

INCLUSIVENESS PLAN

“ to address accessibility and engagement for all within our community ”

(Council Plan 2.6.4)





The Buloke Shire Inclusiveness Plan is about seeing and hearing our residents whose voices are often unheard and contributions to our community often unseen. In many cases, these residents find it difficult to connect to their communities and are unsure where to turn to talk about those barriers they face and what can be done to reduce them. Often, this leaves them unable to contribute to their communities or feel a sense of connection many take for granted. Ideally, there will come a time when these plans are no longer needed. In the meantime, we need to work together to create liveable communities for all and the Buloke Shire Inclusiveness Plan is a very small, initial step towards this goal. The adoption of this plan demonstrates Council is committed to providing opportunities for increasing residents' social connections and enabling the option of full, meaningful participation as a Buloke citizen.

This plan follows the five principles of action as identified through the Rural Social Inclusion Framework. It is important that this plan is viewed as a starting point for an ongoing process.

**ENGAGE
EMPOWER
UNITE
ACCEPT
CHANGE**

[CONSIDER THIS:]

“ Diversity ... is not casual liberal tolerance of anything not yourself. It is not polite accommodation. Instead, diversity is, in action, the sometimes painful awareness that other people, other races, other voices, other habits of mind have as much integrity of being, as much claim on the world as you do. ... And I urge you, amid all the differences present to the eye and mind, to reach out to create the bond that ... will protect us all. We are all meant to be here together.”

– William Merritt Chase

WHY IS INCLUSION A PRIORITY FOR BULOKE SHIRE COUNCIL?

Every resident ultimately wants to feel included and connected to their communities, this is especially important in rural communities as the very survival of our small towns relies on community cohesion and inclusion without judgement. In the Buloke Shire, this is even more important as we are a Local Government area made up solely of small, rural communities in the absence of a large regional centre. So, our survival depends on the creation of strong communities through inclusion and diversity.

The feeling of inclusion has many well-researched benefits with links to productivity, economic development and participation in the workforce. Rural communities are already well known for their ability to create friendly, safe and welcoming environments and this is often highlighted as our strength. But there is some work to do to maintain this and make it an everyday reality, rather than an ideal, in every aspect of our communities.

THE BULOKE SHIRE COUNCIL RECOGNISES THIS AND MADE IT A PRIORITY IN THE 2017-2021 COUNCIL PLAN:

- 2.6: Develop a Buloke Inclusiveness Plan to address access and engagement of all residents.
- 2.6.4: Implement an inclusiveness plan to address accessibility and engagement for all within our community.

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[A LITTLE BIT ABOUT RURAL SOCIAL INCLUSION...]

This is the first time the Buloke Shire has undertaken a broad Inclusiveness Plan. This Plan takes in the past Disability Action Plan and Positive Ageing Strategy to move these documents towards a genuine community approach. As such, these two themes feature heavily in this first iteration of this new Plan.

Further to this, the Buloke Shire Inclusiveness plan is heavily based on the research contained within "Building Socially Inclusive Rural Communities (BSIRC): A Complete Resource", it is strongly recommended this plan is interpreted and used in conjunction with the evidence and research within this resource. For the purpose of this Plan and due to the extensive research behind BSIRC, vulnerable populations already identified in this resource have been used as a basis to work from. While specific statistics are hard to come by on a local level, the very nature of the way forward through this Inclusiveness Plan will work with these population groups to better understand the ways our communities can respond.

Social inclusion, social exclusion, social isolation and social connectedness as concepts are multi-dimensional, complex and the terms often used interchangeably (ACT Council of Social Service, 2012). Defining these terms is problematic with no universally agreed definitions. Definitions also involve making assumptions that society is a desirable place to live and how people should live. Therefore it can be argued that these terms are not absolute concepts, but relative to the norms and expectations of society, at a particular point in time (Taket, 2009). However, without understanding the concept of social inclusion there is a risk that the term will become an overused buzzword that has little meaning and no value.

A detailed explanation of each of these terms can be found in Building Socially Inclusive Rural Communities (provided as an attachment to this plan).



“ Socially inclusive rural communities are those in which every individual is able to feel welcome in their community and have the opportunity to fully participate in all aspects of rural community life. ”

- Building Socially Inclusive Rural Communities

[A LITTLE BIT (MORE) ABOUT RURAL SOCIAL INCLUSION...]

SOCIAL DETERMINANTS

- Employment
- Education
- Housing
- Participation in leisure/social activities
- Access to health services, security/welfare support and community services

LIFE STAGES

- Early childhood
- Adolescents
- Adulthood
- Older age

LIFE CHANGES

- Commencing and or leaving school
- Moving out of the family home
- Becoming a parent
- Becoming unemployed
- Retirement
- Leaving prison, hospitals or hostels

VULNERABLE POPULATIONS

Rural communities disproportionately experience barriers to social inclusion including poorer access to housing, transport and support services therefore this can be exacerbated in people who are most at risk of social exclusion due to experiencing multiple and complex problems – Financial, Social, Physical, Psychosocial.

POPULATIONS MOST VULNERABLE TO OR AT RISK OF SOCIAL EXCLUSION INCLUDE:

PEOPLE

- With a disability
- Who are homeless
- Who are older (especially pensioners)
- Refugees
- With a drug addiction
- In temporary accommodation
- Early school leavers
- Sex workers
- With chronic illness
- Long term unemployed/under employed
- Lesbian, gay, bi-sexual, transgender

IN PLACES

- With limited employment opportunities (particularly women)

GROUPS

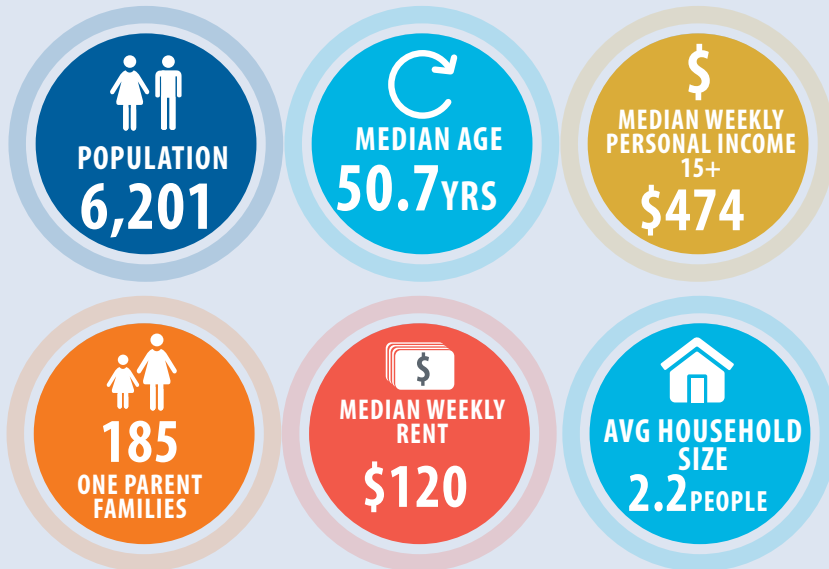
- Racial & ethnic minorities
- Religious

“ I don't attend the Senior Citizens Centre, the name sounds like a place we lock away old people to keep them out of the road, and my local group appears well established, I'm not sure they'd welcome a 'blow-in.' ”

- Community Member

http://centralvicpcp.com.au/wp-content/uploads/2016/11/CVPCP_RSIF_Document_LR-2016.pdf

SNAPSHOT OF OUR POPULATION



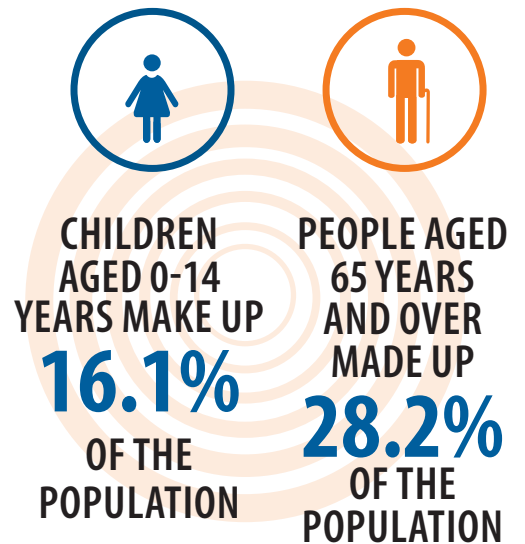
(Source: ABS Census 2016)

THE MEDIAN AGE OF BULOKE'S ABORIGINAL AND/OR TORRES STRAIT ISLANDER POPULATION IS 18

\$
PERSONS 15+ EARNING LESS THAN \$300PW
24.6%

1.1% OF BULOKE'S POPULATION IDENTIFIES AS ABORIGINAL AND/OR TORRES STRAIT ISLANDER

8.8% OF BULOKE'S POPULATION HOLDS A HEALTH CARE CARD COMPARED TO 6.9% OF VICTORIA (2016)



28.6% OF HOUSEHOLDS IN BULOKE ARE NOT CONNECTED TO THE INTERNET (COMPARED TO STATE AVERAGE 14.1%).

IT IS ESTIMATED THAT **UP TO 11%** OF AUSTRALIA'S POPULATION IS OF DIVERSE SEXUAL ORIENTATION, SEX OR GENDER IDENTITY.

76.9%

OF PEOPLE HAD BOTH PARENTS BORN IN AUSTRALIA

7%

HAD BOTH PARENTS BORN OVERSEAS

BULOKE

GOVERNMENT PENSIONS & ALLOWANCES (NO.) - 2017

AGE PENSION	1083
PENSIONER CONCESSION CARD	1649
HEALTH CARE CARD	486
DISABILITY SUPPORT PENSION	318
CARER PAYMENT	107
CARER ALLOWANCE	220
NEWSTART ALLOWANCE	201
PARENTING PAYMENT - SINGLE	31
PARENTING PAYMENT - PARTNERED	22

OF ALL HOUSEHOLDS:

62.9%	WERE FAMILY HOUSEHOLDS
34.3%	WERE SINGLE PERSON HOUSEHOLDS
2.8%	WERE GROUP HOUSEHOLDS

IN BULOKE (S) (LOCAL GOVERNMENT AREA), 84% OF PEOPLE WERE BORN IN AUSTRALIA. THE MOST COMMON COUNTRIES OF BIRTH WERE ENGLAND 1.4%, NEW ZEALAND 0.6%, PHILIPPINES 0.5% AND NETHERLANDS 0.3%

OF EMPLOYED PEOPLE IN BULOKE:

12.7%	WORKED 1 TO 15 HOURS;
10.9%	WORKED 16 TO 24 HOURS
46.6%	WORKED 40 HOURS OR MORE

88.4% OF PEOPLE ONLY SPOKE ENGLISH AT HOME

OTHER LANGUAGES SPOKEN AT HOME INCLUDED:

MALAYALAM 0.5%,
MANDARIN 0.2%,
TAGALOG 0.2%,
FILIPINO 0.2%
ITALIAN 0.1%



BULOKE
PERSONS WHO PROVIDE UNPAID CARE FOR A PERSON WITH A DISABILITY
16.4%

VICTORIA
PERSONS WHO PROVIDE UNPAID CARE FOR A PERSON WITH A DISABILITY
12.7%

PERSONS WHO NEED ASSISTANCE WITH CORE ACTIVITIES
7.4%

ESTIMATED % OF RESIDENTS WITH LEVEL 1 LITERACY (THE LOWEST CATEGORY)
14.6%



881 HOUSEHOLDS IN BULOKE ARE LONE PERSON HOUSEHOLDS. OF THESE, 754 RESIDE IN A SEPARATE HOUSE, AND 44 IN A FLAT OR APARTMENT

OF ALL THE FAMILIES IN BULOKE:



35.9% WERE COUPLE FAMILIES WITH CHILDREN



50.9% WERE COUPLE FAMILIES WITHOUT CHILDREN AND



11.9% WERE ONE PARENT FAMILIES

[A LITTLE BIT ABOUT HEALTHY AGEING...]

The World Health Organisation defines healthy ageing as 'the process of developing and maintaining the functional ability that enables wellbeing in older age', where 'functional ability comprises the health-related attributes that enable people to be and to do what they have reason to value'.

Healthy ageing depends on genetic, environmental and behavioural factors, as well as broader environmental and socioeconomic determinants. Some of these factors are within the control of the individual, usually referred to as lifestyle factors, and others are outside the individual's control. Social determinants of health, such as income and education, influence the choices that individuals can make and create life circumstances which limit opportunities for healthy lifestyle and create health inequalities.

Despite the evidence of how older people make a valuable contribution to society, common ageist attitudes about older people still exist and include being frail, out of touch or a burden. This ageism can impact on the health and wellbeing of older people. Stereotypes need to be challenged, the diversity and contribution of older people recognised and a person-centred approach used. (Active and Healthy Ageing—Local Government Action Guide)



IN BULOKE
245
RESIDENTS
AGED 55+ PROVIDE
UNPAID
CHILDCARE

One of the reasons for combining what was previously known as the “Positive Ageing Strategy” in the Buloke Shire Inclusiveness Plan is due to the many shared characteristics between the rural social inclusion framework and Victorian Government strategies around ageing. On 14 April, 2016, Minister for Housing, Disability and Ageing, Martin Foley MP, launched the Commissioner’s report Ageing is Everyone’s Business. This report reveals that isolation and loneliness is a significant issue for Victoria’s ageing population.

A set of six ‘building blocks’ (Figure 1) has been identified as the basis of an integrated approach for action to address social isolation and loneliness among older people from state and local government, funded services, community-based organisations and community members. Consequently, an integrated and coordinated approach is proposed, in partnership with a broad range of key stakeholders including local government, businesses, peak bodies and community organisations. The aim is to enhance the benefits to the state of Victoria associated with our ageing population at the same time as reducing the risks and costs associated with premature decline in individual wellbeing and capacity caused by loneliness and isolation.

Coordinated action across all six areas would deliver a comprehensive response to social isolation and loneliness among older people, including those who are vulnerable and/or disadvantaged, centred on supporting older people in their homes and communities in recognition that ageing is everyone’s business.



IN RESPONDING TO THE SOCIAL ISOLATION AND LONELINESS OF OLDER VICTORIANS, ACTIONS IN THE SIX BUILDING BLOCK AREAS WOULD:

- ▮ Reaffirm the Victorian Government as a key continuing player and advocate in seniors policy and service delivery, in light of the transfer of responsibility for assessment and Home and Community Care services for people over 65 years old to the Commonwealth Government.
- ▮ Promote the meaningful roles, value and purpose of seniors as they age.
- ▮ Increase opportunities for seniors to join, attend and participate in existing clubs, groups, organisations or activities, both seniors-specific and generic.
- ▮ Focus on socially excluded seniors, including the special needs of seniors who are carers, and the importance of life transition or trigger points, for example, loss of a partner or moving to live in a new area.
- ▮ Increase older people’s knowledge of the importance of maintaining and strengthening their levels of social participation and promote what is available through streamlined information and community education.
- ▮ Address personal mobility and local transport issues by building on existing networks to facilitate seniors’ access to services and involvement in local activities.

FIGURE ONE: BUILDING BLOCKS FOR ACTION



[A LITTLE BIT (MORE) ABOUT HEALTHY AGEING...]

"2.4.5 Another specific population at risk is those seniors who undertake roles and responsibilities related to being a carer. Australian Bureau of Statistics data shows that more than 12 per cent of people 60 years of age or older are carers, compared with around eight per cent of people under the age of 60. Older carers are considered particularly at risk of social isolation and loneliness due to the all-consuming nature of the caring role, and the impact this can have in shrinking their social network. Causes of social isolation related to caring include not being comfortable talking to friends about caring, not having the time or financial resources to participate in social or recreational activities and not being able to leave their house due to the medical condition of the person they are caring for, such as the behavioural and psychological symptoms of dementia."

(Ageing is Everyone's Business).

Although the response overall was not high in terms of quantity, the quality of the responses were heartfelt and extremely valuable to the project. In one response a Buloke carer felt so strongly about the issue of caring she sent a six page typed response, with the following opening statement:

" Please excuse my forwardness in replying to your questionnaire in this format but I feel that I need to put my thoughts and feelings down on paper, now that I have the opportunity too (sic). **"**

- (SMPCP Dementia Pathways Project)

2011 (ACTUAL)		2031 (PROJECTED)	
LGA	% of population aged 60+	LGA	% of population aged 60+
1. Queenscliffe	40.9	1. Queenscliffe	52.3
2. Strathbogie	33.4	2. Loddon	46.9
3. Central Goldfields	32.8	3. Central Goldfields	43.4
4. Loddon	32.2	4. Strathbogie	41.8
5. Yarriambiack	31.8	5. Buloke	41.0
6. Buloke	31.6	6. Mount Alexander	40.5
7. East Gippsland	31.4	7. Alpine	40.2
8. Gannawarra	31.4	8. Benalla	39.9
9. Pyrenees	30.2	9. Hepburn	39.3
10. West Wimmera	29.8	10. North Grampians	39.3

Source: Victoria in Future 2015

A survey conducted by the Australian Psychological Society (APS) found there are many common challenges experienced by older people. In our sample of older Australians the common difficulties were around:

MAINTAINING HEALTH AND FITNESS

MAINTAINING SOCIAL NETWORKS AND ACTIVITIES

FEELINGS OF SADNESS AND LOSS

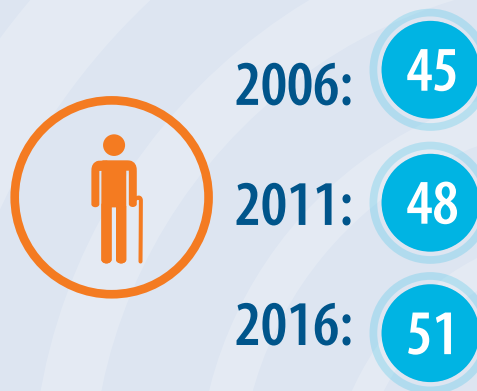
ENSURING FINANCIAL SECURITY

DECREASES IN MOBILITY

AN INCREASED RELIANCE ON OTHERS

It could be argued, Buloke's responsibility to respond and move purposefully towards these building blocks for action is even more important, given our demographical data suggests we had the sixth highest percentage of population over 60 years in 2011 in Victoria, and was projected to climb to fifth highest by 2031 with a prediction of 41% of our population aged 60 and above.

ALREADY OUR AVERAGE AGE HAS INCREASED SIGNIFICANTLY:



[A LITTLE BIT ABOUT DISABILITY...]

“ Disability inclusion is a process, not a project. Acknowledging that disability inclusion is an ongoing process rather than a project to be delivered within a certain timeframe helps support the principles of inclusion.”

- <https://alga.asn.au/site/misc/alga/downloads/publications/Disability-Inclusion-Planning-v2.pdf>

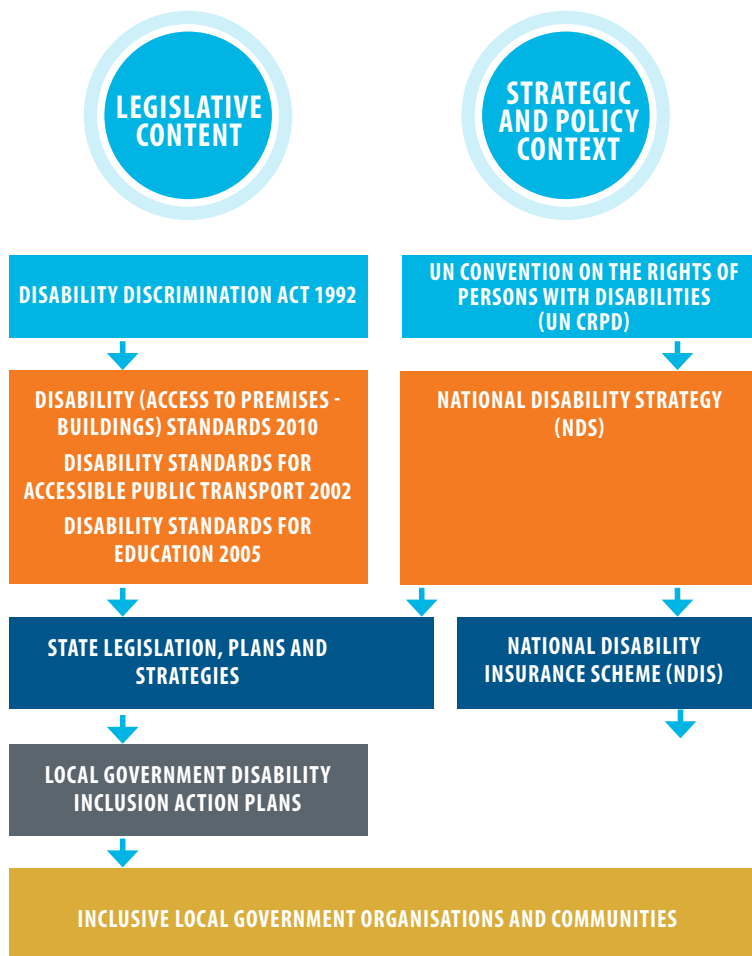
“ Disability inclusion aims to go beyond compliance. While compliance with legislation such as the DDA is imperative, it is important that disability inclusion is not exclusively based on legislative compliance but seeks to meet the needs of people with disability through consultation and enables them to fulfil their potential as equal citizens.”

ALGA DISABILITY INCLUSION PLANNING (A GUIDE FOR LOCAL GOVERNMENT) OUTLINES ALL THE RELEVANT LEGISLATIVE AND POLICY CONTEXT. IN PARTICULAR:

- ! The United Nations Convention on the Rights of Persons with Disabilities.
- ! Disability Discrimination Act 1992.
- ! Disability (Access to Premises—Buildings) Standards 2010 (Premises Standards).
- ! Disability Standards for Accessible Public Transport 2002 (Transport Standards).
- ! Disability Standards for Education 2005.
- ! National Disability Strategy 2010-2020.
- ! National Disability Insurance Scheme. - Fair Work Act 2009.
- ! Disability Act 2006 (Vic) and Disability Regulations 2007.
- ! Equal Opportunity Act 2010 (Vic) and Charter of Human Rights and Responsibilities Act 2006 (Vic).

“ Disability, sexuality, cultural diversity, it's not 'special' or 'unusual' or 'not our problem'. It is the lived reality of a human being and therefore everybody's responsibility to ensure all are given equal chance to experience their educational and social potential in a non-judgemental, inclusive, transparent, accountable and empowering way.”

- Consultation Participant (Victorian State Disability Plan)



With one-in-five Australians reported as having some kind of disability, it makes no sense to continue with practices that fail to take them into account. The collective experiences of people with a disability demonstrate again and again that it is not just disability itself that makes life difficult. It is the barriers that society imposes because of disability – barriers that are physical and technical, and barriers that come from attitudes.

These barriers are often not deliberate. They are more likely to be imposed because of ignorance or out of habit. They are also imposed because it has never occurred to decision makers that there might be another way of writing a policy, providing a service or giving information that does not keep people with a disability on the outer.

This is the value of disability action plans. Most people with a disability do not need ‘special’ services or equipment. They require the same goods and services as anyone else. Yes, some of these do need to be adjusted or manipulated, and in most cases it is not that difficult to make these changes. And experience has proven that many of these changes are not costly, either.

A disability action plan captures the ways to make possible these kinds of changes and to ensure follow through. Disability action plans allow for creative thinking and a variety of clever measures combined with strategy, timelines and indicators that will do a great deal of good. A disability action plan will allow organisations to reap the benefits – social, economic and legal – of including a significant proportion of the population.

- Dr Rhonda Galbally AO, Chair,
Victorian Disability Advisory Council

Including disability inclusion actions within other council strategies or plans gives visibility to these actions and requires all areas of council to be responsible for undertaking work in this area. It will also assist in being able to plan more holistically across different areas of council. Engaging all areas of council will also assist in educating council staff and elected officials in disability inclusion practice and build momentum, practical knowledge and networks.

Support and visibility of disability inclusion practice at a senior level within council provides an authorising environment and an expectation that all of council has a role to play.

Ensuring Australia is an inclusive society for people with disability means acknowledging the social model of disability. This model recognises that societal attitudes, practices and structures, rather than an individual’s impairment, can restrict and prevent people with disability from economic participation, social inclusion and equality. Communities, organisations and individuals should view impairment as an expected part of human diversity and accommodate it accordingly. This will result in an enabling environment for people with disability that empowers them to participate in society to the same extent as people without disability.

The National Disability Strategy 2010-2020 sets an expectation that councils will not only plan for compliance to the DDA but will engage with their community, including people with disability to fully understand the issues that need to be addressed, and to work towards sustainable and appropriate outcomes.

WHAT WE HEARD IS STILL RELEVANT FROM PREVIOUS PLANS:

Community consultation undertaken in 2011 for the development of the Disability Action Plan (2013-2016). In broad terms, the issues raised were:

- I Existing footpaths in need of repairs and new footpaths needed
- I Not enough accessible parking bays
- I Not enough compliant accessible toilets
- I Inaccessible retail outlets and other businesses
- I Retrofitting in general of all Council's infrastructure
- I Need for disability awareness training for staff
- I Lack of effective communication and partnerships with council
- I Lack of direct information about the Councils projects or forums
- I Lack of accessible transport (public and community)

Community consultation undertaken in 2012 to develop the Positive Ageing Strategy (2013-2019), this found, again, in broad terms:

- I An overwhelming need for improved transport options
- I A need to maintain the standard of excellence in HACC services
- I Make accessible footpaths a priority
- I Programs like Men's Shed and Cooking Classes helped maintain connectedness - important to support these.
- I A need to support already strong volunteering
- I Better promotion of seniors events, awards and other awareness/celebrations relevant to an ageing population (grandparents day, hearing awareness week etc)
- I Transport
- I More effective collaboration between local and visiting health services.
- I A need for safety programs such as falls prevention and consumer protection against hawkers.
- I Broader information provision and training.

01 ENGAGE INVITE.LISTEN. INVOLVE.FACILITATE

GOAL 1.1

Council will work towards community engagement to involve everyone in the decisions that affect them and facilitate finding their own solutions towards a vision of liveable communities for all.

WHAT ARE WE GOING TO DO?

- | | |
|-------|---|
| 1.1.1 | Invite members of the public to form advisory groups (authentic, active citizenship), when and where applicable, with a voice to Council. At present, particularly to represent the 65+ age group and people living with disabilities (with a goal to share information and support through the NDIS transition). |
| 1.1.2 | Building on 1.1.1., always look to involve the population groups for which we are planning through the establishment of advisory groups with a voice directly to Council. |
| 1.1.2 | Support the instigation and ongoing development of grass-roots, lived experience groups such as the North Central LGBTI Support Network and remain responsive to overcoming social isolation. |
| 1.1.3 | Support locally-run and state and nation wide Prevention of Violence Against Women projects and awareness raising opportunities and be actively involved in recommended actions. |
| 1.1.4 | Undertake to address the difficulties community has in accessing Council due to reduced customer service touch points, especially for those unable to communicate effectively through the phone, online and/or unable to travel. |
| 1.1.6 | Engage with people with disability in a meaningful and ongoing way with an irreplaceable value and critical need placed on lived experiences. |
| 1.1.7 | Invite a youth voice to the council table, in partnership with local schools, North Central LLEN and other youth-related groups, with an emphasis on Councillors and staff actively engaging with participants and a focus on a broad range of voices from different experiences and backgrounds. |
| 1.1.8 | Review the Buloke Shire Council Community Engagement Strategy annually, test its effectiveness and make the document a high priority when undertaking engagement. |
| 1.1.9 | Extra time is afforded for purposeful engagement to ensure authenticity in planning in a meaningful and ongoing way. |

GOAL 1.2

Council will create supportive, engaging environments that enable healthier ageing.

WHAT ARE WE GOING TO DO?

- | | |
|--------|--|
| 1.2.1 | Provide accessible and appropriate information, education and training to enable participation in decision making processes. |
| 1.2.2: | Understand the vital importance of footpath quality and accessibility for our residents to age healthily. |
| 1.2.3 | Recognise the immense asset experienced members of our population bring to our communities. |

LOCAL EXAMPLE:

INCLUSION IN ACTION. RED GATE COMMUNITY GARDEN (DONALD)

The Red Gate Community garden in Donald is the perfect example of social inclusion in action.

Behind the ornate red gate, there are smiling faces and busy people from all walks of life working away amid happy conversations and talking of big ideas.

Donald's Red Gate Community Garden is so successful they have more people than tasks, a stark contrast to most community groups which usually struggle to find the people to achieve outcomes.

As a result, the group is looking towards starting up an urban farming project in a social enterprise capacity to provide locally grown produce and offer a working space as an extension of the community garden project. This is a common story across Buloke's community gardens.

The benefit of the connections made through this community garden cannot be understated. This group is a perfect mix of people involved in many aspects of their community, as well as those who perhaps have not found a connection elsewhere or would otherwise not be making any social interaction if not for the community garden opportunity.

As well as growing produce, the kettle is always hot, there is always a comfortable corner to sit and have a chat. There is no judgement or expectation put on those who choose to take part, you can come along simply to take in the wonderful landscape and enjoy a chat, or you can take on a horticulture project and offer skills, or learn new skills!

Further to this, the group has a regular 'local produce swap' where locals are encouraged to bring along excess produce or preserves and swap with others, achieving local sustainability goals on top of the social cohesion being created.

There is no 'typical' Red Gate garden member. It attracts people of all ages (the group even ran a kids BBQ recently to get the youngest involved), all backgrounds and all skill levels.

WHAT CAN COUNCIL DO TO STRENGTHEN THIS TYPE OF SOCIAL INCLUSION ALREADY IN ACTION?

- Look for opportunities to strengthen the cross-town relationships and networking between local community gardens.
- Build on organisational partnerships to highlight the benefits in active living and healthy lifestyles created through community gardens.
- Celebrate/advertise and encourage groups like this.
- Help advocate for network-wide issues (water subsidies, fruit fly management etc).



02 EMPOWER LEARN.STRENGTHEN. ENCOURAGE.PARTICIPATE

GOAL 2.1 Council will embrace knowledge, skills and confidence of individuals and communities, strengthen resources and influence towards empowerment and self-determination.

WHAT ARE WE GOING TO DO?

2.1.1	Council will keep well informed in the changing environment of the National Disability Insurance Scheme to ensure our communities can be the inclusive places they need to be in response to the NDIS and Buloke residents are kept well informed with credible information.
2.1.2	Council will undertake internal awareness training to increase awareness of different groups' needs and barriers to participation.
2.1.3	Buloke Shire Council will sign the Age-Friendly Declaration (Appendix 2).
2.1.4	Tackle ageism and promote positive images of older people in Council resources. Examples of positive promotion of older people include Victorian Seniors of the Year Awards and beyondblue's "Over Bl**dy Eighty!" (OBE) campaign.
2.1.5	Provide and support opportunities for mutually beneficial intergenerational interaction and non-mainstream interest groups (ie Minecraft or Lego Club or Arts and Culture).
2.1.6	Identify and recognise agencies and services that support transition to retirement and continued meaningful participation beyond paid work.
2.1.7	Understand elder abuse and promote opportunities for staff training.
2.1.8	Consider issues for older women in gender equity plans such as economic participation, leadership, participation.
2.1.9	Engage advocacy groups to be actively present within the Buloke Shire, particularly through NDIS transition.
2.1.10	Support and visibility of disability inclusion practice.
2.1.11	Consider targeted community awareness campaigns such as Dementia Friendly Communities and mobility scooter safety.
2.1.12	Follow the Reflect, Innovate, Stretch and Elevate framework of developing a Buloke Shire Reconciliation Action Plan.



02 EMPOWER LEARN.STRENGTHEN. ENCOURAGE.PARTICIPATE

GOAL 2.3 Council will empower by informing and learning from community.

WHAT ARE WE GOING TO DO?

- | | |
|-------|---|
| 2.3.1 | Whenever information is presented to the public, consideration is taken for various options of accessibility and the use of plain English. |
| 2.3.2 | Consider the best way to present directories and calendars of events so they are accessible and easily updated to enable ease of social interaction. |
| 2.3.3 | Consider linking with local groups to establish a welcoming committee and pack for new residents, complete with volunteer information and ways to get involved in community life. |
| 2.3.4 | Ensure public meetings are always held in an accessible building and accessible entry is highlighted and microphones are used wherever possible. |

GOAL 2.2 Council will work towards improved community mental well-being through building social connectedness.

WHAT ARE WE GOING TO DO?

- | | |
|-------|---|
| 2.2.1 | Provide accessible and appropriate information, education and training to enable participation in decision making processes. |
| 2.2.2 | Identify and support grass-roots, lived-experience groups creating great social connections. |
| 2.2.3 | Understand and promote that being physically and socially active can promote good mental health and recognise the groups already doing this well. |
| 2.2.4 | Start conversations that lead to reduced stigma. |
| 2.2.5 | Seek funding opportunities for events and groups which aim to increase social connections and better mental well-being. |
| 2.2.6 | Support street parties and local-level leadership activities that promote a sense of community spirit, street by street. |
| 2.2.7 | Seek to find simple solutions to encourage people with mental illness to feel safer (i.e. 'safe spots' in the main street to encourage leaving home). |
| 2.2.8 | Continue to deliver Buloke's First Time Mum's Group, consider enhanced support and opportunities for this group. |
| 2.2.9 | Capture, promote and advocate for locally delivered and accessed mental health services, with a focus on young people. |

LOCAL EXAMPLE:

INCLUSION IN ACTION. DROP IN CENTRE, WYCHEPROOF

This group grew from a lived experience. The group is quite simply a safe place for people for a weekly catch-up. Occasionally the group has guest speakers and in 2017 ran its own "Mental Health Expo" to recognise Mental Health Week.

The attendees talk openly over a cuppa and a biscuit about their experiences, challenges and successes. It is a place for them to talk about life, their family and socialise in a welcoming space.

Together, the group creates "Trauma Teddies" which are knitted, given some serious personality and then donated to Mallee Family Care to be loved by a child who is experiencing trauma. This is a great example of people helping people - the drop in centre attendees understand how important love and caring and the feeling that someone is thinking of you at the right time can be life-changing. They channel this deep understanding into the creation of the teddies to make a huge difference in a child's life. They understand the feelings of battling mental trauma and each teddy created is done so with such care and attention to bring that much needed comfort to someone else going through a tough time.

The drop-in centre friends also said that creating the teddies is valuable therapy for them as they are on their own journey of finding things to get their own minds into a comfortable space.

"It gives my hands something to do and my mind something to think about, and I really need that when I'm on my own," one attendee said.

This group is the perfect example of the demonstration that just because there aren't crowds of attendees, the enormous difference the group is making in the lives of those who are involved could easily be likened to live-saving work. It all starts with a safe place and a feeling of inclusion.

WHAT CAN COUNCIL DO TO STRENGTHEN THIS TYPE OF SOCIAL INCLUSION ALREADY IN ACTION?

- Continue to help link the group with local services and opportunities (already happening quite well).
- Assist the group to organise an outing (something they have on their wish list).
- Build on the passion of this group to spread awareness of mental illness and removing the stigma by supporting its next expo/bazaar.
- Work on creating 'safe place' in each town which will provide security for those living with mental illness to leave their house and carry out every day tasks.

CONSULTATION OBSERVATIONS:

Access to transport is a big issue. While inroads are being made for access to transport for medical appointments, older people can find it hard to get transport to social events, especially if they are isolated and already without their own network.

The dwindling numbers at social groups, competing groups and ageing members is making it quite difficult to keep some seniors social groups going, especially when food needs to be cooked.

Seniors would love a cross-town social opportunity and the celebration of seniors week. In 2017, many of the senior citizens groups used their Senior's Festival money to travel out of the Shire to events. Many said how great it would have been to have something more local. (They feel a bit forgotten about).



03 UNITE

TOGETHER.BUILD. HARNESS.ENHANCE

GOAL 3.1

Council will build and enhance collective action and cooperation for mutual benefit and increased social capital (Social capital explained in Appendix 1).

WHAT ARE WE GOING TO DO?

- | | |
|-------|--|
| 3.1.1 | Build partnerships to work towards our big health challenges in an inclusive way to embrace the proven health benefits of social connection in a goal towards healthier communities. |
| 3.1.2 | An emphasis is placed on the Wellness and Re-ablement approach to aged care and intention taken through the diversity planning process. |
| 3.1.3 | Continue to support and advocate for community transport solutions with note taken of overcoming the absence of transport for social outings and connections as a future goal. |
| 3.1.4 | Consider older people and people with decreased mobility in road safety, active transport, walking, cycling and open space plans and strategies. |
| 3.1.5 | Specifically target programs and services within libraries, neighbourhood houses, leisure centres at socially isolated and lonely older people. |
| 3.1.6 | Investigate the opportunity of accessible playgrounds within the Shire and work towards a dedicated focus of footpath accessibility, working alongside those with mobility barriers. |
| 3.1.7 | Renew connections with groups such as Mallee Sports Assembly and local health and well-being services to collaborate on a shared approach to inclusion and harness what is already in action and successful. |
| 3.1.8 | Integrate disability inclusion actions with other policies and strategic plans. |

GOAL 3.2

Council will use the immense opportunity to enhance social connections and build social capital through the delivery of library services.

WHAT ARE WE GOING TO DO?

- | | |
|-------|---|
| 3.2.1 | Apply an inclusiveness lens to all activity through the library service. |
| 3.2.2 | Encourage ideas to value-add socially to the library service (food swap, book clubs, supported playgroups). |

04 ACCEPT

UNDERSTAND.RESPECT. ADAPT.CELEBRATE

GOAL 4.1

Council will work towards communities with genuine relationships built with trust, acceptance and understanding of diversity, cultures, beliefs and history.

WHAT ARE WE GOING TO DO?

- | | |
|-------|---|
| 4.1.1 | Nominate local residents for awards (Seniors, Disability, Diversity). |
| 4.1.2 | Tell stories of people from all backgrounds, highlight these in local media. |
| 4.1.3 | When providing catering for community events and prepared meals, understand changing nutritional needs as people age. |
| 4.1.4 | Understand and promote key referral points for older people, their families, carers and service providers to access. All older people, both men and women can access Seniors Rights Victoria for support, advocacy and free legal advice. |
| 4.1.5 | Support ambassador/champion and leadership programs for older people. |
| 4.4.6 | Challenge ageist stereotypes about older people. Challenge racism. Challenge discrimination against people with disabilities. Challenge behaviour and attitudes which seek to exclude. |

GOAL 4.2

Promote, encourage, understand, respect, adapt and celebrate diversity.

WHAT ARE WE GOING TO DO?

- | | |
|-------|--|
| 4.2.2 | Train Council Staff and elected officials to encourage inclusive practice, lead by example. |
| 4.2.3 | Involve people with disability within Council—as employees, volunteers and elected members. |
| 4.2.4 | Recognise which awareness days and celebrations have local connections and encourage the promotion of these. |
| 4.2.5 | Highlight new Australian citizens and celebrate their stories about what brought them to Buloke. |
| 4.2.6 | Take intention in the understanding that disability inclusion is a process not a project. |

“ The Minecraft Group in Wycheproof has had great support and the program is in high demand, each session has been to its maximum capacity. It has moved out of pilot and is now an ongoing school holiday program. ”

- (Rural Access Manager Report, August 2017)

05 CHANGE

COLLABORATE.INTEGRATE. SYSTEMATIC.INCLUDE

GOAL 5.1

Council will look towards 'joined-up' approaches that link and change systems, sectors and structures that promote the inclusion of individuals and communities in genuine participation.

WHAT ARE WE GOING TO DO?

- | | |
|-------|---|
| 5.1.1 | Recognise and support volunteering opportunities as an important social connection opportunity for older people and those socially isolated (refer to Buloke Shire Volunteer Strategy). |
| 5.1.2 | Council will undertake awareness training to begin an understanding of the world from different perspectives and closely follow Rural Access funding developments. |
| 5.1.3 | Continue to strengthen links to external services which provide services to HACC clients. |
| 5.1.4 | Support inclusive and liveable communities with implications of changes in service delivery on those at risk of social isolation (transport, customer service, hard rubbish collection) and link in with genuine partnerships to cover these gaps. |
| 5.1.5 | Increase walkability and access of neighbourhoods for older people and people with disability and from a gender equity perspective with safer footpaths, street lighting, seating, public toilets. Consider a footpath plan for each community which highlights a main arterial for mobility scooters and consider road crossing points. |
| 5.1.6 | Use the 2016 Victorian Active Ageing Partnership (VAAP) Physical Activity Audit and Gap Analysis to identify existing physical activity programs and gaps in the Buloke Shire and surrounding region. |
| 5.1.7 | Use VicHealth research on attitudes and barriers to physical activity for Victorians to consider what would motivate them to change their existing behaviours. In particular around increased physical activity and healthier eating as there is a strong link between these factors, our leading health issues and social inclusiveness. |
| 5.1.8 | Use a cross departmental model to approach inclusion planning within Council. A co-design look at making our communities more accessible and liveable from all aspects (consider using the Universal Design inclusion principles as explained in the Disability Inclusion Planning guide for Local Government, page 41). |
| 5.1.9 | Review local planning approaches to strengthen community facilities in each neighbourhood. |

GOAL 5.2

Council will closely follow the outcomes and feedback of this, the first iteration of an "Inclusiveness Plan" and consider this way of planning for other groups, such as children and youth.

CONTRIBUTING RESOURCES

- Buloke Shire Council Plan (2017-2021)
- Buloke Shire Council Community Engagement Strategy
- Buloke Shire Council Children and Youth Strategy 2016-2019
- Buloke Shire Council Municipal Early Years Plan (2015-2019)
- Buloke Shire Council Disability Action Plan (2013-2016)
- Buloke Shire Council Positive Ageing Strategy (2013-2019)
- Southern Mallee PCP Buloke Strategic Health and Wellbeing Partnership 2017-2021 Action Plan.
- Mallee Local Transport Options Paper
- Building Socially Inclusive Rural Communities: A Complete Resource (http://centralvicpcp.com.au/wp-content/uploads/2016/09/CVPCP_RSIF_Document_web-2016.pdf)
- Ageing is Everyone's Business & Victorian Government Response to Ageing is Everyone's Business (<https://www.seniorsonline.vic.gov.au/services-information/commissioner-for-senior-victorians/government-response-to%20ageing-is-everyones-business>)
- Disability Inclusion Planning – A Guide for Local Government (<https://alga.asn.au/?ID=14814>)
- Absolutely Everyone (<http://www.statedisabilityplan.vic.gov.au/>)
- Stanford Social Innovation Review Collective Impact (https://ssir.org/articles/entry/collective_impact)
- Inquiry into Social Inclusion and Victorians with a Disability (https://www.parliament.vic.gov.au/images/stories/committees/fcdc/inquiries/57th/Disability/Report__Response/Social_Inclusion_FINAL_REPORT.pdf)
- Victoria Walks: Senior Victorians and Walking (<http://www.victoriawalks.org.au/seniors/>)
- Social Inclusion in Australia: How Australia is Faring (<http://apo.org.au/node/30582>)
- VicHealth: Increasing Social Connections (<https://www.vichealth.vic.gov.au/media-and-resources/publications/vichealth-local-government-action-guides-increasing-social-connections>)
- Southern Mallee Primary Care Partnership: Dementia Pathways Project.
- Building Social Inclusion in Australia (http://www.asu.asn.au/documents/doc_download/35-building-social-inclusion-in-australia-recommendations-for-stronger-social-and-community-services)
- Dr John Beard's research, in particular Global strategy and action plan on ageing and health (2016-2020) (<http://www.who.int/mediacentre/commentaries/ageing/en/>)
- "Horton Hears a Who" Dr Seuss
- Over Bl**dy Eighty (<http://passthrough.fw-notify.net/download/946993/http://resources.beyondblue.org.au/prism/file?token=BL/0784>)
- Dementia Australia (<https://www.dementia.org.au/>)
- Casserole Club (www.casseroleclub.com.au/faq)
- Neighbour Day (www.neighbourday.org)
- Victorian Active Ageing Partnership (<https://www.move.org.au/page/vaap>)
- The Australian Centre for Social Innovation (Co-Design, Kelly Ann Cunningham) (<https://www.tacsi.org.au/>)
- VicHealth: Young People, health and wellbeing strategy. (<https://www.vichealth.vic.gov.au/media-and-resources/publications/vichealth-youth-strategy>)
- What is Positive Ageing? (<http://positiveageing.org.uk/approach>)
- Improving Liveability for Older People in Small Towns Good Practice Guide (<https://www.seniorsonline.vic.gov.au/get-involved/grants/improving-liveability-for-older-people>)
- Active and healthy ageing. Local government action guide.
- An Agenda for Ageing in Victoria (<https://cotavic.org.au/wp-content/uploads/2018/03/Agenda-for-Ageing-in-Victoria-Web-Version-Embargoed.pdf>)
- National Disability Insurance Scheme (<https://www.ndis.gov.au/about-us/our-sites/VIC>)
- National Disability Services (www.nds.org.au)
- Victorian Advocacy League for Individuals with Disability VALiD (www.valid.org.au)
- Rights Information and Advocacy Centre (RIAC) (<https://riac.org.au/>)
- National Disability Strategy https://www.dss.gov.au/sites/default/files/documents/05_2012/national_disability_strategy_2010_2020.pdf

[APPENDIX]

APPENDIX 1

[Social Capital] In an inclusive society, individuals feel connected with their communities; resulting in strong and sustainable communities (Johnson, Headey, & Jensen, 2005; Marmot & Wilkonson, 2006). Social inclusion incorporates concepts of social capital, social networks, social connectedness, trust, reciprocity, civic cooperation, social cohesion, local democracy and group solidarity (Cappo, 2009; Jermyn, 2001).

Social capital generally means to describe the resources available to individuals and to society which are provided by social relationships (Kawachi et al., 2002). The key elements of social capital include:

Social resources (e.g. informal arrangement between neighbours and members of clubs and churches)

Collective resources (e.g. self-help groups, community banks)

Economic resources (e.g. levels of unemployment, access to green, community gardens)

Cultural resources (e.g. libraries, art centres, neighbourhood houses, local schools) (Dutta 2008)

(Pages 5 and 6 of Rural Social Inclusion, The Evidence).

APPENDIX 2



Victorian Government and
Municipal Association of Victoria

AGE-FRIENDLY VICTORIA

DECLARATION

Vision

The vision of the Victorian Government and the Municipal Association of Victoria in signing this Declaration is for better state and local planning for the creation of age-friendly communities. This is the focus of our shared activities on common goals and directions.

Population ageing is a world-wide phenomenon as a consequence of increasing life expectancy. In Victoria, people are living longer and many of today's young Victorians will live beyond 80, even 100, years. We need to create communities that respond to this significant social change and better support people as they age.

It is vital that governments focus on the opportunities as well as the challenges of an ageing population. While older people contribute significantly to our communities, there is more to be done to support and develop the roles and contributions of older people. Ageing populations require actions that promote a quality of life and wellbeing, value the contributions that older people make to their communities, remove barriers to participation, and enable people to age in place and maintain local connections and community belonging.

Age-friendly communities encourage active ageing and provide opportunities for good health, social and economic participation and personal security. They recognise the great diversity of our older population, promote inclusion of older people and respect their decisions and lifestyle choices. They involve service providers, businesses, community leaders and older people in planning to meet age-related needs. They enhance a quality of life for people as they age, and benefit the whole community.

Local government plays a key role in planning and establishing age-friendly communities and has been credited in this by the Victorian Government in collaboration with the Municipal Association of Victoria. The Victorian approach is informed by the World Health Organisation's Age-Friendly Cities framework, and the experience of successful use of World Health Organisation's information and tools.

Experience shows that the best way to strengthen the age-friendly capacity of local communities is through partnerships between seniors, governments, communities, businesses, services and support agencies. In partnership with the Municipal Association of Victoria, the Victorian Government has been supporting local governments since 2016 with initiatives aimed at improving their capacity to plan for and support seniors and to create communities that better accommodate their ageing populations.

This partnership approach has led the awareness of ageing across both levels of government, improved knowledge and understanding of international age-friendly cities and communities and created local age-friendly initiatives. This Declaration builds on these strengths and further the partnership between state and local government to continue to support and create Victorian councils to create age-friendly communities.

Commitment

The Victorian Government and the Municipal Association of Victoria will build the age-friendly capacity of local communities by:

1. promoting an age-friendly Victoria through the role and achievements of local government in creating age-friendly communities and providing leadership to encourage local councils and stakeholders to develop the principles of the age-friendly cities and community directions
2. supporting state and local planning processes to create age-friendly communities and using the knowledge, information and tools available through the World Health Organisation's Global Network of Age-Friendly Cities
3. providing local councils with leading advice, expertise, access to networks, policy information and other support to encourage local age-friendly initiatives
4. empowering seniors' involvement in local age-friendly initiatives by assisting councils to develop a diverse engagement structures and models of localised seniors community input
5. encouraging seniors to get involved in areas they see as important such as local community transport, volunteering, community participation, diversity of housing options, seniors safety, technology access and lifelong learning
6. addressing the built environment, transport, housing, social participation, respect and social inclusion, civic participation and health services for age-friendly communities as listed in the 2016 World Health Organisation's Age-Friendly Cities A Guide
7. valuing stakeholder engagement and working together to promote and strengthen partnerships with peak bodies, community organisations, businesses, retailers and council-run facilities.

The undersigned council endorse and supports the intention and commitments of this Declaration.

Mayor _____
Council _____
Date _____

Heide Payne
Heide Payne MP
Minister for Housing, Disability and Ageing
Date: 14 April 2018

Dr Bill Henderson
Dr Bill Henderson
President, Municipal Association of Victoria

MAOV
MUNICIPAL ASSOCIATION OF VICTORIA

VICTORIA
GOVERNMENT

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HOW WILL WE KNOW WE ARE SUCCESSFUL?

SOME MEASURE WHICH WILL HELP US EVALUATE OUR PROGRESS (BASED ON THE BUILDING SOCIALLY INCLUSIVE COMMUNITIES FRAMEWORK):

- | Organisations, projects, programs and partnerships have identified vulnerable populations in planning processes.
- | Vulnerable populations provide information about local issues and barriers to rural social inclusion.
- | Individuals' experience and data is used in planning and decision making.
- | Decisions are made based on both local and global evidence.
- | Number of media releases, public statements, images, brochures, events that celebrate diversity.
- | Consumer satisfaction surveys indicate the consumers feel heard and have a say in decision making.
- | Multiple methods of communication are utilised.
- | Community groups stemming from grass-roots lived experiences continue to strengthen and be created and supported.
- | Organisations, projects, programs and partnerships communicate appropriately with the community/vulnerable population including feeding back of results/outcomes.
- | Population groups such as the 65+ and those with disabilities see themselves reflected for their strengths in planning approaches and future-thinking.
- | All projects/programs consider building the capacity of consumers/community.
- | The focus population is involved in planning, delivery, participation and evaluation of work (co-design).
- | Community engagement plans include methods for engaging 'harder to reach' individuals and communities.
- | Number of plans, policies, practises, procedures and programs that are updated/changed to reflect rural social inclusion principles.
- | All levels including Council, management and operational have training to increase capacity for genuine community engagement and empowerment.
- | Number of active partnerships engaged in by communities/organisations.
- | Number of projects, programs co-designed with target populations.

ATTACHMENTS

Foundations of Rural Social Inclusion

SOCIAL INCLUSION OR SOCIAL EXCLUSION?

The ability to participate in society, and to be free from discrimination and disadvantage is not only an ideal, it is a basic human right. It is a right documented in the Universal Declaration of Human Rights, agreed by the international community in 1948. The definition used by the UNESCO (2012) highlights the value of human rights in a socially inclusive society:

'Inclusive society is defined as a society for all, in which every individual has an active role to play. Such a society is based on fundamental values of equity, equality, social justice, and human rights and freedoms, as well as on the principles of tolerance and embracing diversity.'

Throughout the literature social inclusion and social exclusion concepts are examined together and are often referred to as 'twin' concepts. Thus, an understanding of social exclusion is essential in order to promote social inclusion (Labonte, 2004).

Social exclusion involves the lack or denial of resources, rights, goods and services, and the inability to participate in the normal relationships and activities, available to the majority of people in a society, whether in economic, social, cultural or political arenas. It affects both the quality of life of individuals and the equity and cohesion of society as a whole (Levitas et al., 2007).

Generally, social exclusion describes what occurs when individuals or communities experience multiple disadvantages simultaneously, making it difficult for them to participate in their community, for example in work, education or in joining a community group (Social Inclusion Unit, 2008).

Socially inclusive rural communities are those in which:

- Every individual is able to feel welcome in their community and have the opportunity to fully participate in all aspects of rural community life;
- The systems and structures in communities and in organisations enable the voice of local community to guide action;
- Genuine community leadership is active and effective.

RURAL SOCIAL INCLUSION FRAMEWORK

Socially inclusive rural communities are those in which every individual is able to feel welcome in their community and have the opportunity to fully participate in all aspects of rural community life.

KEY DETERMINANTS AND CONTRIBUTING FACTORS

Social Determinants

- Employment • Education
- Housing • Participation in leisure/social activities
- Access to health services, security/welfare support and community services

Life stages

- Early childhood
- Adolescence
- Adulthood
- Older age

Life changes

- Commencing and/or leaving school
- Moving out of the family home
- Becoming a parent
- Becoming unemployed
- Retirement
- Leaving prison, hospitals or hotels

VULNERABLE POPULATIONS

Rural communities disproportionately experience barriers to social inclusion including poorer access to housing, transport and support services therefore this can be exacerbated in people who are most at risk of social exclusion due to experiencing multiple and complex problems – Financial, Social, Physical, Psychosocial.

Populations most vulnerable to or at risk of social exclusion include:

People

- With a disability
- Who are homeless
- Who are older (especially pensioners)
- Refugees
- With a drug addiction
- In temporary accommodation
- Early school leavers
- Sex workers
- With chronic illness
- Long term unemployed/under employed
- Lesbian, gay, bi-sexual, transgender

Groups

- Racial & ethnic minorities
- Religious

In Places

- With limited employment opportunities (particularly women)

PARTNERS FOR ACTION

- Community
- Organizations
- Communities of Place
- Disability • Education
- Employment • Government
- Health • Housing
- Justice • Welfare

LONG TERM BENEFITS AND OUTCOMES

Societal

- Equitable access to opportunities and resources
- Freedom from discrimination
- Devolution of power to communities
- Improved productivity

Community

- All people feel welcome in the community and they are able to fully participate in all aspects of rural life
- Participation of communities in decision making
- Community uses strengths in its differences and diversity

Organisational

- Individual experiences and data is used in planning and decision making processes
- Effective evidence based programs are delivered that foster inclusion
- Being responsive to community issues and characteristics and able to prioritise activity
- Open transparent inclusive communication

Individual

- Socially connected
- Strong self esteem and pride
- Increased health and wellbeing
- Control over one's health
- Increased sense of belonging

PRINCIPLES OF ACTION

ENGAGE

- invite • listen • involve • facilitate •
- Community engagement to involve everyone in the decisions that affect them and facilitate finding their own solutions

EMPOWER

- learn • strengthen • encourage • participate •
- Embrace knowledge, skills and confidence of individual and communities, strengthen resources and influence towards empowerment and self-determination

CHANGE

- collaborate • integrate • systemic • include •
- 'Joined-up' approaches that link and change systems, sectors and structures that promote the inclusion of individuals and communities in genuine participation.

ACCEPT

- understand • respect • adapt • celebrate •
- Genuine relationships built with trust, acceptance and understanding of diversity, cultures, beliefs and history

UNITE

- together • build • harness • enhance •
- Build and enhance collective action and cooperation for mutual benefit and increased social capital

Figure 1. State disability plan 2017–2020 overview

Vision	An inclusive Victoria, which supports people with a disability to live satisfying everyday lives			
Principles	Autonomy Opportunity Human Rights Diversity Accountability			
	I	II	III	IV
Pillars	Inclusive communities	Health, housing and wellbeing	Fairness and safety	Contributing lives
Individual's experience	I feel included	I live well	I get a fair go	I contribute
Action areas	<ul style="list-style-type: none"> Changing attitudes Universal design Public transport Inclusive schools Building requirements Community infrastructure Government communications Aboriginal self-determination Diverse communities 	<ul style="list-style-type: none"> Health services Housing Health promotion Dual disability Vulnerable children and families Parks access Sport and recreation NDIS transition 	<ul style="list-style-type: none"> Family violence Disability advocacy Safeguards VCAT accessibility Victoria Police Corrections Assistance dogs 	<ul style="list-style-type: none"> Inclusive education Employment Voice and leadership NDIS participation Creative industries Inclusive tourism
Key approaches	Economic opportunity Representation Universal design Attitude change Rights and protections			

