residents as survey respondents (2013) and expressed at Focus Groups held 2013 and at the Council's Liveability Workshops held 2013.

The Council also spoke with carers and disabled residents at two focus additional focus groups: March 2017.

Survey and Focus Group Results

The focus of the 2013 survey was on identifying the relative importance of basic services, participation in health and education programs, assistance required with day to day activities, access to family, information about services and mobility.

The results of the 2013 validate anecdotal comments subsequently repeated at street stalls held 2014 when the Council asked residents to comment on the review and development of the Council's **Pedestrian Access and Mobility Plans**.

For example of the 227 respondents surveyed in 2013:

- 85% of respondents identified that medical care is important
- 72 % of respondents stated that health and wellness is important
- 68% of respondents also nominated that access to shopping is important
- 40 survey respondents noted that they would like to be involved in a focus group with 54% and 50% of these respondents nominating transport for older residents and access to medical care and health services focus groups
- 60% of survey respondents do not have family living in the same town; while
- The benefit of Council library services and or health services in each town was particularly evident with 82% of survey respondents noting that they find it helpful that their health centre / council library has information about other services.
- 27% of respondents answered NO to the question 'do you find it easy to walk down the street to visit friends and the local shops?'

Discussed by the Focus Groups held 2013 and 2017 was the impact of the challenges and the barriers experienced.

All noted that connecting with family, friends and community in the same manner as younger or non-disabled family, friends or community members was a barrier.

Citing their concern with and experience of the lack of access to public events, local businesses and the disruption, loss of income, and additional wellbeing and financial costs incurred and caused by the timeliness of referrals and appointments.

Barriers and challenges exacerbated by the regional and metropolitan location of specialists and services providers.

What would make the biggest difference?

| Prioritise or fund | Council Control | Local Community/ Businesses | Community or Health Services | Other Levels of Government |
|--|------------------------|------------------------------------|-------------------------------------|-----------------------------------|
| Advocacy – would make the biggest difference – with other levels of government, re: transport , access allied health services; and in the local community – Lead by example | ✓ | ✓ | ✓ | ✓ |
| Local services – Support Services and Workers in the community. Drive in Drive out does not work | | | ✓ | ✓ |
| Transport for older residents that is flexible and able to be used for social contact: taxi style | | | ✓ | ✓ |
| Funds should be directed to changing attitudes – if all can be included all can benefit Perception that services are only there and used by people already in the system Address 'stigma' / self-guilt and community perceptions re: using services | ✓ | ✓ | ✓ | ✓ |
| Address issues with footpaths and public toilets – footpaths - primarily camber, steepness of some ramps; public toilets – privacy screens that hamper access; grab rails / toilet paper holders etc on only one side – many people experience difficulty if there is paralysis or weakness on one side | ✓ | | | |
| Temporary ramps (mobile) that can be used at community events | ✓ | ✓ | | |
| Disabled parking – width and location. Current parks are not well signed and many exposed to passing traffic: heavy vehicles | ✓ | ✓ | | |
| Website and Publications: too many clicks to find information, the font is too small – Facebook is user friendly and informative. Do not use glossy paper with publications | ✓ | | | |
| Companion Animals – respite during unplanned illness hospitalisation | ✓ | | ✓ | |

Focus Area 1: - Positive Community Attitudes & Behaviours

- Lead by example
- Use social media to promote positive attitudes
- Show Case – community /business that offer innovation or better practice re inclusion
- Disseminate information – re: accessibility of Council services
- Promote what the Council has done re: PAMPs and Public Building Access
- Respect sensitivities in the community from actions that may arise from actions taken to mediate – focus on inclusion for all

Focus Area 2 – Liveable Communities

- Revisit actions – with focus on Committees management of facilities
- PAMPs- include mapping
- Provide weblinks and information for developers re: universal design and housing

Focus Area 3 – Access to meaningful employment

- Accessible worksite where identified/related to JDA
- Workplace rehab that is inclusive
- Update EEO Plan Actions
- Carers Action Plan – People Matters Survey Results

Focus Area 4 – Improving access through better systems and processes

- National Relay Services
- Compliance with International Standards re: Website Accessibility
- Do not use glossy papers for Council publications
- Consider change where appropriate or possible re: Accessibility Standards Forms/Notices/ Documents
- Publish Public Notices - Social Media, Newspapers, Website – based on target audience not just statutory requirements
- Public buildings – and new works/upgrades to Council facilities to reflect best practice internal fit-out