



Community Action Project

Communities supporting persons with disability independence



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EXECUTIVE SUMMARY

To assist with learning and development of individual participants of the Limestone Coast Leadership Program (LCLP), participants were placed into groups and required to work on a Community Action Project (CAP). Each project focused on a complex issue currently being faced in the Limestone Coast region. Teams were required to work together to investigate these issues and apply learnings from the program, to the project.

This CAP investigated the very complex issue of independence and how communities can support persons living with a disability in the Limestone Coast region. While the overall percentage of people living in the Limestone Coast region with a disability is low compared to Nationally, there is a wide range of disabilities, including physical (seen), communication and thought processes (unseen) as well as sensory (unseen), which adds to the complexity of the issue.

Research was conducted throughout the entire course of the 2020 Leadership Program, including during the time it was postponed due to COVID. Research was broken down into 5 main areas:

1. Understanding NDIS
2. Understanding what independence means to a person living with a disability
3. The current issues being faced by people living with a disability within the Limestone Coast
4. Understanding Local Council's Disability Access and Inclusion Plans
5. The impact of COVID-19

Through this research we were able to identify various issues which we compared and discussed with Local Councils.

The main issues we focused on were:

- Lack of community awareness about the difficulties faced by a person living with a disability
- Lack of community understanding (including different community perspectives)
- Limited services and events.

The methodology used to research these areas and maximise our understanding of the adaptive challenges was a direct reflection of our learning during the Leadership Program.

There are various initiatives currently underway in the Limestone Coast to support and include people living with a disability into communities but through our research and stakeholder discussions we identified that there is still a lot that needs to change to improve access, disability inclusion and ultimately, independence.

Although actions have been taken to partially address some of the issues raised there still seems to be conflicting perceptions on how well these solutions have been implemented. There is also a lack of communication between councils, disability support organisations, carers, and disabled people. There is more work to be done to bridge the gap between perception and reality.

Our CAP group recommendations are suggested future pathways which could be steps towards improving disability inclusion and independence within the Limestone Coast.





BACKGROUND, OBJECTIVE AND SCOPE

PROJECT BACKGROUND

In 2011, the Productivity Commission released a report following a public inquiry into disability care and support. The report found that the current disability support system, which was different for each state and territory of Australia, did not meet the needs of those living with a disability.

[Appendix 1 – Productivity Commission Inquiry Report - Key Points](#)

As a result of the report, the National Disability Insurance Scheme (NDIS) was rolled out across Australia between 2016 and 2018 to improve existing disability support systems.

Over 4.4 million people in Australia have some form of disability. That is 1 in 5 people and the likelihood of living with a disability increases with age.¹ Currently only 391,999 people with disability are being supported by the NDIS (less than 10% of the disabled population).² Only 35,544 people in South Australia benefit from NDIS.³

Participants and the NDIS as at 30 June 2020



391,999

People with disability are being supported by the Scheme



28,818

Participants joined the Scheme this quarter



175,568

Participants are receiving supports for the first time

At the time of the 2016 census report, 64,788 people lived in the Limestone Coast of South Australia. Of those, 3440 people (or 5.3% of the population) reported needing help in their day-to-day lives due to disability.⁴ Currently (30 June 2020) there are 1,171 participants receiving NDIS funding in the Limestone Coast.⁵

The NDIS works with suitably experienced and qualified partner organisations to deliver Local Area Coordination (LAC) and Early Childhood Early Intervention (ECEI) services to Australians with disability. They are the face of the NDIS in the community.⁶ In the Limestone Coast, Mission Australia is the partner delivering LAC services and Kudos Services has a mobile service that visits and delivers ECEI services.

¹ <https://www.and.org.au/pages/disability-statistics.html> accessed 22/09/2020

² <https://data.ndis.gov.au/> accessed 9/10/2020

³ <https://www.ndis.gov.au/understanding/ndis-each-state/south-australia> accessed 9/10/2020

⁴ <https://profile.id.com.au/rda-limestone-coast/assistance> accessed 22/09/2020

⁵ <https://data.ndis.gov.au/explore-data/participant-data> accessed 9/10/2020

⁶ <https://www.ndis.gov.au/understanding/ndis-each-state/south-australia> accessed 12/10/2020



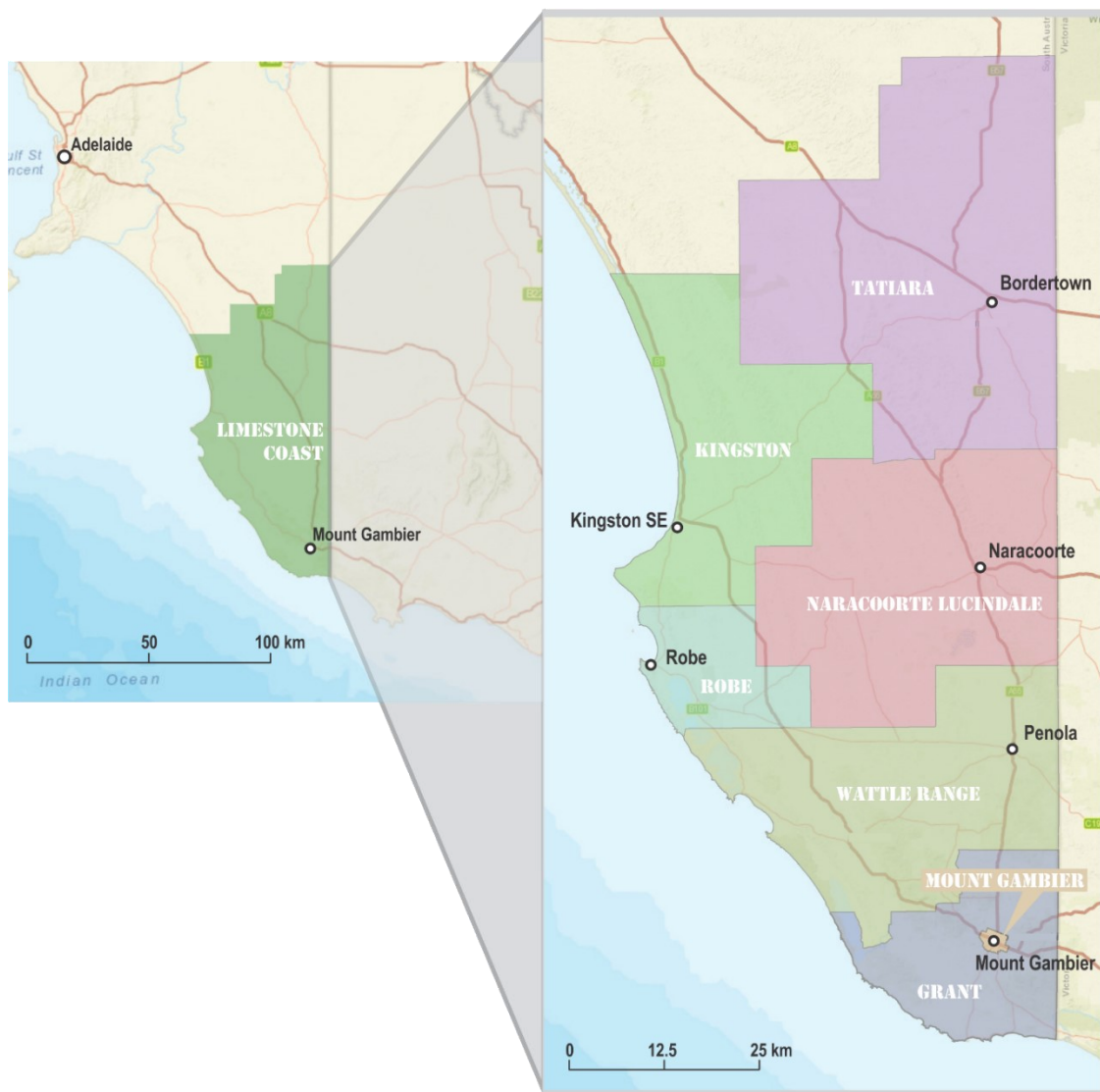
PROJECT OBJECTIVE: WHAT WOULD SUCCESS LOOK LIKE? (OUR CO-CREATED VISION)

People with a disability, seen or unseen, can live independently with needed support and understanding from carers, NDIS and the community regardless of their physical location.

People living with a disability in the Limestone Coast feel safe, confident, and secure, living with dignity as equals. Communities embrace and include people with disabilities into everyday life and improve access to facilities for people with a wide range of abilities. Technology (online / web-based systems) and service support are designed in such a way that enables a variety of users with different disabilities to access, operate and utilise its functions.

PROJECT SCOPE

Our project focused on the entire Limestone Coast Region, which is located in the South East corner of South Australia and has 7 local government council areas as indicated below.





Data was collected from all 7 Local Government Area's and collated to form the basis of this report.

LGA	Population	Size in km ²	NDIS Participants
Grant (DC)	8,511	1,901	99
Kingston (DC)	2,374	3,341	27
Mount Gambier (C)	27,176	34	666
Naracoorte and Lucindale (DC)	8,533	4,516	105
Tatiara (DC)	6,794	6,517	61
Wattle Range (DC)	12,031	3,926	213
Robe (DC)	1,444	1,093	0
Total	66,863	21,328	1,171

RESEARCH & METHODOLOGY

RESEARCH

The objective of our CAP was to research and explore the following areas:

1. National Disability Insurance Scheme (NDIS)
2. Independence and what this means to a person living with a disability
3. The issues currently being faced in the region
4. Local councils' Disability Access and Inclusion Plans (DAIP's)
5. COVID-19 and the effects this is having on people living with a disability

By researching each of these areas, we were better able to understand independence and the issue of accessibility and inclusion in our region.

AREA 1 - NDIS

It was vital for our CAP team to understand the NDIS and the role this plays in the everyday life of a person living with a disability. The NDIS can provide all people with disability with information and connections to services in their communities⁷ and provides funding to eligible people based on their individual needs.⁸

During our research, it became clear that not everyone is eligible to receive funding from NDIS and that people living with a disability (regardless of whether they receive NDIS support) still need support from others. This includes support from immediate family, friends, and the communities in which they live.

Compared to Adelaide, services provided by the NDIS in the Limestone Coast are limited, such as planned events and access to transport. Community can play an integral role in making services available to assist those living with a disability.

⁷ <https://www.ndis.gov.au/understanding/what-ndis> accessed 12/10/2020

⁸ <https://www.ndis.gov.au/understanding/what-ndis-responsible> accessed 12/10/2020



AREA 2 – INDEPENDENCE

Independent living goals should be tailored to each individual based on their needs and should allow the person living with a disability to live their life to the fullest, within their capabilities and to receive assistance in the areas that are lacking. Independence for a person living with a disability is different for everyone depending on the disability. For some, living independently means not having to rely heavily on immediate family; for others it's about having the same opportunities as people without a disability; or being able to make decisions for themselves.

People who live independently with a disability, still need support. Even those not living with a disability need support from the community. Building community support by providing access to services and communities including people with a disability in events and workplaces will be a small step in the direction towards more independent living. "Independence cannot happen without accessibility and inclusion".⁹

AREA 3 – CURRENT ISSUES

There was a lot of consistency around the issues being faced in the Limestone Coast. Whether we spoke to those living with a disability, carers, local Council or community members, the message was similar.

The main issues appear to be:

- Lack of awareness about the difficulties faced by a person living with a disability
- Lack of community understanding (including different community perspectives)
- Limited services and events

The common theme within each of these issues is insufficient communication and education.

AREA 4 – LOCAL COUNCIL'S DISABILITY ACCESS AND INCLUSION PLANS (DAIP)

The South Australian Government launched Inclusive SA on 1st November 2019 in a bid to create an accessible and inclusive South Australia based on fairness and respect. Inclusive SA sets out priorities and actions for the next four years under the following themes:

- Inclusive communities for all
- Leadership and collaboration
- Accessible communities
- Learning and employment¹⁰

As a part of this 4-year process, local councils are required to develop their own Disability Access and Inclusion Plans (DAIP's), which are due to be completed by October 2020. We were very lucky to have the opportunity to work with local Councils; compare research findings and make recommendations to assist Council with development of their plans.

⁹ Quote by interviewed stakeholder

¹⁰ <https://dhs.sa.gov.au/services/disability/inclusive-sa> accessed on 24/09/2020



AREA 5 – COVID-19

It was at the start of this research project that COVID-19 really hit our shores. With so many people and businesses having to change their daily lives to comply with the rules and regulations of COVID, we wanted to get an understanding of the impact COVID was having on those living with a disability.

COVID has had both negative and positive impacts on people living with a disability in the Limestone Coast. Due to more people working from home and others having to change their working routines, people living with a disability were left feeling even more isolated than ever before. Carers were unable to visit those in need and assist with everyday needs or help provide services. Those with a disability were unable to attend what events were available as COVID meant that all social functions were cancelled or significantly reduced.

A major positive impact COVID has had is that industries have had to completely overhaul their systems and allow more resources to be available online. This meant that those living with a disability are able to attend more online networking events, social events and even have the opportunity to undertake study from home.

METHODOLOGY

FINDING STAKEHOLDERS

The first step in the process was to identify relevant stakeholders that play a part in disability independence in the Limestone Coast.

The pizza diagram method was used to identify these stakeholders and their values (what matters to each group), which in turn assisted us in formulating interviews that speak to those values.

For the pizza diagram to be completed, the CAP group worked together, using individual perspectives on the topic, compiling a list of possible stakeholders. We then identified what is important to each stakeholder in terms of disability and living independently. We were able to identify that the senior authority in the disability independence journey is the Government. The main reason for this is that people living with a disability require NDIS funding and assistance to live independently. We also identified a common pattern of values between each of the stakeholders. These values were community understanding and inclusion.

[Appendix 2 - Pizza Diagram](#)

DEVELOP STAKEHOLDER INTERVIEW QUESTIONS AND CONDUCT INTERVIEWS

After identifying the stakeholders and which ones were a priority to interview, the next step in the process was to develop a series of questions and undertake stakeholder interviews.

The CAP team worked together to conduct interviews across the entire Limestone Coast. Gathering information from the 7 council areas and different stakeholders allowed us to gain many perspectives on disability and independence in the Limestone Coast.

Originally, we were planning to meet stakeholders face-to-face but due to COVID, we were unable to. Therefore, all our interviews were facilitated using video or conference calling.

[Appendix 3 – Stakeholder Questions and Feedback Summary](#)

[Appendix 4 – Councils' Disability Access and Inclusion Plan \(DAIP\) Summary](#)



DEFINING THE ISSUES

There is a clear difference in provided services depending on where you live in the Limestone Coast - there is more available in Mount Gambier compared to other areas in the Limestone Coast. The Limestone Coast is disadvantaged compared to Adelaide where access to transport for example is easier.

Issues raised by stakeholders in the Limestone Coast around inclusion and accessibility can be divided into two types of problems, technical and adaptive.

Technical problems have obvious, easier solutions that can be applied over a sorted period to alleviate the problem. Adaptive problems are more challenging, complex and do not necessarily have a solution. Adaptive problems relate to changing culture, biased views, fixed mindsets, and attitudes in the longer term.

Technical issues raised:

- Lack of transportation services
- Accessibility to businesses – e.g. not wheelchair friendly or no vision or hearing-impaired support

Adaptive issues raised:

- Community attitude, judgement, belief, and values (this seems to be more prominent in smaller regional areas than in Mount Gambier)
- Segregation and exclusion due to disability - schools and sports clubs segregate those living with a disability and they are not allowed the same privileges
- Lack of meaningful activities and work opportunities.





The following table lists the key issues that our research identified and focussed on.

ISSUES	
1. Disability Awareness	
Define issue	<p>Lack of awareness regarding the difficulties faced by a person living with disability doing everyday simple tasks. (Seen and unseen challenges).</p> <p>Lack of awareness surrounding how businesses can support and improve the experience for people within the wide spectrum of disabilities.</p>
Evidence	Stakeholder and council feedback
Potential pathways forward	<p>Educational workshops to increase/develop compassion and understanding.</p> <p>Training on how to approach and support disabled people.</p> <p>Redesign environments to support disabilities (seen and unseen).</p>
2. Community judgement & discrimination	
Define issue	Segregation in education; denied equal privileges; exclusion in sport and other activities which prevents people from building relationships/friendships. "People need to stop seeing those with a disability as second-class citizens."
Evidence	Stakeholder and council feedback
Potential pathways forward	<p>Develop methods to break down the stigma and barriers within communities.</p> <p>Training and information on how to approach, include and support people with a disability.</p>
3. Services & Events	
Define issue	<p>Limited services available to support disabled people to overcome hurdles and enable them to work or contribute to their community in some way.</p> <p>Social events are not set up in such a way that enables disabled people to attend, participate and share in the experience.</p> <p>A lack of meaningful activities and social networking opportunities for likeminded people.</p>
Evidence	Stakeholder and council feedback
Potential pathways forward	<p>A disability action group focussed on improving disability stakeholder group representation and communication between councils, carers, and people with disabilities.</p> <p>Development and promotion of more online activities, concerts, education courses and work-from-home opportunities.</p>



IDENTIFYING PERSPECTIVES ON DISABILITY

Using the polarity exercise, we were able to create a broad picture of perspectives to identify conflicting views and how they can be brought together in our recommendations.

We also used this exercise to identify the social impact to a disabled person living within the community. Our vision is for people living with a disability in our community to feel valued, included and provided with the same opportunities as everyone else.

According to our research, there is currently a number of issues in the Limestone Coast around inclusion and accessibility. We are confident that Local Council's DAIP's will make a difference to accessibility in the region, however, the people living in the community who are not directly affected by disability have an underlying judgement about the capabilities of a person living with a disability or are afraid to approach or offer support to a person living with a disability.

If our vision came to life, people living with a disability can live a normal life as independently as they are able, with all required services provided and communities will not be afraid to approach or include them.

[Appendix 5 – Polarities](#)

VALIDATING THE DATA

We were extremely fortunate to meet with Grant District Council during the development of their Disability Access and Inclusion Plan. This meeting provided us with the opportunity to share research findings and to use our leadership skills to provide perspectives and recommendations that Council had not taken into consideration.

For example, during our discussion with Council, we identified a gap in the research findings. Our group questioned the Council as to who they involved in their stakeholder interviews. It was revealed that no one living with a disability was included in their initial research. We used this moment as an opportunity to provide another perspective for the Council to consider and use to improve their draft plan. By providing this information, we truly feel that we have assisted in making the community a better place for those living with a disability.

[Appendix 6 – Grant District Council Meeting Summary](#)

[Appendix 7 – Grant District Council 4 Pillars](#)



RECOMMENDATIONS (POTENTIAL FUTURE PATHWAYS)

Although actions have been taken to partially address some of the issues raised there still seems to be conflicting perceptions on how well these solutions have been implemented. There is also a lack of communication between councils, disability support organisations, carers, and disabled people. There is more work to be done to bridge the gap between perception and reality.

The following recommendations are suggested future pathways which could be steps towards improving disability inclusion and independence:

RECOMMENDATION 1 – AWARENESS

- Disability awareness training and education starting at school level to develop an understanding and foster consideration. Focus on breaking down barriers and working towards treating disabled persons as equals. A youth group recently received a grant to roll out a disability awareness program at schools. This is a positive step towards adaptive problem solving and assists in removing community judgement and bias towards people with disabilities.
- Training and improved communication within the community on how to approach and support disabled people.
- Develop guidelines for businesses on how to redesign environments to support disabilities (seen and unseen).

RECOMMENDATION 2 – COMMUNITY JUDGEMENT & DISCRIMINATION

- Changing views, asking *"If it was you or your close family member living with a disability, how would you want to be treated?"* *"Everyone wants the same thing – to be in control of their own life."*¹¹
- **How to help:**
 - ✓ *"Listen to the person with the disability."*
 - ✓ *Do not make assumptions about what that person can or cannot do.*
 - ✓ *Talk directly to a disabled person, not through his or her companion.*
 - ✓ *Extend common courtesies to disabled persons.*
 - ✓ *Offer assistance to a person with a disability, wait until your offer is accepted before you help.*
 - ✓ *Teach behaviour that helps people understand how to approach someone with a disability."*¹²
- Breaking down the stigma in communities through communication, education, and increased awareness regarding the impact of non-inclusion of disabled persons.
- If you can change the level of awareness surrounding disability and inclusion, you can make a lasting impact over a longer term (adaptive). Fixing the environment (technical) to be more accommodating is a necessary but short term, low impact solution.

RECOMMENDATION 3 – SERVICES & EVENTS

- Improved disability stakeholder group representation in councils' committees and sub-committees. Consider introducing this as a KPI (key performance indicator) for councils.
- Create a community led mouthpiece for people with disabilities and their carers to easily communicate with councils, businesses, and event organisers. The creation of a not-for-profit organisation specific to the Limestone Coast that could organise group activities and events specifically aimed at people living with a disability.
- Create more social events that are "disability friendly"- catering for people with disability to be able to attend. COVID has assisted in this regard as more learning opportunities and entertainment have transitioned to online platforms but continual improvement in online accessibility is needed.

¹¹ Feedback comment taken from a stakeholder interview

¹² Grant District Council – Disability Training Package



CONCLUSION

At the start of this assignment our CAP group did not fully grasp the complexity and wide variety of challenges surrounding disability. It has been an extremely steep learning curve around a very sensitive and emotional subject. We all have different takeaways from the experience, but it has had a lasting impact on us, and we will certainly view carers, support workers and disabled people and the challenges they face in a new light.

The Council inclusion plans viewed whilst doing research identified similar issues. Our CAP group applied the adaptive leaderships skills learnt throughout this course to affect change in council meetings and discussions, highlight different experiences and viewpoints from the stakeholder interviews.

The emergence of COVID has created additional challenges in conducting interviews and experiments and the extension of the course from June to October has been challenging but we are all thankful for the opportunity we have been given to participate and hope that our contributions and recommendations create positive change towards improved access, disability inclusion and ultimately, independence.

REFERENCES

Australian Bureau of Statistics <https://itt.abs.gov.au/itt/r.jsp?databyregion#/>

Data SA <https://data.sa.gov.au/data/dataset>

Limestone Coast Local Government Association <https://lclga.sa.gov.au/community-and-economy/regional-data>

National Disability Independence Scheme <https://www.ndis.gov.au/>





APPENDIXES

APPENDIX 1 – PRODUCTIVITY COMMISSION INQUIRY REPORT - KEY POINTS

Disability Care and Support

Overview and Recommendations No. 54, 31 July 2011

Key points

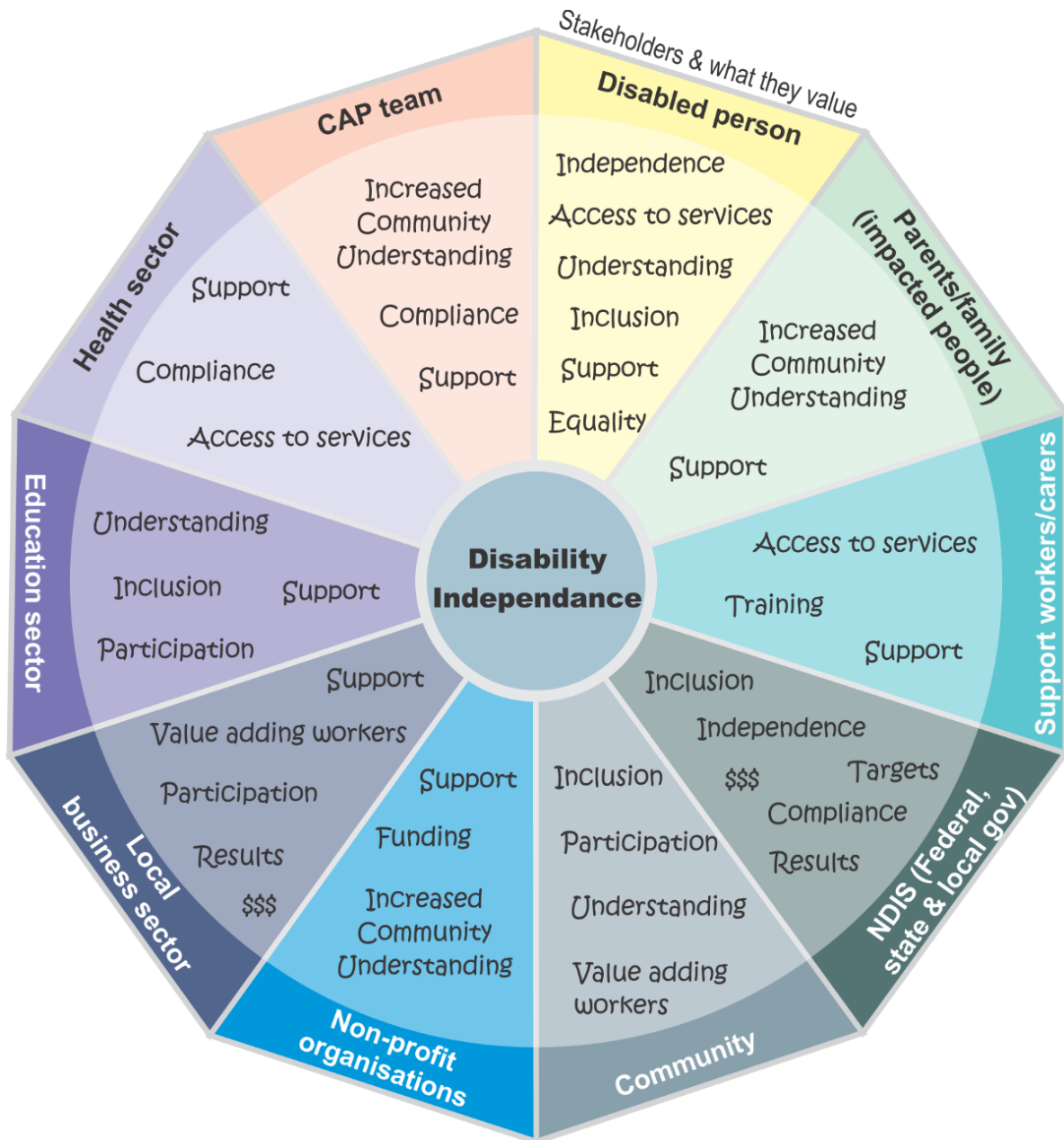
- Most families and individuals cannot adequately prepare for the risk and financial impact of significant disability. The costs of lifetime care can be so substantial that the risks and costs need to be pooled.
- The current disability support system is underfunded, unfair, fragmented, and inefficient, and gives people with a disability little choice and no certainty of access to appropriate supports. The stresses on the system are growing, with rising costs for all governments.
- There should be a new national scheme — the National Disability Insurance Scheme (NDIS) — that provides insurance cover for all Australians in the event of significant disability. Funding of the scheme should be a core function of government (just like Medicare).
- The main function (and source of cost) of the NDIS would be to fund long-term high quality care and support (but not income replacement) for people with significant disabilities. Everyone would be insured and around 410 000 people would receive scheme funding support.
- The NDIS would have other roles. It would aim to better link the community and people with disabilities, including by using not-for-profit organisations. It would also provide information to people, help break down stereotypes, and ensure quality assurance and diffusion of best practice among providers.
- The benefits of the scheme would significantly outweigh the costs. People would know that, if they or a member of their family acquired a significant disability, there would be a properly financed, comprehensive, cohesive system to support them. The NDIS would only have to produce an annual gain of \$3800 per participant to meet a cost-benefit test. Given the scope of the benefits, that test would be passed easily.
- The scheme should involve a common set of eligibility criteria, entitlements to individually tailored supports based on the same assessment process, certainty of funding based on need, genuine choice over how their needs were met (including choice of provider) and portability of entitlements across borders. There would be local area coordinators and disability support organisations to provide grass roots support. The insurance scheme would take a long-term view and have a strong incentive to fund cost effective early interventions, and collect data to monitor outcomes and ensure efficiency.
- The above features would be best met by a having a single agency overseeing the NDIS — the National Disability Insurance Agency. It would be created by, and report to, all Australian governments. It would have strong governance arrangements, with an independent commercial board, an advisory council of key stakeholders, clear guidelines to ensure a sustainable and efficient scheme, and legislation that protected the scheme from political influences.
- It would be the assessor and funder, but not the provider of care and support. Services would be provided by non-government organisations, disability service organisations, state and territory disability service providers, individuals and mainstream businesses. Increased funding, choice and certainty are the key features of the recommended scheme. Advocacy would be funded outside the scheme.
- An alternative but inferior option would be a 'federated' NDIS. This would give state and territory governments control over their own systems, but with some common core features. Such an arrangement could easily revert to the current flawed and unfair system, with 'agreements' breaking down into disputes about who is to pay, how much and for what.



- People would have much more choice in the proposed NDIS. Their support packages would be tailored to their individual needs. People could choose their own provider(s), ask an intermediary to assemble the best package on their behalf, cash out their funding allocation and direct the funding to areas of need (with appropriate probity controls and support), or choose a combination of these options.
- The NDIS would cover the same types of supports currently provided by specialist providers (but with sufficient funding), give people more opportunity to choose mainstream services, and encourage innovative approaches to support.
- The Australian Government currently provides funding to the disability sector of around \$2.3 billion, while state and territory governments provide funding of around \$4.7 billion — a total of over \$7 billion.
- Current funding for disability is subject to the vagaries of governments' budget cycles. People with disabilities have no certainty that they will get reasonable care and support over the long run. Resourcing might be good one year, but insufficient the next, with many people missing out. The Commission estimates that the amount needed to provide people with the necessary supports would be about double current spending (an *additional* \$6.5 billion per annum).
- The Commission proposes several options for providing certainty of future funding. Its preferred option is that the Australian Government should finance the entire costs of the NDIS by directing payments from consolidated revenue into a 'National Disability Insurance Premium Fund', using an agreed formula entrenched in legislation. The amount needed could be funded through a combination of cuts in existing lower-priority expenditure, fiscal drag, and if necessary, tax increases.
- A less preferred option is that all governments could pool funding, subject to a longrun arrangement based on the above formula, and with pre-specified funding shares. This would need to be closely monitored by transparent accounting and penalties for failure to meet commitments.
- The scheme would gradually be rolled out from mid-2014. It would start in a few regions. That would allow fine-tuning of the scheme, while providing high quality services to many thousands of people. In 2015-16, the scheme should cover all regions of Australia for the highest priority groups, and should progressively expand until the scheme covered all people by the end of 2018-19.
- A separate scheme is needed for people requiring lifetime care and support for catastrophic injuries — such as major brain or spinal cord injuries. Currently, many Australians get poor care and support when they acquire such injuries because they cannot find an at-fault party to sue.
- A no-fault National Injury Insurance Scheme, comprising a federation of individual state and territory schemes, would provide fully-funded care and support for all cases of catastrophic injury. It would draw on the best schemes currently operating around Australia. State and territory governments would be the major driver, developing a comprehensive scheme by 2015.



APPENDIX 2 – PIZZA DIAGRAM





APPENDIX 3 - STAKEHOLDER QUESTIONS AND FEEDBACK SUMMARY

Interview Questions	Stakeholder 1	Stakeholder 2	Stakeholder 3	Stakeholder 4
What is your background / the background of the Organisation?	Mostly care and assistance provided to aged/elderly, but assistance is also provided to those on NDIS as required.	Living with a disability – visually impaired/legally blind. Only have 5% vision.	Working in disability and have family living with a disability. Career in disability came from undertaking courses to learn about disability which naturally meant skills were sought after.	Organisation supporting people with disabilities for 30 years within community. Due to funding changes, amalgamation was required to stay viable. The organisations have been through many changes in the past few years due to the implementation of NDIS. Primary function is supported employment for people with disabilities and support funded through NDIS packages.
What is the scope of your Organisation? Do you service the entire Limestone Coast?	SA wide.	N/A	Whole of SA. Support coordination – company is in Adelaide subcontractors for limestone coast. Mostly based in Mount Gambier but there is some work in the wider limestone coast.	All over South Australia but each location supports different aspects of the communities e.g. homeless, disabled, long term unemployed. Service centres in both Kingston and Bordertown, providing employment opportunities and NDIS services to those with disabilities.
What do you believe independence means to a person living with a disability?	Being able to live their life to the full, within their capabilities and receive assistance in areas that are lacking. Assistance also includes encouraging people to do their best.	Not having to rely especially on direct family. If a disability develops over time. Once you loose independence you become dependent on others. Working provides independence – “ability to work by ourselves brings a sense of accomplishment.”	Being in control of your own life – not having someone else control what you do, what you can buy, etc. The understanding of what independence is would differ depending on the type of disability, seen or unseen. Everyone wants the same thing – to be in control of their own life.	For each person it is different and independent living goals need to be tailored to the individual. The scope for disabilities is huge. Independent living can simply be not relying wholly on the main caregiver for a period. The person with a disability that can go into supported accommodation overnight, is a development in their independent living aspirations. Another person may live independently during the week and go back to the place of main care over the weekend. Even those that can live independently, still need support. Even



				those without disabilities need community support from time to time. Helping the disabled build on that community support is a small step to independent living.
Do you believe the NDIS has helped people living with a disability? How / why not?	<p>Eventually yes – the process is not easy. Once up and running fine, but initial contact and the application process is hard and lengthy.</p> <p>SH1 has only worked in this role since the NDIS has been implemented so could not comment on what it was like prior to.</p>	<p>“It has improved some things and has made other things harder.” Accessing services in regional areas is difficult. When NDIS was first released, it claimed to bridge a lot of service gaps but in regional communities, that was not the case. NDIS will suggest different things you <u>may</u> need but will not necessarily provide what is needed.</p> <p>The NDIS has generalised types of disability in their legislation. All disabilities require different levels of support. By having disability generalised, what services some people need, others do not.</p> <p>Occupational Therapists must do a report for a person with a disability to receive specialised technology. This is a lengthy process and quotes often ends in rejection. The principles of NDIS are better than before it was rolled out but there is no improvement to services.</p>	<p>If it is right, yes, if wrong, no.</p> <p>E.g. if someone with a disability is technological savvy or has support to help them apply for the NDIS, then it is a great system.</p> <p>If someone has no support, or technological skills to apply for NDIS, then it would be very difficult to get into the system and access the support needed.</p> <p>Before NDIS, there were numerous waiting lists. Once you got to the top of a waiting list, you were told what was available, not necessarily provided with what was needed. Whereas now with NDIS, the person living with a disability is given the opportunity to ask for what they want, not be told what they can have.</p> <p>There were 2 ways to get NDIS – if you were in the system before NDIS was implemented, you were automatically rolled into new system. For those starting fresh, it is a nightmare.</p>	<p>Yes and no. Again, it depends a lot on circumstances. Carers often will not ask for help. They are used to services not being available and often just expect things as they are. They often have a strong sense of attachment and responsibility for the disabled person. They may be blind to the true capabilities of the person with the disability. I often feel as though I could help others develop more if the main care giver were able to let go a little. However, I will not judge as I have never walked in their shoes. Often these care givers have given up a fair chunk of their lives to care for the person with the disability and provide them with what they believe to be the best life possible. The primary carer does not want to be seen to be complaining or not accepting of the situation. Funding may be in the package for core supports or capacity building activities, however an organization may not be able to supply the services required.</p>



<p>What do you believe the issues are around inclusion, accessibility and independence for people living with a disability in the Limestone Coast?</p>	<p>Community judgement – people living with a disability are judged on appearance and past issues they have had.</p> <p>There are no difficulties with accessing medical services in Tatiara. Any service that is required for a client is provided.</p>	<p>The level of available services in regional areas is a major issue – it's very hard to compare regional to Adelaide.</p> <p>SH2 joined ParkRun last year – it happens at 8am every Saturday. He would not have joined without the support of a community member. He did not even think it was possible for a person who is visually impaired to join a park run, but with the encouragement and support of the community, he was able to.</p>	<p>Inclusion – issues around segregation in education – there are currently special schools and classrooms and there are quite a large number of children on the autism spectrum doing distance education. Issues around inclusion start from early childhood. If they do get into a school, they are not allowed the same privileges, such as attending an excursion or camp. Another example is the psychologist available online through Headspace will not speak to anyone with an intellectual disability – same with some doctors.</p> <p>Community exclusion – people living with a disability cannot be a part of normal sport groups. If they are not included in normal schools or in community groups – they are unable to make friendships.</p> <p>Accessibility – have heard from a lot of people in Mount Gambier who are in a wheelchair and are unable to access a lot of businesses – businesses either have steps or steep inclines to get to front doors. Wheelchair taxis are also very expensive and hard to access. For example, one lady living in Mt Gambier can only be given access to a wheelchair taxi once per fortnight – if she has a doctor's appointment to go to, then she is unable to do her grocery shopping that fortnight. These issues also apply to the blind and people with dementia.</p> <p>Independence cannot happen without inclusion and accessibility.</p>	<p>The big issue in regional areas is to find meaningful activities that will enhance the development of the individual. Most want to travel to a destination and yet this cost often is not funded through their plan or they simply do not have enough hours of support.</p> <p>Regionally, WHS becomes an issue also as clients may require a long day trip to Adelaide and yet the support staff cannot provide support for more than 10hours and they still need to take work breaks (hence being unable to provide these services). Obviously, those in the city would not encounter such issues. What regional areas do better, is the inclusion aspect. Clients can have a day out at regional football and the communities are very inclusive. This comes down to work done previously to break down those barriers and the continuing work of allowing them to be treated as equals.</p> <p>Society in the country areas is much more connected to each other and over the years newer social norms have been developed. Everyone in the country will look out for each other, including those with a disability. City people are far less connected, and it is hard enough for them to know their neighbour let alone a disabled one.</p>
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What is already being done to address these issues?	Nothing that SH1 is aware of.	<p>Nothing is really being done. In Mt Gambier there is Bedfords and Irana – other than that, not a lot has been done in the community to get people living with a disability to be employed.</p> <p>The shift to online study (even universities) has allowed a lot of people with a disability to be able to access the opportunity to learn and develop. This helps people with a disability to gain the skills they require for employment.</p>	<p>A person has started an inclusion reference group.</p> <p>All councils are supposed to have an inclusion policy by some stage this year. This has not previously been in place.</p>	<p>Our local libraries have made changes for the better. They are more open and allow activities that were once seen as taboo in libraries. Often, we can take clients there to watch movies over the internet or play board games. The openness of our Bordertown library works very well for social inclusion with all library users.</p> <p>A community hub with a kitchen area and structured recreational activities would be fantastic however it is probably somewhat of a utopian idea. A place where they could be supported in activities and still have choice and control over what activities they engaged in.</p> <p>We did create such an environment at a location. Clients and supports were able to play pool and play board games. Cooking lessons were even discussed.</p> <p>Unfortunately, we were met with resistance and some of the community felt that the venue was not suitable to enable community inclusion. It goes to show that a viable idea can quickly be undone due to long standing community attitudes.</p>
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<p>What is your assumption about the solution? Is there a solution?</p>	<p>For individuals and organisations to get to know the person and seeing for themselves what that person is like. Community judgement is fuelled by gossip and business owners talking to each other about past issues with clients. Some Organisation's now will not allow some clients to enter their premises (based on these judgements) whereas other organisations are the complete opposite and bend over backwards to help a client.</p>	<p>Before the NDIS, there was a collective system – the royal society for the blind for example, would organise group activities/events, this was a great way to socialize with others living with a disability and vision impairment. With the NDIS, these activities/events are not happening. Some of this needs to start again, there needs to be a greater level of services to cater for specific disabilities. The royal society for the blind – head office is in Adelaide; they had an office in Mount Gambier prior to NDIS but have shut since NDIS (along with other rural offices). NDIS forced organisations like this to restructure. The negative side of it is, that their primary focus is now on themselves, not those that need the help. They have turned into a business and focus on profits now. The government took funds away from these organisations and put it all into one system – the NDIS.</p>	<p>There is a solution – it will take money and time and people wanting to make changes. Solution is starting to happen with COVID – things are moving to online which is making resources (such as entertainment) more available to everyone, including those living with a disability who were unable to attend (a concert for example) prior to COVID. People need to stop seeing those with a disability as second-class citizens.</p>	<p>Everyone needs to be on the same page and advocating for the best possible outcome. Organisations are tied to policy and procedures making some services impossible and delivering substandard support due to WHS restrictions. More supported employment opportunities for those with disabilities is a great way of getting them to participate within the community.</p>
<p>How can communities help to address these issues?</p>	<p>Individuals and organisation's need to stop jumping to conclusions. Organisations can contact support services to have a carer assist disabled people to enter a shop, if they are worried about that person.</p>	<p>More focus on agencies coming to this region. Before joining park run, SH2 thought he knew what community was. He thought it was council based. He has learnt that it is based on volunteers and people doing things because they want to Building community awareness around disability will help build support and inclusion within the community. Through writing (currently studying history and has a passion for writing) and his blog (not live yet), he is trying to educate people on what it is like living with a disability.</p>	<p>Not discriminate and seeing everyone as equal. People need to put themselves into other people's shoes – think of one of your close relatives, mum, dad, sister, living with a disability – how would you like them to be treated?</p>	<p>Continue with educational programs. Continue to work on community attitudes that the disabled have the same rights and needs as everyone else. I do believe that our communities' long history with one very kind and giving disabled man, influenced the Tatiara community in a positive way. We need to find ways to build more of these positive relationships. Community participation goes a long way in breaking down these barriers and building community inclusion opportunities</p>



Why is this topic so important to you?	It is part of my job and important because I don't like to see other people be judged.	The topic is more important now that he is working at Bedfords (been there 6 years). He always thought it was just him living like this. After working here, he has understood that there are more out there. He does not like to see others being treated less than equal and not being able to live independently.	Because of family living with a disability - you realise how badly they are treated.	It is human right for all people to be able to actively participate within their community.
How will COVID-19 impact the support communities are able to provide to a person living with a disability?	NDIS clients have not changed – still receive full services. If anything, people with a disability have been encouraged to stay home and for carers to run errands on their behalf.	Helping as there is a shift to online. Although, there is a greater sense of isolation too which is a downfall. SH2 knows a lot of people living by themselves with no support – COVID has made this worse and he is concerned about the mental health of those in isolation.	People with a disability would find it difficult getting a ventilator if admitted to hospital during COVID. They would not be given preference. Solutions are starting to happen due to COVID – things are moving to online which is making resources (such as entertainment) more available to everyone, including those living with a disability who were unable to attend (a concert for example) prior to COVID.	Currently during Covid-19, all face to face services have been suspended and this includes supporting those that live independently. I can categorically say that this has been detrimental to the clients and I have strong views on how these types of services should have been deemed to be essential services. The evidence is there for all to see that this NDIS support is required and it is detrimental to the person with the disability when you take that support away. This responsibility then falls back on to the main caregiver, who may be aged and is then risking their own health as this support was not deemed as an essential service. Often these support workers become the client's friend, emotional support, alarm clock, the clean police, the person that throws spoiled meat from the fridge. Some organisations are over governed with policy and procedure. It becomes more about reducing liability than duty of care.



Additional comments	<p>Adult daycare – on hospital grounds in Bordertown. It is a big activity centre where anyone can come (any age group/no exclusions). It provides opportunities for social connection (lunch outings, cooking classes, hairdresser visits, puzzles/games, blokes' trip once per month on a bus trip). Not just for people with a disability but for aged too – many participants are on NDIS. Not open on Monday but open during the day Tuesday to Friday. Also available, in Keith.</p>	<p>People don't realise that there are a lot of people living with a disability in the community and that it can happen to anyone at any time. Imagine if it were you living a normal life, and then suddenly have it change – would you like to be treated that way?</p> <p>People often speak about me to my wife, in front of me, e.g. "Is he okay?" This is very degrading.</p> <p>One explanation could be that people may not know how to communicate with a person living with a disability – could be causing the community judgements and assumption.</p> <p>The NDIS promotes "living an ordinary life" – how do you define ordinary life?</p> <p>Maybe look at education in schools – programs around educating high school kids about living with a disability and how they can support them.</p>	<p>None</p>	<p>Big organisations have internal structures that do not meet the needs of the clients it claims to support. Once these services begin to be picked up by much smaller organisations, together the client and the support will begin to implement positive change, as it will be wholly about what the client wants rather than what the organisation wants to deliver. It appears it is as difficult to change your provider as it is to change your bank. Most will stay loyal long after they should.</p>
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APPENDIX 4 – COUNCILS' DISABILITY ACCESS AND INCLUSION PLAN (DAIP) SUMMARY

Summary of council's area of work	Kingston District Council	Grant District Council	Tatiara District Council	Naracoorte Lucindale Council	Wattle Range District Council	City of Mount Gambier
Reason to include the DIAP plan to implement	It's the requirement of a disability act that was implemented in 2018	Disability Access and Inclusion Plan (DAIP) the District Council of Grant can set up a framework to show leadership in this sector while improving the outcomes and quality of life for people living with a disability	<ul style="list-style-type: none"> Developing a Disability Access and Inclusion Plan (DAIP) demonstrates that we as a Council recognises the importance of inclusion and access for everyone. One of our responsibilities as a local government is to ensure that all members of our community, regardless of ability, have the same rights to be included and participate in their community, access our services and products, and be considered in the work that we undertake 	This plan is prepared in accordance with Part 5 of the Disability Inclusion Act 2018.	<ul style="list-style-type: none"> The plan was prepared in collaboration with the community, and utilises the South Australian Government's DAIP reporting template This Disability Access and Inclusion Plan (DAIP) demonstrates Wattle Range Council's strategic commitment to improving the participation of people with disability 	<ul style="list-style-type: none"> The Disability Inclusion Act 2018 (SA) requires the Council to develop a Disability Access and Inclusion Plan in line with the Inclusive SA: State Disability Inclusion Plan 2019 - 2023. The purpose for the City of Mount Gambier Disability Access and Inclusion Plan (DAIP) is to outline our commitment to the continuous review and development of information, services and facilities to ensure equitable access and inclusion for all within our community



<p>Consultations and feedback from stakeholders</p>	<ul style="list-style-type: none"> • Personal interactions with different stakeholders (Schools, Senior citizens & people leaving with disability) • 1st round of draft made public for comments and feedback and due to close on 14th Sep 2020 • Not a lot of feedback from community 	<ul style="list-style-type: none"> • Staff Survey: Overall staff who responded to the survey were pleased to see a DAIP being developed and as a result it would progress some change across the organisation when approaching operational tasks • Community Survey the Community Survey was open for six weeks and was available in electronically via Your Say DCG, in hard copy or was mailed out upon request • Other consultation responses • Focus Group: Two successful focus groups were conducted with representatives of the disability services community (NDIS, Mission Australia, Employment Services and Home Support Services) and the 2020 Limestone Coast Regional Leadership Program participants who are undertaking a CAP on the Disability Sector 	<ul style="list-style-type: none"> • A diverse working group was established to oversee the planning process. An initial review of current advice, activities and staff knowledge was undertaken, including a staff survey. The Community engagement strategy was developed and occurred over a six-week period. • Community members have provided feedback through a variety of ways, including an online and paper survey, community forums, individual interviews and telephone calls • Promotion of the both the online and hard copy survey has occurred through local print media, flyers and social media • Overall, 180 people took part in the consultation: 	<ul style="list-style-type: none"> • Council formed a Disability Working Group. The Working Group included people living with a disability, carers, business owners, two Elected Members, and Council staff. The group discussed barriers and aspects that work well for people when living with a disability in the Council area. • 43 people visiting the consultation webpage and the two Facebook posts having a reach of 553 and 714 people respectively, the survey response rate was very low. 	<ul style="list-style-type: none"> • The Council project group included executive and support staff. • The services of a qualified and experienced "Action Planner" (Disability Discrimination Act 1992 Part 3, Section 59) consultant were sought through a competitive tender process. • Consultant to Council was Environ Arc Pty Ltd, with Team Leader - Michael Galea (ACI, ACAA, GAATES Internationally Certified Access Consultant and DAIP Action Planner), David Stewart (ACAA Certified Access Consultant). 	<ul style="list-style-type: none"> • To enable the development of the first Disability Access and Inclusion Plan (DAIP) for the City of Mount Gambier stakeholder groups from our community were invited to provide feedback on several questions linking back to the themes of our draft plan. • This stakeholder feedback was reviewed by the City of Mount Gambier Leadership Team and presented as an action plan for our draft Disability Access and Inclusion Plan (DAIP) for consultation purposes.
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<p>Biggest concerns and issues on the disability accessibility and inclusion:</p>	<ul style="list-style-type: none"> • Footpath, linkages and access to buildings • Access to building – Looking at a grant program for business owners to make changes to access buildings. • Caravan park – looking to install wheelchair accessible cabin. • Beach access – looking to install a beach matt so people in wheelchair to access the beach • The local centrelink office is not wheelchair accessible 	<ul style="list-style-type: none"> • Information and Communication • Built environment and facilities • Employment Programs and Services 	<ul style="list-style-type: none"> • Ability for wheelchair bound visitors to visit cemeteries due to dirt pathways • Issues for hearing impaired at our cinemas and theatres and public forums • Access to our offices for wheelchairs. This included office space and toilets. • Access points across roads as the kerb ramp is steep • Access to businesses, recreation and sport facilities and public spaces • Keith Institute access has improved since mat has been installed • High shelving is an issue • If it is hot and the lift is not working access to the second floor is difficult in Bordertown 	<ul style="list-style-type: none"> • 18 issues were identified particular the Naracoorte Swimming Lake and the CBD of Naracoorte and Lucindale. • This was considered to ensure linkages between streets are achieved including kerb ramps and safe paths of travel in and around the townships 	<ul style="list-style-type: none"> • Promote and improve access for all; • Build an inclusive community for all people which respects the dignity and values the diversity of individuals; • Strengthen our community; • Ensure the protection of equal rights, the right to participate in all aspects of community 	<p>Changing Places Facility - James Street</p> <p>In October 2019, the City of Mount Gambier officially opened its first Changing Places facility, located in the James Street toilet block. All aspects of community</p> <p>Community and Recreation Hub (CaRH) Design</p> <p>For over 30 years, there have been community discussions about the need for an indoor aquatic centre.</p>
<p>Previous and current actions to address these issues:</p>	<ul style="list-style-type: none"> • In the middle of a main street upgrade – very conscious of footpath width, disabled parking etc • All upgrades and future planning have had disability access in mind and has been included – 	<p>Not addressed</p>		<p>In Janaury 2016, Council considered the feasibility of establishing an on-street zebra crossing for Smith Street. The zebra crossing concept was evaluated and they concluded there is not clear concentrated pedestrian desire line.</p>	<ul style="list-style-type: none"> • Nangwarry public toilet upgrade • Installation of new public toilets in close proximity to the Domain playground • Wheelchair swing at the Domain playground • Beachport Museum disability upgrades 	<p>Changing Places Facility - James Street</p> <p>In October 2019, the City of Mount Gambier officially opened its first Changing Places facility, located in the James Street toilet block. All aspects of community</p>



	infrastructure and buildings				<ul style="list-style-type: none"> • Reorganising shelves in Millicent Library to be wheelchair accessible • Auslan large books and audio books available at the Millicent Library • Beach access upgrade at Beachport Surf Beach • Footpath upgrades • Donation of Red Cross vehicle • Public consultation conducted using multiple formats • Staff and elected member disability awareness train 	<p>Community and Recreation Hub (CaRH) Design</p> <p>For over 30 years, there have been community discussions about the need for an indoor aquatic centre.</p>
<p>Current and future action plan to address these issues:</p>	<ul style="list-style-type: none"> • Physical – create connections and made things accessible, installing cabins etc opens new marketing opportunities • For locals – it's about accessibility and not excluded from certain areas 	<p>Information and Communication: People with a disability receive the same information from the District Council of Grant in a format that will enable them to access information as readily as other members of the community</p> <p>Built environment and facilities: People with a disability have the same opportunity as other members of the community to access buildings and other facilities and</p>	<ul style="list-style-type: none"> • Access to Information • Council Services • Footpaths/walking tracks: <ol style="list-style-type: none"> 1. Suggestions for improvements of wetlands walking track 2. Bordertown retirement village and surrounds - key to have smooth footpath/ track. Possible extension to post office but most people can't walk that far 3. Bordertown retirement village people like to do a lap to the hospital and kindergarten 	<p>Access to build environs, events and facilities -18 projects</p> <p>Access to information and communication: Social media</p> <p>Addressing the specific needs of people with disability in Council programs and services: Online services</p>	<ul style="list-style-type: none"> • Inclusive and accessible communities • Economic security and employment • Rights protection, justice and legislation • Personal and community support • Learning and skills • Health and wellbeing 	<ul style="list-style-type: none"> • Priority 1: Involvement in the community • Priority 2: Improving community understanding and awareness • Priority 3: Promoting the rights of people living with disability • Priority 4: Participation in decision-making • Priority 5: Leadership and raising profile • Priority 6: Engagement and consultation • Priority 7: Universal Design across South Australia • Priority 8: Accessible and available information



		<p>infrastructure within the District Council of Grant Employment Programs and Services: People with a disability have the same opportunities as other people to obtain and maintain employment in the Council area</p>	<p>4. Walking track possibly around Memorial Park</p> <p>5. Noted that people like to be able to come in and report any issues about footpaths – good systems in place to do that.</p> <p>6. Footpaths and pavers often discussed – Trip hazards</p> <p>7. A walking track/bike track would be great from Keith town centre to the cemetery</p> <p>8. Pathway through grass to playground at Don Moseley Park</p>			<ul style="list-style-type: none"> • Priority 9: Access to services • Priority 10: Better supports within educational and training settings • Priority 11: Skill development through volunteering and support in navigating the pathway between learning and earning • Priority 12: Improved access to employment opportunities and better support within workplaces
Measurement and Evaluation of the progress	<ul style="list-style-type: none"> • Annual reviews – 4-year plan • All objectives have target dates within financial year • Any items not completed, can be forward planned into the following year. 	<p>While this document sets the focus of the Council for the next four years, it is a working document that will have critical review at set points in time, allowing a shift in the priorities as required to reflect any social, political and environmental changes. A revised plan will be published in 2025.</p>		<ul style="list-style-type: none"> • This Plan is a working document and can be reviewed at any time. The Plan may be reviewed in line with changing legislation. • The timeframe for evaluation and review of the Plan is four years unless otherwise legislated 	<ul style="list-style-type: none"> • The opportunity for the community to provide feedback in relation to the progress of the plan will be given by open invitation to a Disability Access and Inclusion Plan • Community members throughout the term of the plan can lodge comments to the Council about its progress. 	<ul style="list-style-type: none"> • Prior to October each year Council will provide a progress report to the Ministers Office in line with the legislative requirements of a DAIP.



Communication plan and means to make community aware	<ul style="list-style-type: none"> • Generally, advertise on Facebook page and website. Issue media release advising that it is available. Will send a copy to stakeholders (schools, old folks' home, senior citizens) • Copies will be available at council 	<ul style="list-style-type: none"> • Bridge communication gap between disability providers / carers /clients. • Communication does not always flow freely and not all information is getting to where it needs to be. • Advertising and promotion of any Council information, projects, events, employment opportunities to be directed to providers to reach a targeted audience. 	<p>Access to Information:</p> <p>Common themes in all forums was the importance of access to information through traditional formats. Information that is printed in flyers of the paper, community newsletters and notice boards, radio promotion were key to people hearing about programs and services. Personal invitations and one on one assistance made people feel included and encouraged them to attend events</p>	<p>Access to information and communication: Social media</p>	<ul style="list-style-type: none"> • Facilitating the development of the plan; • Liaising with people with a disability in the community and their carers; • Monitoring the implementation of the plan; • Endorsing the plan; • Advising Council and commenting on the implementation of the plan as required. • Assisting in the evaluation of the plan. 	<p>The DAIP will be made available for all employees and will be incorporated into individual business unit plans and processes and procedures.</p>
Resource of funding	<ul style="list-style-type: none"> • Grants and annual funding. • All internal resources to develop the plan. 	<p>Annual Budget</p>		<p>The indicative budgets may include contributions from external parties in addition to Council funds</p>		<p>The City of Mount Gambier in conjunction with Alexandrina Council and City of Adelaide, have secured funding from the (LGILC) for the Accessible Events Pilot Project.</p>



APPENDIX 5 - POLARITIES





APPENDIX 6 – GRANT DISTRICT COUNCIL MEETING SUMMARY

Groups involved - Grant council, Minda, Mission Australia & surveys completed

What they have found:

Mount Gambier – access issues

General – Lack of Information and communication

- Not understanding what is available
- No meet and greet opportunities
- Community in unclear as to how to engage with these individuals

Employment opportunities do not consider people with disability and people with disabilities do not know how to apply for employment (too hard and too many processes)

At >25yrs the circle and support falls flat for individuals with disability:

- Employment issues
- Don't know how to handle an employee with a support worker
- Lack of advocacy/ representation on councils
- Limited modes of transport to support disabled persons

Communication and information:

- not suitable for the people it needs to support
- conflicting information
- more provider engagement required
- run more targeted/ focussed programs

Education:

- environments upgraded for various age groups
- Identify what are the suitable communication forms for people with various different disabilities

The type of disability dictates how people are treated & understood when communicating

Different disabilities have different challenges.

Creating a programme where disabled people will test different facilities. Issues will then be identified and recorded. (Technical solution)

There is a need for formal disability consultancy groups to enable them to provide input into programs and plans and to test facilities. "they want a voice"

Actions:

Reach out to local employment agencies

Build more awareness around employment opportunities & work experience opportunities

Set KPI's around disability in organisations that need to be achieved

Other issues:

Increased waste due to disability need for increased waste collection and possible subsidy

Recreation and interaction – not a lot of opportunities for disabled persons to participate. Lack of social experience and exposure

A need for close personal bonds over long periods of time.

Inclusion - an individual sense of belonging as a valued member of the community

Equity - fair and just outcomes for all to achieve their full potential

Access - opportunity to fully participate in community life.

Removal or reduction of barriers (physical and attitudinal) to participation in the activities and functions of a community.



APPENDIX 7 – GRANT DISTRICT COUNCIL 4 PILLARS

The following document was provided to our CAP group to show the 4 areas of improvement that the Grant District Council identified during their research and development of their Disability Access and Inclusion Plan.



**District Council of Grant
Disability Access and
Inclusion
Focus Group Overview
yoursaydcg.com.au**

Through the development of a Disability Access and Inclusion Plan (DAIP) the District Council of Grant (DCG) aims to:

- Improve access for people with a disability to Council's services and facilities
- Encourage participation by people, regardless of ability, in Council activities
- Promote positive and inclusive images of people with a disability within Council and the community
- Strengthen the relationship between Council and people with disability in the region
- Promote and increase awareness in Council staff and the broader community of the rights and needs of people with disabilities
- Focus on practical, achievable and deliverable initiatives to enhance access to services, physical infrastructure and public places

There are four pillars which will form the structure of Council's DAIP

Information & Communication	Built environment and facilities	Programs and services	Employment
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Leading in to the focus group discussion please think about the four pillars and any actions within each would make a difference and why? For example:

- Advocacy - Is there enough and how could DCG advocate in a more effective way?
- Local Services - what is lacking and what is working well? Is ongoing funding an issue?
- Transport - Is lack of comprehensive public transport across the region an issue?
- Stigma and perceptions - what can DCG do better to break down social barriers?
- Infrastructure - handrails, footpaths and toilets? Where are the main causes for concern?
- Events and activities - what can DCG do to make them more inclusive and accessible?
- Website, Facebook and other publications - what new resources can DCG produce to better inform and engage people with a disability?
- Employment - what are the barriers? What strategies support people into meaningful employment?

