

SOCIAL AND COMMUNITY PLAN 2013 - 2018



SHIRE OF VILLAGES

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Social and Community Plan 2013-2018

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Disclaimer

This Social and Community Plan has been prepared by Upper Lachlan Shire Council and consultants from AQ Planning P/L and Planning, Environmental & Economic Consulting (PEEC).

The information, views and opinions have been provided in good faith, and have been based on available information including the data and supporting studies detailed within this Plan.

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Mayoral Message

I am pleased to present the Upper Lachlan Shire Council's Social and Community Plan 2013-2018.

In our aim for a healthy and vibrant community, this document encourages Council and key stakeholders to work together to enhance the lifestyle of children and families, young people, women, men, older people, people with a disability, people from diverse backgrounds, Aboriginal and Torres Strait Islanders and our rural and farming community.

An important component of Council's strategic framework is to guide Council and other key agencies in the provision of appropriate and accessible services and facilities that meet the health, economic, environmental and social needs of people within the Shire in an equitable manner.

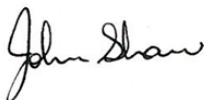
The 2013-2018 Plan builds on the work undertaken in the 2007-2012 Plan and will continue to strive to achieve the following:

- improve the health of the local community;
- identify key areas for further research and analysis;
- be used a tool for the development of options to resource social and community programs, resources and other activities;
- support applications for grants or other funding; and
- integration with Council's operational planning and delivery, and organisational strategic planning.

This Plan could not have been developed without significant contribution from a range of people. We wish to thank all of those who were involved members of the public who participated in consultations, government and non government representatives who gave feedback on issues and Council staff.

The Council's social planning framework consists of the Social and Community Plan and Cultural Plan.

We look forward to working together to help build healthy and vibrant communities across the Upper Lachlan Shire.



Councillor John Shaw
Mayor
Upper Lachlan Shire Council

Executive Summary

Why develop a Social and Community Plan?

Social and Community Plans are key mechanisms by which to build a healthy and vibrant community to enhance the everyday lives for residents and to cater to the community's needs. Social and Community Plans encourage the recognition of a community's assets and strengths, as well as highlighting areas of priority for action.

Upper Lachlan's Social and Community Plan

Upper Lachlan Shire Council (ULSC) has had a 5-year Social and Community Plan in place from 2007 to 2012. Under the *Local Government Act 1993*, Council is required to review the Plan. This current plan, 2013 to 2018, has been prepared to build on the work and consultation of the previous plan, and to update the Plan based on information such as new demographic data, consultation, research and emerging needs.

The Plan has been prepared in accordance with requirements of the *Local Government Act 1993*, and Guidelines developed by the NSW Department of Local Government.

In addition to the mandatory groups that are identified by State Government, Council has also identified Men and the Rural Community as groups covered in this Plan. Given the valuable collaboration with the former Greater Southern Area Health Service in the development of the previous Plan, health and other issues such as mental health and wellbeing, transport, community integration, health status, are also maintained as key considerations under this revised Plan.

The research, stakeholder consultations and data have been compiled to give Council and other interested groups direction for future priorities and outcomes over the next five years. Council, government agencies, community groups and community members can use the Plan for a number of purposes such as:

- to assist in improving the local health and community;
- to identify key areas for further research and analysis;
- a tool for the development of options to resource social and community programs, resources and other activities;
- a means of supporting applications for grants or other funding; and
- a means of driving key components of operational planning and delivery, and organisational strategic planning.

Acknowledgements

Many thanks go to those who have contributed to the preparation of Council's initial Community and Social Plan 2007-2012, which provided a strong basis for this revised Plan. In addition, the valuable input that has been provided by the community, government and non-government agencies, stakeholders and resident that make up the Upper Lachlan community cannot go without mention and thanks.



Introduction

What is a Social and Community Plan ?

Since 1998, Councils in New South Wales (NSW) have been required to produce and update a 5-year Social Plan under legislation contained in the *Local Government Act 1993*. A Social and Community Plan articulates the Council and communities response to the needs and aspirations of the people living or working in the local government area, and incorporates issues that have an impact on community well being, provides an overview of the community, identifies the key issues and recommends strategies agencies can implement to address these issues

The NSW Government produced the *Social and Community Planning and Reporting Guidelines 2002*, to assist local government in this plan making process. This document has been drafted to both meet legislative requirements and NSW Government Guidelines, in addition to providing a plan that reflects emerging best practice and the needs of the local Upper Lachlan Community.

Generally, a Social and Community Plan will provide a tool for the Council, community and other stakeholders, including Government and the private sector that includes:

- Demographic data and trends that assist in identifying issues and likely demands for social infrastructure and services;
- Identification of "at risk", vulnerable and other higher-needs groups within the community;
- Discussion of current and likely future issues affecting the social, cultural and community well-being of the community;
- Identification of service and community infrastructure issues, including standards, locational gaps, staffing, outreach or other servicing issues;
- Details of key providers/ actions required to maintain or improve community/social well-being;
- Identification of opportunities for projects, actions, investment, support for sourcing grants, potential partnerships and responsibilities for implementing key strategies;
- Development of strategies and actions to achieve social and community well-being; and
- A means of integrating the plan with Council's Community Strategic Plan and operational plans, Section 94 Plan(s), and other statutory and strategic planning documents.

The development of a Social and Community Plan is based on the principles of social justice. Plans are required to address the interests of the following target groups and Council has incorporated additional groups which are considered relevant to this area:

- Children
- Young people
- Women
- Older people
- People with disabilities
- Aboriginal and Torres Strait Islander people
- People from Culturally and Linguistically Diverse backgrounds
- Men, and
- Rural and Farming Community

Background to Social and Community Plan

Upper Lachlan Shire, in a partnership with the former Greater Southern Area Health Service, produced the first plan for the Upper Lachlan Shire in 2008. The 5-year cycle for review of the Social and Community Plan now requires a revised Plan be prepared. The 2007-2012 Plan, together with the key actions, have been considered and included in this Plan wherever relevant.

How was this Plan prepared ?

The 2013-2018 Social and Community Plan has been prepared to build on the valuable work undertaken in the development of the 2007-2012 Social and Community Plan.

Where possible, directions, research and data from other government agencies and providers have been incorporated to improve the validity of the Plan to ensure consistency across the various players in the Social and Community sector.

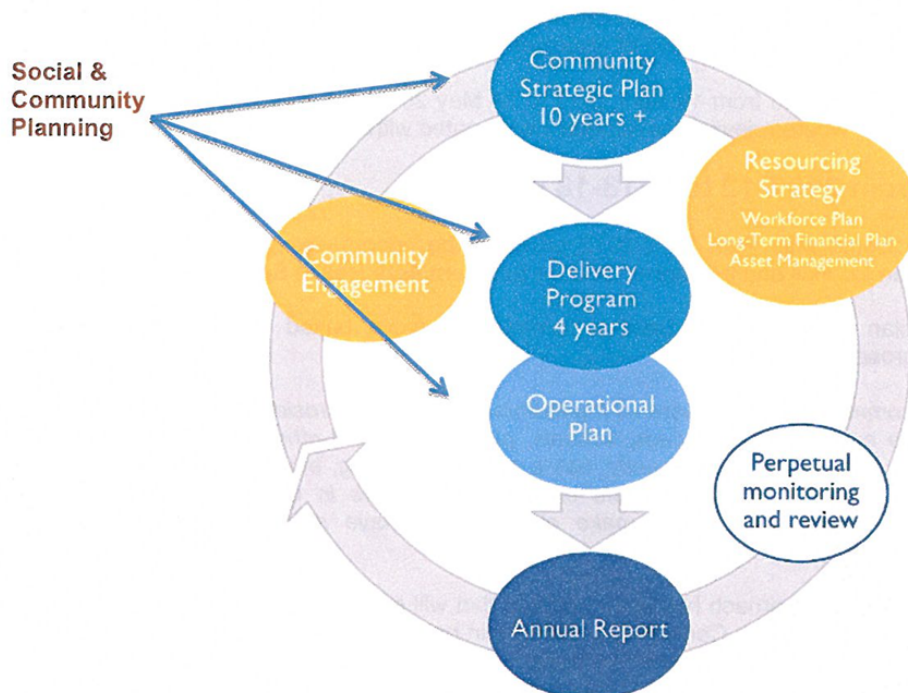
Statistics incorporated within the plan have been drawn from a number of sources, including:

- Australian Bureau of Statistics (ABS)
- Upper Lachlan Council (ULSC)
- NSW Department of Planning and Infrastructure (NSW DoPI)
- Southern NSW Local Health District (SLHD)
- Australian Institute of Health and Welfare (AIHW)

Previous work undertaken by Council, the former GSAHS (including the Crookwell Health Services Plan 2005-2010) and the human services reports from the former Gunning Shire (Twyford, 2003) and former Crookwell Shire (Twyford, 2003a) have also been used in preparing this Plan.

How does this Plan link with other Council planning and reporting ?

The Social and Community Plan is considered an integral component to Council's ongoing Integrated Planning and Reporting Framework, and will assist in the development of operational and strategic plans under the framework. The Actions under this Plan should also be carried over to Council's Integrated Planning and Reporting Framework, so that linkages and progress can be reported to the community and other stakeholders.



The Social and Community Plan is closely linked to the Upper Lachlan Strategy Plan – 2020 Vision and State of the Environment Report.

Whilst the Social and Community Plan is a 5-year Plan it may be amended through its life to recognise progress made, emerging issues and changes to delivery targets, partnerships, and responsibilities.

The Social and Community Plan should help drive development of strategy, program development and actual day-to-day delivery of services and infrastructure for Council. It should also be considered in terms of implications for land use planning and development, and other Council functions.

Council has also prepared an Ageing Strategy for the Shire to respond to the significant ageing of our local and broader community. Ageing is about developing age-friendly communities, which create opportunities for older people to live active and fulfilling lives now and into the future.

Community consultation

The development of the Social and Community Plan 2013-18 has primarily been undertaken as a review and update of the 2007-2012 Plan. The Plan has also been re-worked to include updated demographics and other current research and findings that are relevant to the social and community planning for the area.

A range of additional consultation has been incorporated into the process including targeted stakeholder and agency meetings and circulation of a "consultation draft" to enable more concise comment and input into the identification of issues and development of priority actions.

The draft Plan was exhibited from 19 April 2013 to 24 May 2013 and comments received during the exhibition period, where relevant, have been incorporated within this Plan.

Transition from 2007-12 to 2013-18 Plan

The Social and Community Plan 2007-2012 provided the opportunity to form a collaborative approach between Council and the former Greater Southern Area Health Service.

The previous plan had a distinct healthy communities focus based on the World Health Organisation's broader definition:

"A healthy community is one where all the factors that enable its residents to maintain a high quality of life exist – such as roads, schools, playgrounds and other services to meet the needs of the people in that community, has a range of housing, employment and education opportunities, has a healthy and safe environment, is one in which the members are informed, feel safe, are able to make choices, and have strong families and social connections".

For this Plan, a broader approach has been adopted that will ensure this Plan will not only serve a leadership role in determining Council actions that can be implemented and reviewed over time by those that involved in the social and community sector, but will provide Council, Government Agencies, providers and other interested groups direction for future priorities and outcomes over the next five years. Council, government agencies, community groups and community members may use the Plan for a number of purposes such as:

- to assist in improving the local health and community;
- to identify key areas for further research and analysis;
- a tool for the development of options to resource social and community programs, resources and other activities;
- a means of supporting applications for grants or other funding; and
- a means of driving key components of operational planning and delivery, and organisational strategic planning.

Demographic Overview of Upper Lachlan

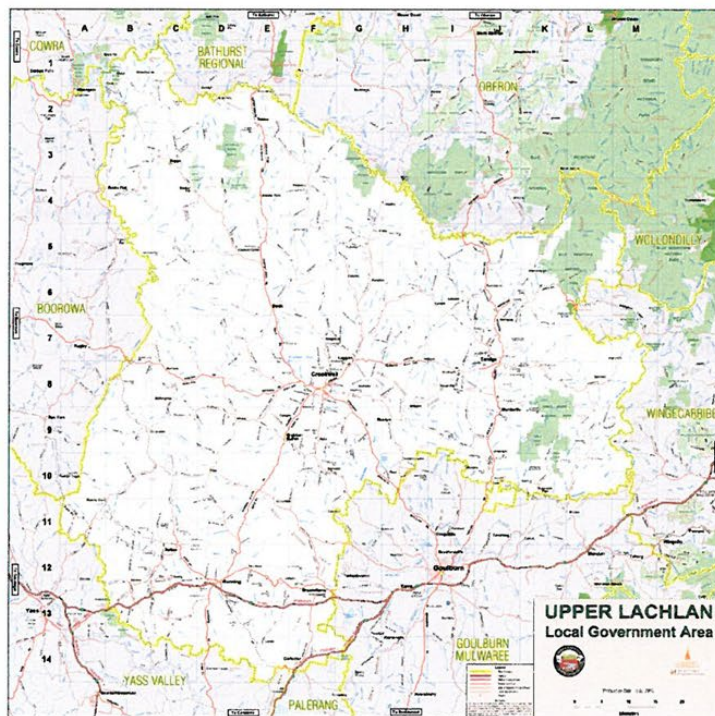
General

Upper Lachlan Shire covers an area of some 7,200 square kilometres, and is characterised by its rural and regional character, affected by its close proximity to the regional centre of Goulburn (45 km), and relative proximity to both other major centres such as Canberra (60km), Bathurst (130km) and Sydney (240km).

The Shire has three main centres: Crookwell, Gunning and Taralga and nine smaller centres, Bigga, Binda, Breadalbane, Collector, Dalton, Grabben Gullen, Jerrawa, Laggan, and Tuena. The Shire was proclaimed on the 11th February 2004 following local government boundary changes and includes part of the former Gunning Shire, part of the former Mulwaree Shire and all of the former Crookwell Shire. A map of the Shire is provided below.

At the time of the 2011 Census, Upper Lachlan had a total resident population of 7,193 persons. The median age was 46 and there were 3,589 females and 3,604 males. As a general observation the ratio of females tends to rise in the over 80 age groups, reflecting the tendency for women to live longer.

One key observation is the lower numbers in the 'birthing age of 25-39' with 928 persons or 12.9% of total population, which is significantly lower (7.8%) than the NSW State average (20.7%). This has a number of implications, including capacity for population renewal and ongoing decline in younger age groups.



Map of
Upper Lachlan Shire

Upper Lachlan Shire Social and Community Plan 2013-2018

Population Growth Trends

Given the changes to local government boundaries in 2004, the use of pre-2006 ABS data to establish projections is likely to create issues with the compatibility and comparability of data.

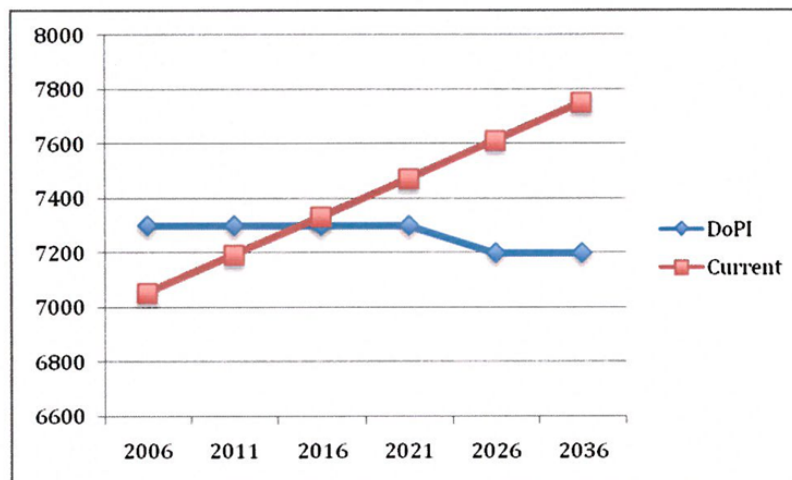
The following tables provide an overview of both actual ABS census data, in addition to projections prepared for Upper Lachlan by the NSW Department of Planning (DoPI).

Year	DoPI Projections*	Plan Projections**
2006	7300	7053
2011	7300	7193
2016	7300	7333
2021	7300	7473
2026	7200	7613
2036	7200	7753

* NSW Department of Planning & Infrastructure projections (2010) – these projections will be reviewed in 2013.

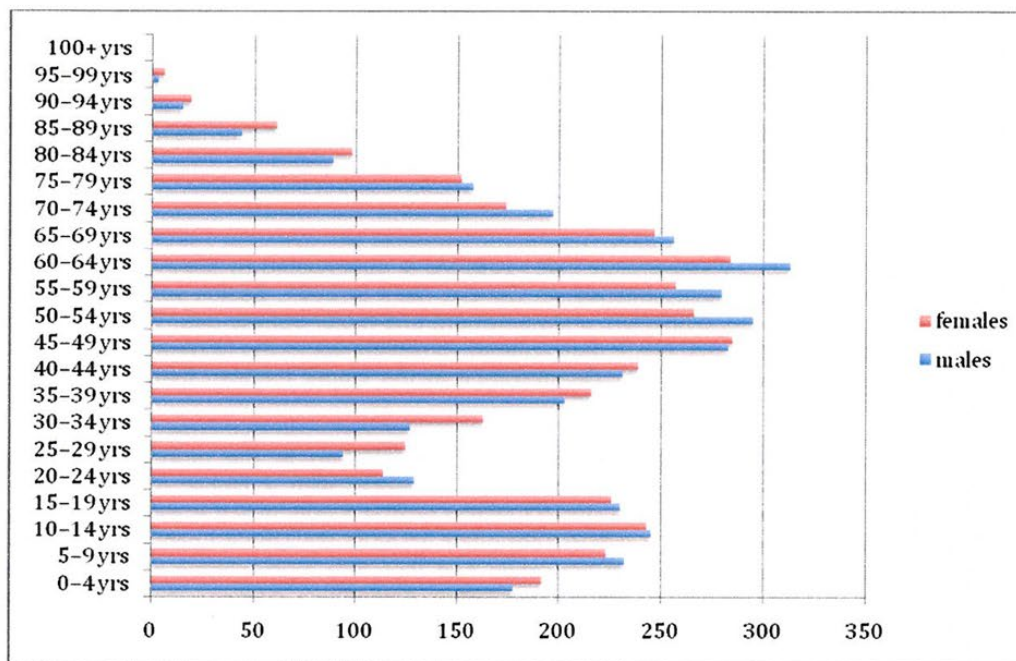
** Projections based on maintenance of at least the current growth path based on actual population from 2006 and 2011 ABS Census.

Comparison of Current Growth Path and DoPI Projections



Age Structure

The following graph shows the age structure for Upper Lachlan as at the 2011 ABS Census.



Source: ABS 2011 Census Data

The graph indicates that Upper Lachlan Shire is currently undergoing noticeable generational change with Generation X (aged 35-49) and the Baby-boomers (aged 50-64) increasing their share of the population, mostly at the cost of Generation Y (aged 20-34) and to a lesser extent, Wartime (aged 65+ in 2011).

The implications of these demographic characteristics have resulted in Upper Lachlan Shire Council also preparing a Ageing Strategy that will link to this Social and Community Plan. That Strategy will provide a greater level of detail on the opportunities and challenges that may face the Shire in planning for the future in respect to an ageing population.

Socio-economic characteristics

There is strong and unequivocal evidence from Australia and other developed countries, that factors such as income, socio-economic status, employment status and educational attainment are associated with inequalities in health (Eckersley et al 2001, Oliver & Exworthy, 2003 cited in the CHO 2004). Socio-economic disadvantage is associated with a higher prevalence of health risk factors and higher rates of hospitalisations, deaths and other adverse health outcomes. These inequalities are important from both social justice and economic perspectives – not only can they be considered 'unfair' and preventable, but they also have high direct and indirect costs on the health system (Sainsbury & Harris 2001, cited in CHO 2004).

(a) Economic inequalities

The relative socio-economic disadvantage index (SEIFA) is constructed by the Australian Bureau of Statistics based on information obtained on Census night in 2001. SEIFA scores are derived from factors including income, education, unemployment and motor vehicle use. The SEIFA index for the Upper Lachlan area of 996 (2013 data release) is slightly below the NSW average of 1,000, meaning overall there is slightly higher disadvantage in the Upper Lachlan than other areas in NSW.

The education and occupation index includes attributes relating to the proportion of people employed in a skilled occupation or the proportion of people with a higher qualification. The education and employment index for the Upper Lachlan area is 1,005, which is slightly higher than the NSW average of 1,000. Gunning differs from other areas in the Upper Lachlan, as there are more people who have higher levels of education and therefore more people with professional occupations. This is also reflected in other towns within commuting distance to the ACT, where higher rates of professional employment opportunities can be found.

Post-school education has increasing significance for high income and workplace status. A community's resources are indicated by the proportion of adults with post-school qualifications. In 2011, 51% of residents aged 15+ in Upper Lachlan had a post-school qualification. The proportion with qualifications was 6% lower than in NSW. Those aged 25–34 had the highest proportion with post-school qualifications, 67%. The proportion without qualifications rises with age – 63% of 75+ year olds had none.

Most commonly, the highest qualification in Upper Lachlan was a Certificate III or IV, held by 18% of adults (aged 15+). Another 8% held a Bachelors degree and 7% held a Diploma.

- 26% of males had a Certificate III or IV
- 7% had a Bachelors degree
- 6% had a Diploma.
- 10% of females had a Bachelors degree
- 10% had a Certificate III or IV
- 9% had a Diploma.

The biggest increases in Upper Lachlan over 2006 to 2011 were in:

- Certificate III or IV (held by 2% more adults)
- Diploma (also by 2% more adults).

The biggest increases in NSW over 2006 to 2011 were in:

- Bachelor Degree (up 2%)
- Post-graduate Degree (up 1%).

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In the Upper Lachlan 12% of adults had a Degree or higher, compared with 20% for NSW. Only 2% of residents in Upper Lachlan had a Post-graduate Degree (2% lower than in NSW). Those aged 25–34 had the highest proportion with Bachelors Degree (14%), than those aged 35–44 (12%). The highest proportions with Post-graduate Degrees were aged 55–64 (4%) and 65–74 (2%).

The Upper Lachlan Shire Council is well placed by virtue of its proximity to the national capital to actively advocate for the development and prosperity of the region. It should be noted that Council, through its Upper Lachlan Strategy Plan – 2020 Vision, is attempting to address some of the economic issues such as unemployment and tourism at the local level.

(b) Social inequalities

Social inequalities exist when individuals or groups of people are excluded from participating in community life due to their education and income levels. It has been found that people on lower incomes and people with lower levels of educational attainment do not participate in their communities as much as those people on higher incomes, or those with more education.

In regard to unemployment, Upper Lachlan's unemployment was estimated at 107 in December 2012, a rate of 2.4% out of a working population of 4,368 (compared to 3.5% for NSW). The estimated number of unemployed residents had risen by 14 over the past year to June 2012 and had fallen by 39 since September 2010. Over recent quarters, the highest unemployment rate was 3.6% in September 2010 and the lowest was 2.0% in September 2011.

In December 2012, Upper Lachlan's labour force was estimated at 4,368. The labour force had risen by 64 over the past year, and had risen by 317 since September 2010.

Over recent quarters, the estimated labour force growth rate has ranged from +9.0% in the March 2011 quarter to -9.0% in the September 2010 quarter.

DEEWR estimates that the number of unemployed people in Upper Lachlan at the end of September 2011 was 84. In August 2011, the Census counted 108 unemployed residents here. Adjusting the Census count for those not counted or not stating their employment status, suggests there were about 118 unemployed residents. The DEEWR estimates appear lower than the Census count.

The level of income support through government pensions and benefits including Newstart, sickness or disability pensions provides an indication of the number of people who are economically and socially disadvantaged and have high need for health services. In mid-2010, there were 1,674 residents of Upper Lachlan receiving the six main forms of income support. The largest groups were those receiving the Age pension (989), the Disability Support pension (292) and the Newstart allowance (132).

Over the four years since 2006, the total number of recipients of these six payments rose by 23% with the number on a Carers payment increasing by 38%, Age pension increasing by 33%, Disability support pension increasing by just 13% and Single Parent payment fell by 15%. The age pension was received by 67% of the estimated population of residents aged 65+ (69% in NSW), with the number up by 33% since 2006 (NSW up by 12%).

The number on Newstart (unemployment benefit) increased by 18% from 2006 to 2010, with 20 more recipients. In 2010, 67% of recipients were long-term unemployed (on Newstart over a year), which was up by 2% since 2006. The rate was 5% more than in NSW.

Upper Lachlan Shire Social and Community Plan 2013-2018

The number on the Youth allowance, 127 in 2010, represented 17% of residents aged 15 to 24 in Upper Lachlan (compared with 13% in NSW). The number had risen by 19% since 2010.

There were 653 families receiving the Family Tax Benefit A in 2010, which was up by 12% since 2006 (compared with a fall of 4% in NSW). A further 467 families were receiving the Family Tax Benefit B in 2010, which was up by 13% since 2006 (compared with stable in NSW.)

The establishment of support groups and neighbourhood meeting places to encourage social connectedness among socially isolated people has been shown to help address social inequality issues. The Upper Lachlan Shire has a high degree of social connectedness. This is seen by the number and range of volunteering, sports and community groups currently available in the Shire. The Council can make significant contributions to enhancing these organisations by supporting their activities in various ways.

Family structures may also contribute to social inequalities within a community. The family and family structure have a strong impact on the health and wellbeing of children and their parents. Inadequate family income is more common in single-parent families, and family breakdown can also have adverse social and health consequences for children and their parents (CHO 2004).

The majority of family types in the Upper Lachlan Shire are couples with no dependent children and this is slightly higher than the NSW average. The next most common family type in the Shire is couples with dependent children, which is higher than the NSW average. There are more people living alone than there are single-parent families in the Shire.

(c) Health inequalities

Just as economic and social inequalities exist and directly affect the level of disadvantage in a community, so do health inequalities. A health inequalities gap exists where well resourced people are able to utilise the health system and services to their advantage to remain healthy whereas poorly resourced people are less able to access the same resources to maintain health. Patterns of ill health have emerged that strongly suggest that people with the least access to social and economic resources often have worse health outcomes than people who have adequate or optimum access to social supports and economic resources.

It has been shown that people from lower socio-economic groups not only have the worst health outcomes, but they also are less likely to use preventative services, early intervention and screening services, thereby widening the health inequalities gap.

Councils can make inroads to addressing some of the direct health problems of the community through urban planning, land use and social inclusion policies that encourage people to be physically and socially active in their communities. Council provides infrastructure which encourages people to walk and to be physically active through the various recreational facilities available throughout the Shire. The Shire provides and maintains two public swimming pools and sporting fields, parks and playgrounds. The Shire also supports branch libraries at Crookwell and Gunning and provides free internet access to the community.

Note: Other relevant demographic data is included within each of the sections dealing with identified target groups under this Plan.

Social Infrastructure and Services

There are a range of social and community assets in the Upper Lachlan area including both physical and service based assets. The range of services and providers changes over time and Council maintains a service directory for the Upper Lachlan community, which can be found online:

<http://upperlachlan.local-e.nsw.gov.au/community/directory.html>

Upper Lachlan has a range of social infrastructure and services typical of a rural local government area, although the relative close proximity to Canberra and a larger rural city such as Goulburn have impacted upon the range of facilities and services, social infrastructure and services which includes:

Hospital

- Crookwell (one on-call Doctor shared between 3 local Doctors)

Doctors/Medical

- Taralga – part-time GP Doctor service from Goulburn, Community Health
- Gunning – operated through Community Health
- Crookwell – Total 6 Doctors. 1 GP and 5 at the Health Care Centre
- Community Health at Hospital.
- Specialists available at Crookwell Health Care Centre: Physiotherapist, Audiologist, Podiatrist, Massage therapist, Pathology, Orthopaedic and other visiting specialists.

Schools

- Crookwell (High School, Public School and Catholic Primary School),
- Primary Schools at Bigga, Binda, Breadalbane, Collector, Dalton, Gunning, Laggan, Taralga

Child care centres

- Day care centres are located in Crookwell, Taralga and Gunning
- Crookwell Neighbourhood Centre Inc. provide the following services:
 - Crookwell Mobile Pre-School – weekly at Collector, Rye Park
 - Crookwell Mobile Long Day Care – weekly at Binda, Bigga, Laggan and Rye Park
 - Before and After School Care, Vacation Care – 48 weeks per year at the Crookwell Neighbourhood Centre Inc.

Community Organisations

- Country Women's Association – Southern Tablelands Group
- Men's Shed - Crookwell
- Rotary and Lion's Clubs
- Volunteer Bush Fire Brigades
- Church groups – St Vincent de Paul and Salvation Army etc.
- Crookwell Neighbourhood Centre Inc.
- Landcare groups
- Progress Associations

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Community facilities

- Showgrounds in all towns/villages
- Community halls
- Sporting fields
- Crookwell & Gunning Pools

Aged Care

Taralga	Sunset Lodge: 23 beds – Ageing facility with high and low care Self care units
Crookwell	View Haven Lodge: 44 beds – Principally high care (Nursing Home) Self care units Clifton Village (Uniting Care) Nura Village (private aged housing)
Gunning	Self care units (Lions Club)

Social Connectivity

The people who make up a community contribute significantly to the social fabric of the area. This contribution is recognised by many residents. Residents are responsible for the initiation and continuation of many informal groups, businesses, organised community groups and clubs operating across the region. Residents have described their neighbours and community more broadly as welcoming, friendly, and spirited. Common values, 'rallying around', 'choosing to live here', 'pulling together' and 'community feel' were commonly cited in previous consultation as important assets to communities in the Upper Lachlan Shire.

The Shire has a strong sporting following with active clubs in hockey, rugby, touch football, swimming, netball, tennis, golf, pony club and gymkhana. There are a range of sporting fields across the Upper Lachlan, with some local clubs conducting significant fundraising to upgrade and redevelop new fields. Another asset to the Shire is the diverse range of community organisations that are strongly supported by volunteers. These include Country Women's Associations, Rotary and Lions Clubs, Progress Associations, youth groups, volunteer Bush Fire Brigades, sporting and leisure clubs, church groups and arts councils.

Local events draw tourists to the area and are important positive features of the community. Although not an exhaustive list, among those mentioned by residents during consultation include the Binda Picnic Races, Taralga Australia Day Rodeo, Taralga Heritage Rally, Crookwell Potato Festival, Collector Pumpkin Festival, Gunning Fireworks as well as Agricultural Pastoral and Horticultural Societies/shows and arts events held in different areas.



Target Groups in Upper Lachlan

The following sections focus on each of the following identified target groups. Other related community and social planning issues that have been identified as relevant to the Upper Lachlan area are dealt with in the section following target groups.

- Children
- Young people
- Women
- Older people
- People with disabilities
- Aboriginal and Torres Strait Islander people
- People from Culturally and Linguistically Diverse backgrounds
- Men, and
- Rural and Farming Community



Art work from a local play group

Our rural and farming community



Children

Related Demographics – Children

At the time of the 2011 Census there were:

- 370 children aged 0-4 years
- 455 children aged 5-9 years; and
- 488 children aged 10-14 years.

The 0-4 year age group makes up 6.6% of the population, which is 1.5 % lower, than the State average. The age groups of 5-9 (6.3%) and 10-14 (6.8%) are very close to the NSW averages.

The ratio of boys to girls was relatively close to 1:1 across the age groups in the 0-14 bracket.

The percentages of children in the 0-14 age bracket is also down slightly (approximately 0.5%) on 2006 Census figures, indicating a continuation of the trend identified in the previous social plan, where Upper Lachlan is likely to experience a decrease in the proportion of children over the coming 5 years.

This is consistent and comparable to many other rural communities, with the exception of those surrounding larger metropolitan or regional centres.

To determine the future trends in the 0-14 ages, the number of children born has trended downwards for decades in the locality. In Upper Lachlan Shire, the average number of births fell by 0.1 % between 2006 and 2011, whilst the average births for women aged 35–39 years was 0.2 lower than in 2006 and was also down for women aged 25–29 years.

In contrast the average births rose most for those aged 40–44 years indicating perhaps a tendency to women having children later in life, which may have implications for the type of care and services that are required.

Compared with NSW averages in 2011, Upper Lachlan Shire had an average rate of births that was 0.5% higher overall.

In Upper Lachlan Shire, 31% of adults (aged 15+) provided some voluntary child care, with 18% caring for their own child, 8% caring for another's child, and 26% caring for both their and another's children. This shows the importance of home care in the area as an alternative or supplement for formal childcare services.

In terms of schooling in these years at the 2011 Census:

- 82% of the number aged 3–4 years attended pre-school;
- 87% of the number aged 5–11 were at primary school;
- the number at pre-school increased by 26% from 2006; and
- the number in primary school decreased by 9% from 2006.

Discussion of Key Issues

The early years of a child's life provide the foundation for future health, development and wellbeing. A positive start in life helps children to reach their full potential, while a poor start increases the chances of adverse outcomes (Australian Institute of Health & Welfare – AIHW).

The Key National Indicators of Child Health, Development and Wellbeing developed by AIHW measure the progress of Australia's children aged 0–14 in the areas of health status, risk and protective factors influencing health and wellbeing, early learning and education, family and community environments, safety and security, and system performance.

Some of the key indicators are:

- Health - mortality, morbidity, chronic conditions, disability and mental health;
- Healthy Development – breastfeeding, dental health, physical activity and nutrition and early learning;
- Learning & Development – attendance at early childhood education, transition to primary school and primary school attendance, literacy and numeracy and social and emotional development;
- Risk Factors – teenage births, smoking in pregnancy, birth weight, overweight and obesity tobacco and alcohol misuse;
- Families & Communities – family functioning, socio-economic situation, parental health status and neighbourhood safety;
- Safety & Security – injuries, school relationships and bullying, child abuse and neglect, children as victims of violence, homelessness and children and crime; and
- System Performance – neonatal hearing screening, childhood immunization. Quality childcare, child protection substantiations, survival rate for childhood leukaemia.

Recent research undertaken by the AIHW *"A picture of Australia's children 2012"* provides the latest information on the health and wellbeing of Australia's children aged 0–14. As an Australian society results show that many are faring well and positives have been achieved. Research has shown however that key risk areas require additional attention, particularly among Aboriginal and Torres Strait Islander children and those living in areas with the lowest socio-economic status.

As part of the ongoing social and community planning process the partnership with Southern NSW Local Health District and other health agencies and providers should be further developed to monitor the key indicators and provide feedback on current and emerging child health issues.

This research can assist Upper Lachlan target and develop assistance to improve the level of service and programs for at risk children. To do this effectively the monitoring and communication of key issues needs to occur.

Child-care services are key social infrastructure for the well-being and identification of issues for at risk or higher needs children in the Upper Lachlan community, and are also critical to attracting and retaining new population settlement. These services can assist children to develop important social skills, and assist in preparing children for formal education beginning at five years of age.

To enable appropriate levels of service for younger age groups and families in the area, child care must also be able to cater for outside of school hours care options to enable working parents to be actively employed care and early learning to be fostered.

Services and Infrastructure

Child Care

Upper Lachlan has a number of child care facilities across the local government area including:

- informal day care,
- Playgroup,
- Pre-School (including a mobile pre-school service) and
- Long Day Care and Vacation Care.

Long day care has been the focus of some community effort, particularly in Gunning, where the need for these services has been identified and residents have been actively pursuing this possibility.

Pre-school children in the Taralga and surrounding area have been serviced by a privately operated Long Day Care Centre and previously the Crookwell Mobile Children's Service. The Crookwell Mobile Children Service has not operated in Taralga since approximately 2007.

Crookwell Neighbourhood Centre Inc provides the Crookwell Mobile Pre-School Service weekly at Collector and Rye Park, the Crookwell Mobile Long Day Care service weekly at Binda, Bigga, Laggan and Rye Park and Before and After School Care and Vacation Care service 48 weeks per year at the Crookwell Neighbourhood Centre.

Crookwell Neighbourhood Centre Inc. is funded to provide Pre-School and Long Day Care to rural and remote areas and can include children from other local government areas. The Service is mobile and will move to an area if the service is required or cease a service if it is not longer viable.

Previous issues with services in Gunning have progressed with both pre-school and out of school hours care options now available. Ongoing consultation and monitoring of demand and supply of places across the Shire is required, particularly as they respond to either growth or decline.

Children's Health

State and Federal Government, often with the assistance of local services, have provided a number of programs that have covered issues raised in the previous plan. The continued promotion of risks of sun protection and skin cancers has been prevalent with many schools and child care facilities now actively taking part in sun protection programs and providing suitable sun-safe areas for children. The Federal schools infrastructure-funding program was utilised by many schools to provide such areas.

This issue will continue to be a challenge particularly promoting appropriate sun protection and infrastructure in public spaces, and at sporting and community events.

The Shire continues to work in a partnership with the NSW Cancer Council assisting with staff issues as well as resources for the general public. Smoking and skin (sun) care are two of the programs included in the agreement.

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The ongoing promotion of the benefits of breastfeeding and oral health and early intervention by NSW and Federal Government has provided some traction in the community, however the access to, and retention of, dental and GP services in rural and regional NSW has become a growing issue and has been identified by peak bodies such as the Rural Doctors Association of Australia (Health of Australians Living in Rural & Remote Communities 2012).

Childhood obesity continues to emerge as a significant issue for communities across Australia with AIHW research finding around one-fifth (22%) of children were estimated to be either overweight or obese (17% overweight but not obese, 6% obese). The ongoing health and lifestyle problems that may emerge from being overweight are a significant cost to the community, and opportunities to promote healthy eating and exercise could be investigated.

Crookwell Neighbourhood Centre Inc. run an Active After's Program operating three days a week, offering sports and healthy eating programs funded by the Australian Institute of Sport.

The issue of a lack of coordination and communication between children's services providers has been raised in the previous 2007-12 Plan as well as in a study into human services in the former Crookwell Shire (Twyford Consulting, 2003a). This continues to be a challenge, and may reflect an overall need for great coordination and communication between social service providers, not just those for children. This issue will be further exacerbated if Council achieves greater levels of growth and development in the Shire.

The reliance on traditional recreation opportunities was again raised in consultation as an issue for both children and youth in the area. Whilst the level of sporting facilities and facilities associated with schools and playgroups, and play areas provided by Council appear to be adequate, alternative activities are also desired. These may include creative and artistic activities for children and young people, non-traditional recreation, such as skate and climbing facilities, and outreach access to facilities and entertainment in nearby major centres.

Some of the key issues for children in the Upper Lachlan area are seen as:

- Access to cultural and artistic pursuits and entertainment in the local area;
- Need for child services planning to anticipate changes in the local area and to improve coordination and communication;
- Improving education, awareness and action for childhood health issues such as obesity, dental health and early intervention;
- Increased awareness of existing services and options in childcare and other children's programs. In this regard, Crookwell Neighbourhood Centre Inc, SDN Children's Services and Country Kids have had combined training sessions to assist all services with cost and keeping up with legal requirements.

Current Progress and Future Priority Areas – Children

2007-12 Actions

- Work with key stakeholders to increase the range of day care options across the Upper Lachlan Shire.
- Support initiatives/activities that encourage the participation of families and children in community life.
- Increase sun protection measures across the Shire.
- Support Southern Local Health District (SLHD) to develop and deliver programs that address child health issues.

Progress

- ✓ Good progress has occurred in the sun protection and awareness, with Council, schools and childcare centres adopting proactive sun care measures and infrastructure
- ✓ Day care options have been developing with examples such as Gunning pre-school offering out of hours care, and Crookwell Neighbourhood Centre Inc. operating services such as Vacation Care, Long-Day Care, Mobile Pre-School services and Before and After School Care services which includes an Active After's Sports program funded by the Australian Institute of Sport.

2013-2018 Actions

Including:

- There is a need to improve the communication, between agencies and providers, of data that will help identify at risk children and issues that are affecting them; health, care, education etc
- Continue to work with key stakeholders to increase the range of day care options across the Upper Lachlan Shire, and ensure that they are responsive to population change.
- Identify and support initiatives/activities that encourage the participation of families and children in community life.
- Support SLHD and other agencies and provider to develop and deliver programs that address children's needs.
- Investigate and implement collaborative opportunities to promote healthy lifestyles and physical activity to reduce the occurrence of weight and obesity issues.

Young People

Related Demographics – Young People

At the time of the 2011 Census there were:

- 456 persons aged 15-19 years; and
- 243 persons aged 20-24 years

Those aged 15-19 years represented 6.3% of the population in the Shire (0.1% less than the NSW average) whilst those in the 20-24 years bracket represented 6.5%, (3.1% lower than the NSW average). Both age cohorts were up slightly (0.2%) from the 2006 Census.

Whilst there has been relative stability in the percentages within these age groups over the last census period, there has been decline in subsequent age brackets that would indicate population movement out of the area. In terms of education in 2011, 85% of the number aged 12–17 were at high school.

Discussion of Key Issues and Social Infrastructure

The health and wellbeing of young people not only affects their immediate quality of life and productivity but also shapes the future health of the whole population and, in a broader social sense, the health of society (Eckersley 2008).

Tackling health and wellbeing issues when they occur in adolescence is socially and economically more effective than dealing with enduring problems in adulthood. Many of the attitudes and behaviour, and even the illnesses that largely determine adult health and wellbeing have their origins in childhood, adolescence and early adulthood.

The benefits of investing in young people flow through to the entire population, with outcomes as diverse as greater productivity, lower burden of disease, stronger families, and safer and more connected communities (AIHW 2011 Young Australia; Their Health & Well-being). National research has shown many positive improvements in the health and well-being of Australian youth overall, however those youth in lower socio-economic conditions, rural and remote areas and of Aboriginal or Torres Strait Islander backgrounds are identified at higher risk.

Generally young people living outside of capital cities and other major urban population centres encounter a number of challenges that are not normally part of the everyday experience of young people living in metropolitan areas. These include access to suitable and appropriate health and welfare services, education/ training, paid employment, economic stability and recreational opportunities [Davies, L., Jukes, J., Hodges, C., & Crosby, J. (2002)]. *Rural life of us: Young people and workers with young people*. Youth in Upper Lachlan can exhibit some of these issues like:

- Limited career and further education opportunities in the local area;
- Lack of transport options and reliance on private vehicles;
- Real and perceived isolation issues;
- Access to entertainment & other recreational opportunities;
- Access to communication technology;
- Mental health;
- Social isolation and bullying;
- Risky behaviour and substance abuse; and
- Lack of places to meet and have access to entertainment.

Services and Infrastructure

There is a relatively good supply of more traditional sporting and recreational opportunities within Upper Lachlan however, access to other recreation and entertainment often means travel is required. This is also the case for further education and work opportunities for younger people.

Like many rural areas there is a focus on meeting places and situations where alcohol is available. The need to encourage alternatives for youth interaction outside these environments is something the Upper Lachlan community can further build on through events and fostering improved facilities management and promotion, such as participation at school based alternatives or the like.

The Crookwell Neighbourhood Centre Inc. and others have also undertaken supported and supervised trips to entertainment outside the Shire, which may provide young people with other alternatives. The Menshed works with school children and provides a positive contribution to the community through the construction of street furniture and providing an important social network between the aged and youth.

Whilst there are a number of health and counseling services available through the Goulburn and Crookwell Community Health Services mental health and high risk behaviours in the youth population are compounded by the fact that regional and rural young people experience more restricted access to health services. This can be because of fewer rural and remote general practitioners; less choice of medical services, limited privacy when it comes to accessing health and psychological support services, lower rates of bulk billing and less access to medical specialists and major hospitals.

Improved promotion of services in schools and other youth meeting areas would improve access and perception of services in the area, as well as highlight other options that may be available in the broader area. Through working with local schools and other youth services in the promotion of local and regional services, online information and outreach or phone services, this would also potentially improve the levels of service for youth.

There are no tertiary education institutions (TAFE, private colleges or universities) offering continuing education or training located within the Shire. Students need to study out of the immediate area, however, in 2011 there were 316 tertiary students studying in the Upper Lachlan area (173 at TAFE, 117 at university, 26 at tertiary college). This represented 5.4% of the adult population, which was 4% lower than the NSW average.

Education and employment opportunities for local young people are essential to encourage them to stay locally, but also to return following study out of the region.

Access to career and education counseling is at present provided primarily as a responsibility of individual schools. However a partnership approach may provide critical mass to encourage linkages with educational institutions and employers that may improve options for young people. The involvement of local employers in career talks may also promote local opportunities.

Likewise, using access to regional and rural focused TAFE and University courses with a rural or regional focus may encourage more young people to look at future options in the Shire.

Building on Council's role in Youth Week and other events would also assist in building networks for further consultation and awareness of needs and issues in the community.

Current Progress and Future Priority Areas

2007-2012 Actions

- Explore initiatives that encourage and enable young people to participate in community life and build their capacity to develop programs that address the needs of their peers.
- Increase opportunities for recreation for young people.
- Explore opportunities to increase education options for young people including TAFE.
- In partnership with SLHD, develop community development and health promotion approaches that target the needs of young people.
- Investigate feasibility of a heated indoor swimming pool, including setup and ongoing costs and possible funding opportunities.

Progress

- ✓ A number of alternative entertainment and recreation activities have been fostered in the community including supported trips to recreation activities outside the Shire.

2013-2018 Actions

Including:

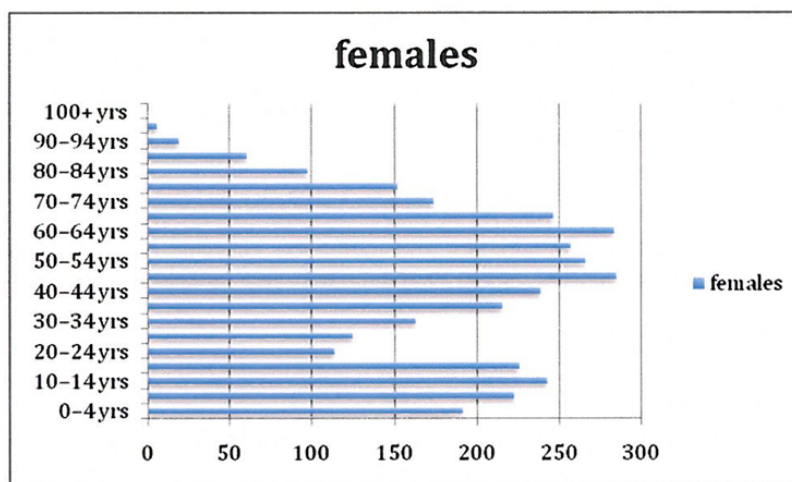
- Continue to explore initiatives that encourage and enable young people to participate in community life and build their capacity to develop programs that address the needs of their peers.
- Examine alternative recreation activities for young people in consultation with schools and youth groups.
- Explore opportunities to provide information and mentoring on career and education paths for young people, including options within the Shire.
- In partnership with Southern NSW Local Health District and other agencies and service providers, schools etc., develop community development and health promotion approaches that target the needs of young people.

Women

Related Demographics – Women

At the time of the 2011 Census there were 3,590 women in Upper Lachlan (as compared to 3602 men) with an average age of 43 years. Whilst there are slightly more males overall, the ration of women to men increases in the older age groups (80 plus).

The following graph shows the age distribution for women in Upper Lachlan at the 2011 Census.



Source: Based on ABS statistics 2011 Census

Discussion of Key Issues and Social Infrastructure

The research of National Rural Women's Coalition provides support to a number of issues that have been raised by women in the Upper Lachlan area. The identification of common themes both locally and across other rural and regional areas in Australia is assisting in the development of National and NSW programs, however there is still significant scope for localised infrastructure, services and programs to improve the well-being of women in the Shire.

The Coalition has identified a number of issues that are relevant to Upper Lachlan including:

- Improved access and support for further education and returning to the workforce;
- Improved access to health services including maternity support, antenatal and postnatal services;
- Transport alternatives and improved public transport to regional facilities and services;
- Support services and emergency housing or support for domestic violence;
- Family support services

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Rural regions, drought and social isolation are associated with increased levels of domestic violence (SAHS, 2003). Issues of confidentiality, finances, social isolation and limited access to transport can impact on the assistance sought and the choices made by women experiencing violence in regional areas.

National and state documents on women's health highlight five key issues impacting on women. These include reducing the prevalence of depression, domestic violence and smoking in women, as well as increasing levels of physical activity and improving maternal and infant health (NSW Health, 2000), Women's Health Outcomes Framework (NSW Health, 2002a), Physical activity and smoking are also identified in GSAHS Health Development priorities (GSAHS, 2006).

To meet the needs of women in the local district Southern NSW Local Health District supports the provision of outreach clinical services and health promotion initiatives by the Women's Health Nurse. Services are provided on an as needed/requested basis. The type and level of service provided is regularly reviewed. These activities are further supported by health promotion activities undertaken by the Southern NSW Local Health District.

Current Progress and Future Priority Areas

2007- 2012 Actions

- Investigate the availability of transport options with specific reference to women.
- In partnership with SLHD and other key stakeholders, develop community development/ health promotion approaches that target the needs of women

2013-2018 Actions

Including:

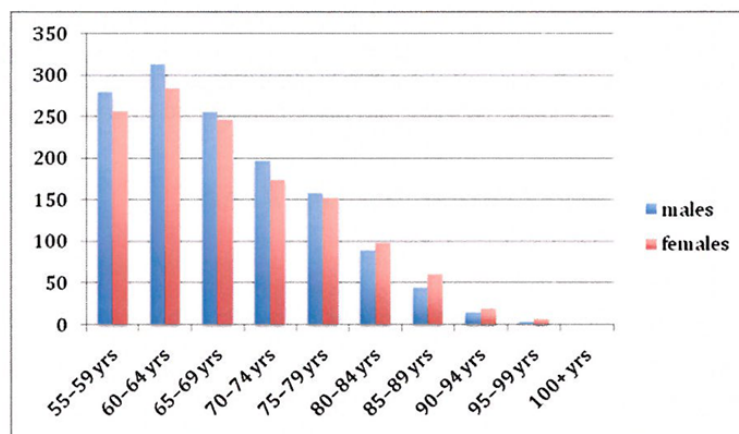
- Continue to investigate the availability of transport options with specific reference to women.
- In partnership with Southern NSW Local Health District and other key stakeholders, develop community development/ health promotion approaches that target the needs of women.

Older people

Related Demographics – Older People (55+)

At the 2011 Census there were 2653 persons over the age of 55 in Upper Lachlan Shire, comprising of 1355 males and 1298 females. This represents approximately 37% of the total population in the Shire.

The age and sex distribution is shown in the following diagram:



The percentage of persons compared to overall population in the Shire was greater than the NSW State average across all groups up to 90 years of age. The 60 through to 79 years brackets all were significantly higher than the State average as is shown below:

Age Bracket	Persons	% ULSC	% NSW	Difference to NSW
55-59 yrs	537	7.50%	6.10%	1.4% more
60-64 yrs	597	8.30%	5.60%	2.7% more
65-69 yrs	503	7.00%	4.40%	2.6% more
70-74 yrs	371	5.20%	3.40%	1.7% more
75-79 yrs	310	4.30%	2.70%	1.6% more
80-84 yrs	187	2.60%	2.20%	0.4% more
85-89 yrs	105	1.50%	1.40%	0.1% more
90-94 yrs	34	0.50%	0.50%	same
95-99 yrs	9	0.10%	0.10%	same
100+ yrs	0	0.00%	0.00%	same

Source: ABS 2011 Census

The population structure and characteristics for Upper Lachlan suggest that the proportion of older people living in the Shire will continue to grow, particularly if development activity or capacity to attract new young or middle aged residents declines or remains relatively low.

Discussion of Key Issues and Social Infrastructure

In recognition of the higher than NSW state average of older people living in the Shire Council has also prepared an Ageing Strategy. Ageing is about developing age-friendly communities, which create opportunities for older people to live active and fulfilling lives now and into the future. The Upper Lachlan Ageing Strategy has been developed to respond to the significant ageing of our local and broader community.

Older people make significant contributions to the local community. There are a myriad of community groups across the region which continue to operate due to the involvement and support of older residents. In 2002, a survey of older people found that one in five people (20%) responding to the older people's survey reported doing volunteer work for an organisation (NSW Health, 1999). Community meetings have raised a number of issues around volunteering, including finding and involving new people and those with a different range of skills, training opportunities, insurance and valuing volunteers. Many residents in different sites commented that while there is a long list of ways to be involved in the community there was only a limited 'pool of volunteers' from which to draw from.

Social isolation, depression and the need for activities for older people were consistently raised as significant issues throughout consultations with communities in 2006. This feedback is consistent with the finding of reports written with community input several years ago (Twyford, 2003, Twyford, 2003a).

Transport was one of the main themes to emerge from community consultation and was often raised in the first instance as an issue for older people. Access to transport is not only important to access health, medical and other essential services, but also to allow people to participate socially in the life of their community. The cost of petrol and no access to a car were often given as a frequent barrier to personal travel. Other issues, including, no longer holding valid licences and travelling long distances, were given as barriers to the use of personal transport and unsuitable timetabling of community transport. It is important to consider both immediate and longer term solutions to transportation issues as the problem is likely to increase as the population ages. Acknowledgement of the new aged care facility proposal and recently commenced private facilities were made.

Current Progress and Future Priority Areas

2007-2012 Actions

- Develop approaches that support community groups and volunteers and increase recreation options for older people.
- Investigate options for an increase in transport availability.
- Work with key stakeholders to address the needs of the ageing population.
- Assist with the provision of services for older people.
- Develop approaches that support volunteers.
- Investigate feasibility of a heated indoor swimming pool, including setup and ongoing costs and possible funding opportunities.

2013-2018 Actions

Including:

- Develop and implement an Ageing Strategy for Upper Lachlan, and pursue advocacy and/or assistance for the community and Council to secure grant funding for the development and funding of initiatives for the ageing population.

People with Disabilities

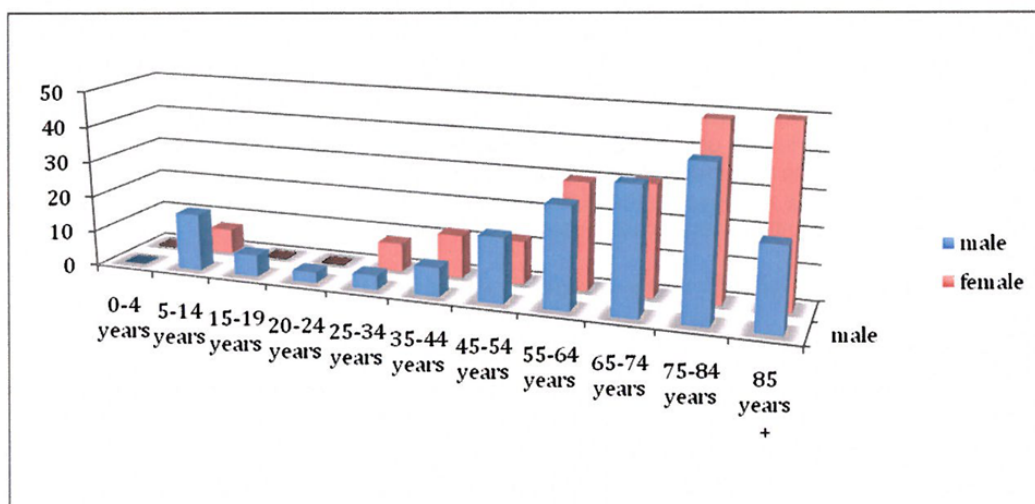
Related Demographics – People with Disabilities

At the time of the 2011 Census there was a total of 5.6% of the total population who identified as requiring assistance because of a disability. It should be noted that anecdotal evidence suggests that this figure may fail to recognise others with a disability in the community. Others may fail to identify as having a disability in the Census counts due to privacy, perception and failure to recognise that certain conditions would be considered as a disability including chronic debilitating health issues, in addition to having a disability but answering that they “do not require care” as per the ABS Census question.

The rate however for Upper Lachlan was 0.4% higher than the NSW State average and equates to approximately one in eighteen persons with a disability.

The age relationship for disability is also quite emphasised with those with severe disability less than 3% for age groups under 40, 20% at ages 75-84 and rising to approximately 50% at 85 plus age groups.

Need for Care (Disability) – Upper Lachlan 2011 by Age and Sex



Discussion of Key Issues and Social Infrastructure

A person with a disability is covered by the *NSW Disability Services Act 1993* if the disability is:

...Attributable to an intellectual, psychiatric, sensory, physical or like impairment/s; and is permanent; and results in significantly reduced capacity in one or more major life activities such as communication, learning, mobility, decision-making or self-care; and has a need for support.

However, the disability sector encompasses a broad range of conditions and needs, including children and adults with intellectual and developmental disabilities, people with acquired disabilities, and irreversible physical injuries. Allied-health professionals (therapists etc.) in the disability sector work within government and funded or charitable non-government agencies, schools, communities, and private practice.

Whilst the Census give us some idea of those seeking assistance, research by NSW Department of Family and Community Services - Ageing, Disability and Home Care, 2011, shows that two of every three people with a disability required some type of assistance. This has implications for both the health system and also home carers.

One key issue for Upper Lachlan is that the life expectancy of people with lifelong disabilities, including intellectual disabilities, which has increased significantly in recent years¹ and it is projected that the numbers living to old age will continue to grow. An ageing population will likely compound this and potentially increase demand for disability services by older age groups.

The move away from residential (institutional) care has also shifted a significant care burden onto families and friends. Further, many support services are limited to children and/or adolescents and adults with lifelong disabilities can face considerable difficulties in accessing support for training and employment and regular health care (Adults with Disabilities and Ageing Carers – School of Health UNE – 2011)

As such both older and younger people with disabilities living in their homes needed the most assistance with property management and health care due to disability or ageing. Other common areas of need were transport, housework, mobility and self-care. Disability support services are available across the Shire from a range of providers. The Aged Care Assessment Team (ACAT) assesses need and services required for older people and provide referrals to other services. Assistance with household duties, personal care and respite is available through Baptist Community Services, Home Care, Anglicare, with in home nursing services accessible through the Department of Veterans Affairs and SLHD. The Crookwell Neighbourhood Centre Inc operates an In-Home Emergency Respite for Carers Program that may include people with a disability.

The Upper Lachlan Access Committee has been working towards improving access to services for all people, in particular, people with disabilities, however their are key issues for the community that will require ongoing attention, including:

- Servicing those with disabilities in more remote areas, and transport to regional centres for specialist care,
- Programs for education and employment for those with disabilities,
- In-home care assistance,
- Respite for carers,
- Advocacy to regional and NSW Government and other service providers, and
- Continued support for the Council's Access Committee.

Current Progress and Future Priority Areas

2007- 2012 Actions

- Develop approaches that support people with disabilities.
- Improve public facilities for people with disabilities

Progress

- ✓ Council has successfully operated an Access Committee over the past planning period that has provided information and input into planning and development and infrastructure matters, as well as advocacy for those with access and disability issues.
- ✓ Crookwell Neighbourhood Centre Inc. operates an In-Home Emergency Respite for Carers Program which has been running for a considerable period.

2013-2018 Actions

Including:

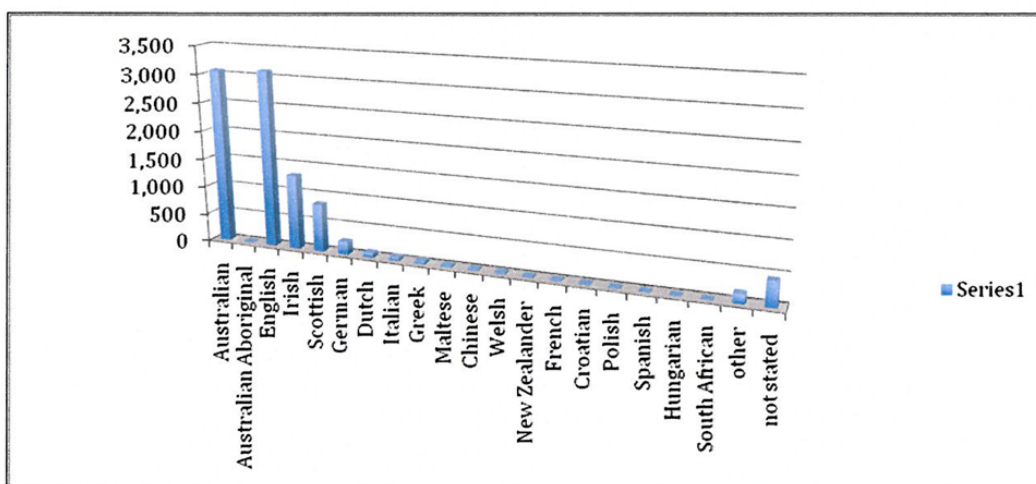
- Programs for education and employment for those with disabilities,
- In-home care assistance,
- Respite for carers (Crookwell Neighbourhood Centre Inc. operates an In-Home Emergency Respite for Carers Program),
- Advocacy to regional and NSW Government and other service providers, and
- Continued support for the Council's Access Committee

People from Culturally and Linguistically Diverse Backgrounds

Related Demographics – Culture & Linguistic Diversity

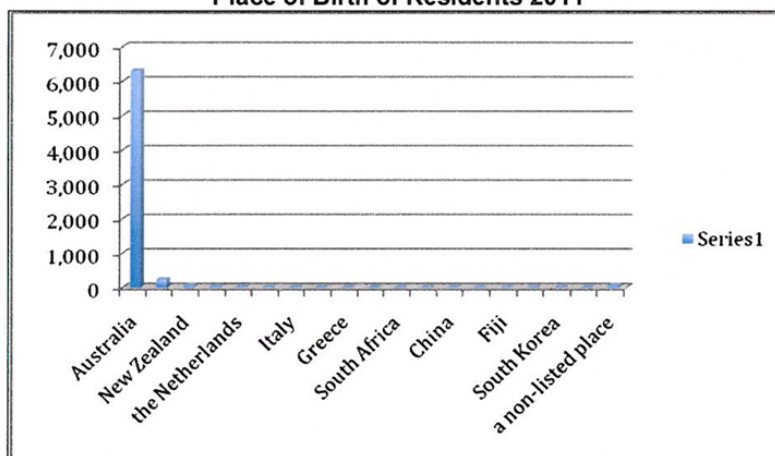
The following graphs show a comparison of peoples identified ancestry and then actual place of birth according to the results of the 2011 ABS Census. As can be seen by numbers the amount of residents who identify as either of non-Australian ancestry or indeed by non-Australian birthplace is relatively low, with 88% of Upper Lachlan Shire residents born in Australia and 7% were born overseas, coming from at least 27 countries (5% did not give their birthplace).

Identified Ancestry of Residents 2011



Source: 2011 ABS Census

Place of Birth of Residents 2011



Source: 2011 ABS Census

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In Upper Lachlan Shire, 94% of residents spoke English at home in Upper Lachlan Shire in 2011, which was not very different from 2006, and 22% more than in NSW.

Likewise the actual numbers of residents that speak another language at home was low, with about 2% of residents saying they spoke another language at home (20% fewer than in NSW), speaking at least 13 different languages. 4% did not say what they spoke.

The main non-English languages spoken here, and the number and proportion of residents speaking them, were:

- Hungarian – 28 speakers, or 0.4% of residents;
- Greek – 19 speakers or 0.3%;
- Dutch – 11 speakers or 0.2%;
- Italian – 11 speakers or 0.2%;
- SE Asian languages – 10 speakers or 0.1

Discussion of Key Issues and Social Infrastructure

Whilst there are relatively few people who speak languages or have their origins from another Country, there are a number of issues that Upper Lachlan Shire may need to consider, such as

- Council continuing to support programs and initiatives that encourage tolerance, acceptance and diversity;
- Council and the community examine options to promote the appreciation of cultural diversity, including arts and music from other Countries;
- Build on the identified ancestry of residents in cultural events in the Shire; and
- Consider the changes and implications and opportunities as the Shire develops and new residents move to the area.

Current Progress and Future Priority Areas

2007- 2012 Actions

- Increase awareness of other cultures.
- Encourage inclusiveness in community activities.

2013-2018 Actions

Including:

- Increase awareness of other cultures.
- Encourage inclusiveness in community activities.
- Promote the area to potential new residents
- Examine opportunities for hosting cultural events, building on the changing demographics in the broader region and nationally.

Aboriginal and Torres Strait Islander People

Related Demographics – Aboriginal & Torres Strait Islanders

At the time of the 2011 Census, Upper Lachlan Shire had 122 Indigenous residents, with 118 identifying Aboriginal origins; 3 identified Torres Strait Islander (TSI) origins. This constituted an increase of approximately 23% on numbers in 2006, but is consistent with a rise in those identifying as Aboriginal or Torres Strait Islander across Australia (approx. 25%)

Indigenous people constituted 1.7% of the residents, compared with 2.5% of NSW, with the average age of indigenous residents was about 29 years in the Shire compared to 43 years for non-Indigenous residents.

"The age structure of the Indigenous population is very different from the non-indigenous community; due to higher mortality rates at most ages and higher birth rates. Young people form a larger share of the Indigenous population, and people over 65 are much less common than among non-Indigenous people. The Indigenous population here is small and atypical" (Upper Lachlan Shire Community Portrait 2012).

Discussion of Key Issues and Social Infrastructure

The Wiradjuri tribe are the traditional owners of the land in the Upper Lachlan Shire area. The Wiradjuri nation is one of the largest of all indigenous nations, extending from Mudgee, Bathurst and Oberon, to Young, Cowra, Cootamundra and Wagga Wagga. The nation extends north to Griffith, Coonabarrabran, Lake Cargelligo, Parkes and Dubbo. Local Aboriginal Land Councils within the ULSC area include:

- Pejar Local Aboriginal Land Council (Goulburn)
- Cowra Local Aboriginal Land Council (Cowra)
- Onerwal Local Aboriginal Land Council (Yass)

State wide, Aboriginal and Torres Strait Islander peoples comprise approximately 2% of the population (CHO, 2004). Data from the Commonwealth Government suggests that there are 128 indigenous persons living in the Upper Lachlan Shire Council area, which represents a level significantly lower than the state average. Larger populations are recorded in neighbouring Goulburn Mulwaree Council (571), Yass Valley Council (259) and Wingecarribee Council (620) (Commonwealth of Australia, 2001).

Spiritual and cultural issues, together with social issues including low employment, substance abuse, housing, domestic violence and education are major issues impacting on the health and wellbeing of Aboriginal people.

The impact of chronic disease on the lives of Indigenous people is also a significant issue. Chronic diseases are the major causes of death and disability among Aboriginal people with one in every four Aboriginal deaths related to cardiovascular disease. Aboriginal people are also between 8-10 times more likely to die from this disease than other Australians. Indigenous people are 4 to 5 times more likely to be hospitalised for diabetes, twice as likely to be hospitalised for heart disease and stroke and 3 to 5 times more likely to be hospitalised for chronic respiratory diseases than non-Indigenous people in NSW. Indigenous people have higher smoking rates than non-Indigenous people and are more likely to report drinking alcohol at levels that are risky for health (CHO, 2004).

Current Progress and Future Priority Areas

2007- 2012 Actions

- Respecting Aboriginal people and culture in community activities.
- Work in partnership with other services to achieve better outcomes for Aboriginal and Torres Strait Islander people.
- Determine ways that current services may be targeted to address the needs of the Indigenous community.

2013-2018 Actions

Including:

- Respecting Aboriginal people and culture in community activities.
- Work in partnership with other services to achieve better outcomes for Aboriginal and Torres Strait Islander people.
- Determine ways that current services may be targeted to address the needs of the Indigenous community.

Men

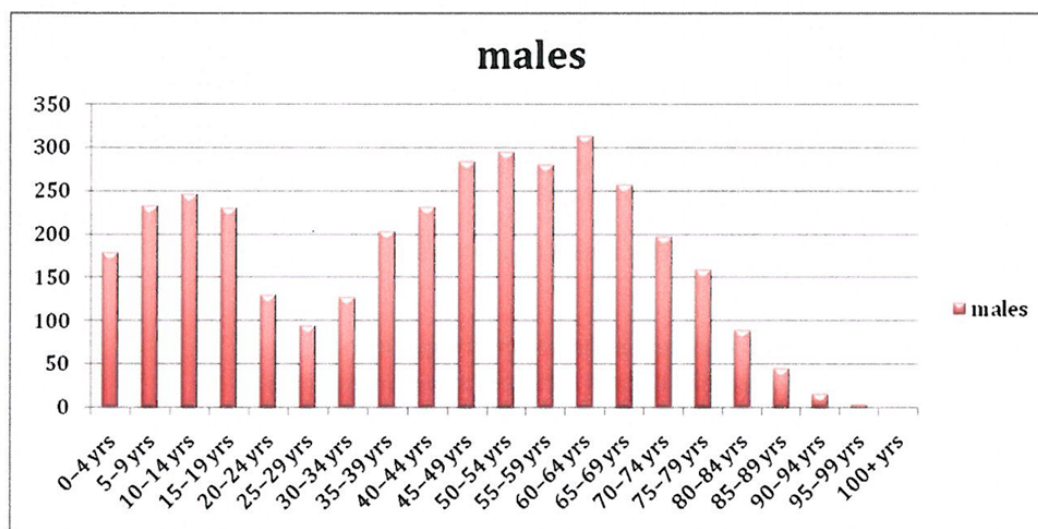
Although not required by social planning legislation, men have been included as a target group in this Social and Community Plan because men in the Upper Lachlan Shire deal with a range of issues specific to their gender and play an important role in our region.

Related Demographics – Men

At the time of the 2011 Census there were 3602 men in Upper Lachlan (as compared to 3590 women) with an average age of 44 years. There are slightly more males overall, but the ration of men to women decreases in the older age groups (80 plus).

The following graph shows the age distribution for men in Upper Lachlan at the 2011 Census.

Upper Lachlan Males by Age – 2011 Census



Source: ABS Census - 2011

Discussion of Key Issues and Social Infrastructure

Men in rural regions of Australia may face distinct health issues because of their location, work and lifestyle. This report provides a snapshot of some of these issues and compares the illness and mortality of men in rural and urban areas. Overall, men in rural areas are more likely than their urban counterparts to experience chronic health conditions and risk factors. For example, they: are more likely to report daily smoking and risky drinking behaviour; are less likely to possess an adequate level of health literacy; have higher mortality rates from injury, cardiovascular disease and diabetes (AIHW 2012).

Men's health continues to be a significant issue in Upper Lachlan. Men have lower life expectancies than women, are more likely to smoke, drink at 'at risk' levels and consume inadequate fruit and vegetables. Men are also more likely to be overweight, be diagnosed with diabetes, melanoma, oral cancer, HIV/AIDS and die from cardiovascular disease, lung cancer, injuries and poisoning, motor vehicle accidents and suicide than women (CHO, 2004).

In community consultations held to help inform the Social and Community Plan, issues facing men in the region that were raised consistently across the Shire included men being reluctant to talk about issues or concerns, confusion about support services available for men on the land and the impact the ongoing drought is having on men (see section on Mental Health and Wellbeing and 'Our farming community').

Communication of local events through the Council newsletter 'The Voice', The Gunning Lions Newsletter, and on noticeboards in suitable locations in villages across the Shire provides improved communication of events occurring in local areas

Current Progress and Future Priority Areas

2007- 2012 Actions

- Promote community development activities which target men.
- Increase promotion of existing support services for men more widely.
- Investigate opportunities to build on existing services and activities for men.
- Involvement in programs like 'Back a Bushie' and 'Community Cares', 'Beyond Blue' to ensure open communication of issues relevant to the community.
- Support cancer awareness campaigns such as "Movember", prostate cancer awareness campaigns and screening options. SLHD and ULSC to pursue.
- Investigate SLHD/NSW Health capabilities into the above programs to match successful women's breast screening program.

2013-2018 Actions

- Promote community development activities which target men.
- Investigate opportunities to build on existing services and activities for men and increase promotion of these services
- Involvement in community programs to ensure open communication of issues relevant to the community.
- Support cancer awareness campaigns such as "Movember", prostate cancer and other health capability awareness campaigns and screening through SLHD and ULSC.

Community Issue: Mental Health and Wellbeing

Mental health and wellbeing is inextricably linked with the physical health of all groups within the community. Physical health cannot exist unless one's mental health is also in shape. Our mental wellbeing not only impacts on our emotions, thoughts and behaviour, but it can also affect us physically, through cramps and pains, loss or increase in appetite, indigestion, headaches and increased heart rate.

Stress is a significant factor in the development of mental illness and is associated with unfavourable outcomes for some health conditions. The prevalence of psychological distress between the years 1997-2004 in NSW was reported to be 11.8% for males and 14.6% for females, compared with 8.8% for males and 14.9% for females in the Greater Southern region. However, ten year trend data suggest that the amount of psychological distress among males and females in the Southern NSW Local Health District is increasing. Although present in everyday life, stress becomes a concern when it starts to impact on daily activities or when someone feels unable to deal with it. Left untreated it can lead to a range of significant physical and mental health problems.

Although it varies for different individuals, consultation with service providers and the community indicated that some of the major stressors for residents included the drought, anxiety about decisions of staying on the land or selling, employment and further education prospects for youth.

The Shire has a low-density populace, dispersed over a large geographical area. This presents challenges for service providers in delivering services to those in need, and also to residents who may be isolated both socially and geographically from larger centres. The limited range of public transport options is likely to compound the problem.

In the past, there has been significant stigma attached to mental health problems and services. Although local service providers report that this is reducing, the sensitivities of the community in accessing these services and assistance should be considered when developing programs.

Despite recent changes in modes of practice and accessibility of services (such as the Better Access to Mental Health Care initiative), the incidence of psychological and mental health problems managed by GPs still decreases significantly outside the major capital cities. Both presentation for treatment and use of services for mental health issues are lower in rural areas, with those suffering from mental difficulties facing more barriers to help-seeking than in the city. These include poor availability and accessibility of services as well as a number of characteristics specific to rural communities such as lack of choice of health providers, high workloads of available GPs, geographic distance, and lack of knowledge about, and negative view of, mental health problems by those living in rural areas and amongst their social networks.

Volunteer work can improve volunteers' mental health and can lead to improved access to psychological and social resources. Programs currently running provide volunteer opportunities for those living with a mental condition. Volunteering also presents a compensation effect for those with depressive symptoms as people with depression sometimes look to volunteering as a way to help their mental health.

Current Progress and Future Priority Areas

- Develop community development/health promotion activities, which target mental health and wellbeing. Participate in 'Beyond Blue' and similar programs.
- Increase promotion of existing mental health services more widely.
- Investigate opportunities to build on existing services.
- Investigate opportunities for increasing volunteer participation in community organisations

Community Issue: Our Rural and Farming Community

Although not required in Social and Community Plan reporting guidelines, Council and the community felt it important have 'Our rural and farming community' included as its own group in this Plan because of the importance in the Shire.

The onset of stressful events in the farming world is often gradual. For example, with prolonged drought the stress does not happen instantly, as with other disasters such as fires, and thus disaster responses are not put in place in the same way.

Most farm families respond to stress by making changes in business and household. They often:

- Reduce spending on food, clothing, health, social life, education
- Start to use up any savings
- Seek off farm income
- Relocate family members
- Increase use of credit/borrowing
- Seek government assistance (RIRD, 2002).

Although most people will go through acute stress and manage with courage and strength, it is often later that the longer-term problems of the stress start to show. Chronic stress really harms your health. These stresses can lead to a loss of self-esteem through losing a sense of control over aspects of life and often result in increases in depression and anxiety. Chronic stress can lead to poor decision-making about financial and family matters, the breakdown of effective communication and sometimes family relationships, poor physical health and unhealthy lifestyle behaviours such as increased alcohol, tobacco and drug consumption (illicit and prescription). Stressful times often lead to withdrawal from social and community activity as people cannot afford the time to be away from the farm nor the money to spend on petrol to go to town or spend on activities.

Many farmers said that the current governmental legislative requirements and commodity prices for their produce being low also contribute to increased financial and emotional stress as they attempted to juggle these competing priorities and challenges. A key factor was the cost and time it takes to do all the required training to keep up with these requirements.

A recent survey of isolated residents in the Shire (source: Crookwell Neighbourhood Centre Inc. 2013) has also identified a range of issues that need to be addressed, including:

Education

- gun regulations and safety,
- weed control,
- chemical handling and storage, and
- payroll and business management.

Upper Lachlan Shire Social and Community Plan 2013-2018

Health*Physical*

- Need for "Wellness clinic" to all villages eg. Tuena;
- Lack of dental services;
- Access to health related services.

Mental

- Isolation due to loss of community based on the sale or the breaking up of properties and very few permanent residents;
- No mobile phone coverage, no immediate support (neighbours), lack of understanding of technology available;
- Safety and security;
- Access to health related services.

Nutrition

- Meals on Wheels do not go out to remote areas;
- Tyranny of distance and cost to have access food requirements.

Financial

- Extra travel costs of tradesmans/professionals to remote areas;
- Ageing population of permanent residents who cannot afford to continue to live where they are nor want to move into town;
- Assets reduce their ability to get financial assistance from government departments – asset rich cash poor.

Current Progress and Future Priority Areas

Priority areas for action:

- Address impact of drought on health and wellbeing.
- Enhance links to financial, agricultural and business support/advice agencies.
- Build on the contacts and relationships formed from the 'Community Cares' nights at Crookwell, Laggan, Taralga and Binda in 2006.

Community Issue: Transport and Connectivity

Transport in the Shire is predominately by private motor vehicles, with ownership rates of motor cars in Upper Lachlan in 2011 averaging 2.06 vehicles per household, which equates to 29% higher than the NSW average. In 2011, 4% of households said they did not have a vehicle which is 7% lower than NSW averages.

These figures are significant because there are no other public transport services in the Shire and no taxi service, so those without private transportation are less able to access important services. There are two forms of community transport available in the Upper Lachlan Shire.

Both the cost and limited availability of transport to health services were consistently raised as issues affecting the local community's access to services. This was particularly noted for aged and chronically ill residents who require care or hospitalisation in other towns and for families with no vehicles wishing to access out of school activities. Access to transport also affects a person's ability to connect with their community socially, which in itself is an important factor in community wellbeing. The community has also identified a need to promote transport options to residents, with the potential to create a transport advocacy group in partnership with local government to improve access to services for Upper Lachlan Shire residents.

Health related transport

Emergency transport for medical emergencies is provided through the Ambulance Service. There are four permanent ambulance officers in Crookwell, they provide 24 hours, 7 day a week service to the Upper Lachlan Shire boundary. In addition, the Southern Local Health District provides the Transport for Health Program, which provides non-emergency health related transport for people who are ill or injured that are not eligible for transport services by ambulance, and for those whom traditional public or private transport is not available. There are also a number of hospital vehicles that are able to assist in transporting people to and from the Activity Centre and other health related activities.

While SLHD budget makes allowances for emergency transport there is an acknowledgement that non-urgent transport is a community concern. This issue requires agency collaboration to develop strategies that broaden the range and choice of affordable transport options for the frail elderly and chronically ill population and those without access to private transport of their own.

Community transport

Community transport is available for people identified through the HACC program or the Community Transport program (CTP). HACC targets all frail aged people, people with a permanent and functional disability and the carers of these groups. CTP targets groups who are rurally and socially isolated and spare seating is available to people outside the target groups at commercial rates. This Service is under a temporary contract with Homecare and is to be reviewed in March 2014.

A wheelchair accessible bus is available fortnightly from Taralga, Gunning and Crookwell to Goulburn. One Monday per month the vehicle is made available to the Gunning and District Community Health Service. Weekly wheelchair accessible services from Crookwell service Tuena, Grabben Gullen, Taralga, Gunning, Bigga and Binda and each Monday a wheelchair accessible vehicle picks up and returns people in Jerrawa and Dalton for transport to the Gunning and District Community Health Service. A service car is stationed at Gunning Community Health Centre to provide for this group in Gunning.

Volunteers in the Council area provide transport in their own vehicles for people identified as within the HACC or CTP programs target groups.

Intersectoral collaboration is needed in order to develop strategies that broaden the range and choice of affordable transport options for the most vulnerable members of the Upper Lachlan Shire community that do not have access to private transport.

Communication

Another issue raised during consultation was communication, both within the individual communities across the Shire, but also between Council and the community at large.

Residents indicated that although there were generally lots of activities and groups in villages and townships, there was uncertainty about when and where different things were happening. Residents who had recently moved into the Shire raised this as a significant issue.

Current Progress and Future Priority Areas

Priority areas for action:

- Explore options to increase types and availability of transport.
- Encourage use of current community and other transport services.
- Examine community and volunteer transport options.
- Identify any target groups experiencing transport connectivity problems, particularly accessing regional services.

Increase opportunities for effective communication across the Shire.

- Investigate opportunities to promote cohesion across the Shire.
- Investigate options to address insurance issues.
- Continue lobbying relevant Ministers and Authorities regarding telecommunication services.

Potential for Additional Community Issues Assessment

Note: Other potential areas for development of community issues component of the Plan:

- Volunteering
- Communication, Coordination & Promotion
- Support for local General Practitioners
- Community Safety – Towns and Villages

Questions for Community Consultation/Ongoing Monitoring

- What are the key issues for Upper Lachlan's social and community well being ?
- What are the key gaps in services or facilities ?
- What do we do well for the community in Upper Lachlan ?
- What services or facilities work well ?
- Are issues different for different parts of the Shire ? Why ?
- What can be done to improve things ?
- Can you suggest particular services or facilities or programs for:
 - Children
 - Youth
 - Aged
 - Women
 - Men
 - Aboriginal and Torres Strait islanders
 - General health
 - Coordination,
 - Access and transport
- Who should be involved and what partnerships can you suggest to achieve outcomes?

Action Plan – Social and Community Plan 2013-2018

Priority Area: Children

Key Action or Deliverable	Lead Agency & Partners	Target Delivery Date & Priority	Status & Monitoring Comments
ULSC support the annual small school sports day	ULSC	July 2013-2018	Ongoing
Community parks and play facilities across the Shire be maintained	ULSC	Ongoing	Ongoing
The ULSC build on and maintain the community directory on their website	ULSC	July – Dec 2013	Ongoing
Support SLHD to explore viability of Child and Family centre for visiting services – to include child development unit with the potential to attract a pediatrician to the town.	SLHD ULSC local child care centres, care providers	July 2013-2018	Ongoing
Support the child and family support network within the Upper Lachlan LGA.	SLHD, ULSC, local child care centres, care providers	July 2013-2018	Ongoing
Network meetings with SDN, Country Kids and all other Children Services within LGA to pool resources for training, regulations and new government legislation	Crookwell Neighbourhood Centre Inc. and Agencies/ULSC	July 2013-2018	Ongoing

Social and Community Plan 2013 – 2018 Action Plan

Priority Area: Young People

Key Action or Deliverable	Lead Agency & Partners	Target Delivery Date & Priority	Status & Monitoring Comments
Explore funding avenues for the implementation of youth capacity building programs	SLHD, ULSC, Y'Mad	July 2013-2018	Complying - Ongoing
Establish Youth Council with representation from across the Shire	ULSC, Local Schools (primary and high school)	July 2013-2014	Ongoing
ULSC, with other agencies/ businesses, examine the feasibility of establishing a small scholarship program open to young people pursuing higher education/ training.	ULSC, Local Business Association, local businesses, service clubs, community groups	July 2013-2014	Ongoing
The provision of other education opportunities across the Shire are investigated	ULSC, Department of Education and Training, TAFE	July 2013-2018	Ongoing
Investigate the feasibility of a heated therapeutic indoor swimming pool for Crookwell, including setup and ongoing costs and possible funding opportunities.	ULSC	July 2013-2014	Completed Feb 2014

Social and Community Plan 2013 – 2018 Action Plan

Priority Area: Women

Key Action or Deliverable	Lead Agency & Partners	Target Delivery Date & Priority	Status & Monitoring Comments
Support agencies in any investigations into existing service gaps and opportunities for health services, including rural outreach services (health, mental health etc.) and viability of Child and Family centre for visiting services	SLHD, ULSC	July 2013-2018	Ongoing

Priority Area: Older People

Key Action or Deliverable	Lead Agency & Partners	Target Delivery Date & Priority	Status & Monitoring Comments
Work with key stakeholders to plan appropriately for the needs of the ageing population	SLHD, ULSC	July 2013-2018	Ongoing
Investigate the feasibility of a heated therapeutic indoor swimming pool for Crookwell, including setup and ongoing costs and possible funding opportunities.	ULSC	July 2013-2014	Completed Feb 2014
Encourage participation by older people as volunteers in particular programs - as peer educators	ULSC & Community Groups	July 2013-2018	Ongoing
Support agencies in any investigations into existing service gaps and opportunities for health services, including rural outreach services (health, mental health etc.) and viability of Child and Family centre for visiting services	ULSC, SLHD, Community Groups	July 2013-2018	Ongoing

Social and Community Plan 2013 – 2018 Action Plan

Priority Area: People with Disabilities

Key Action or Deliverable	Lead Agency & Partners	Target Delivery Date & Priority	Status & Monitoring Comments
ULSC continue to support the Crookwell Access Committee	ULSC	Ongoing	Ongoing
Disability services conduct shire wide promotion of services and assistance available	ULSC, SLHD	July 2013-2014	Ongoing

Priority Area: Aboriginal and Torres Strait Islander People

Key Action or Deliverable	Lead Agency & Partners	Target Delivery Date & Priority	Status & Monitoring Comments
In local tourist maps, include any indigenous sites of significance with commentary.	ULSC, LALC	July 2013-2014	Ongoing
Support development of partnerships between relevant authorities	SLHD, ULSC, LALC	July 2013-2018	Ongoing
Encourage service providers and key stakeholders to consult with the Aboriginal Community	SLHD, ULSC, LALC	July 2013-2018	Ongoing

Social and Community Plan 2013 – 2018 Action Plan

Priority Area: People from Culturally and Linguistically Diverse backgrounds

Key Action or Deliverable	Lead Agency & Partners	Target Delivery Date & Priority	Status & Monitoring Comments
Support activities raising awareness of other cultures across the Shire	ULSC	July 2013-2018	Ongoing
Encourage inclusiveness in community activities	ULSC	July 2013-2018	Ongoing
Encourage different cultural groups to share their culture at key community events	ULSC	July 2013-2018	Ongoing
Support arts and cultural activities across the shire and support localities to seek funding to host events	ULSC	July 2013-2018	Ongoing

Priority Area: Men

Key Action or Deliverable	Lead Agency & Partners	Target Delivery Date & Priority	Status & Monitoring Comments
Support agencies in investigation options for counselling services specifically for men	ULSC	July 2013-2014	Ongoing
Support and promote cancer awareness campaigns and screenings	SLHD, ULSC	July 2013-2014	Ongoing
Building relationships with the relevant Chamber of Commerce, Government agencies, Community groups to support and enhance community based support programs and activities	ULSC, Chamber of Commerce, Community Groups,	July 2013-2018	Ongoing

Social and Community Plan 2013 – 2018 Action Plan

Priority Area: Rural Community

Key Action or Deliverable	Lead Agency & Partners	Target Delivery Date & Priority	Status & Monitoring Comments
Support relevant agencies and programs in the rural sector – Rural Support Program Assistance Guide, drought support and natural disaster.	DPI/SLHD	July 2013-2014	
Directory of support services available in the region be updated and distributed in Council newsletter and on the website	ULSC	July 2013-2014	Ongoing

Priority Area: Transport & Connectivity

Key Action or Deliverable	Lead Agency & Partners	Target Delivery Date & Priority	Status & Monitoring Comments
Advertising of services in local papers, 'The Voice', local notice boards, service group newsletters, Council website	ULSC	July 2013-2018	Ongoing
Commitment to building on existing community services and infrastructure such as the Community Centre, and increased awareness and promotion by Council of the work that is being done in the community.	ULSC	July 2013-2018	Ongoing
Strengthen the role and leadership, skills and delivery of services for existing community assets such as the Crookwell Neighbourhood Centre Inc., including assistance to provide improved facilities.	ULSC & Crookwell Neighbourhood Centre Inc	July 2013-2018	



Disability Inclusion Action Plan

2017 – 2020

Original Plan adopted by Council 15 June 2017 Minute No. 161/17
Effective 15 June 2017

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*Upper Lachlan Shire Council**Disability Inclusion Action Plan 2017-2020*

Message from the Mayor

It is with pleasure that I present Upper Lachlan Shire Council's Disability Inclusion Action Plan 2017-2020.

Council is working towards creating a Shire provides equal opportunity for people with disability, their carers and families to use and enjoy the public spaces and opportunities our Shire has to offer.

The Plan demonstrates Council's commitment to improving the quality of our services, facilities, systems and programs over a four year period. I would like to thank the community members, service providers and Council staff who participated in the consultation process which helped shape and inform the Plan.



Councillor Brian McCormack OAM
Mayor



John K Bell
General Manager

Acknowledgement of Country

Upper Lachlan Shire Council would like to acknowledge the Traditional Custodians of this Land. Council would also like to pay respect to the Elders past and present, of the Wiradjuri Nation, and extend that respect to other Aboriginals present.

Background

In August 2014 the NSW Disability Inclusion Act 2014 was passed and requires Council to develop a Disability Inclusion Action Plan to help remove barriers and enable people with a disability to participate fully in their communities.

Council's vision is for an inclusive and welcoming community where all residents and visitors enjoy a secure and friendly environment. Council's Disability Inclusion Action Plan will aim to provide better access to Council information, services and facilities ensuring people with disabilities can fully participate in their community.

This Plan was developed through consultation which included community, service provider and Council staff surveys.

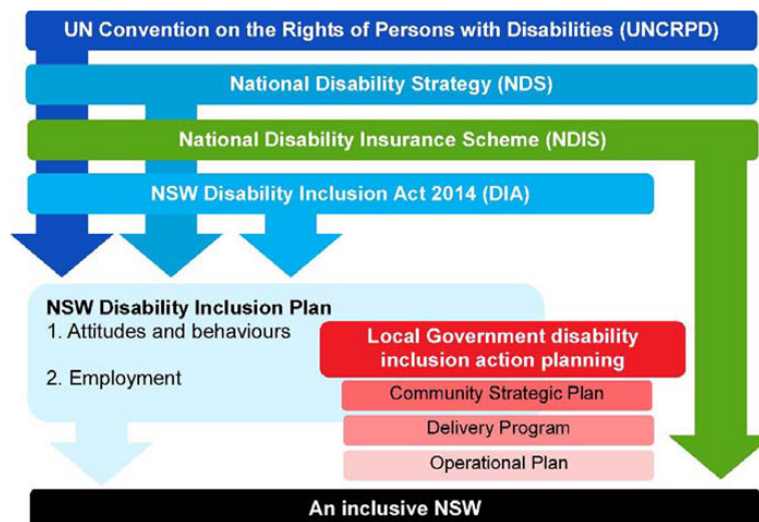
The plan was endorsed for public exhibition at the 20 April 2017 Ordinary Council meeting.

The Plan was formally adopted at the 15 June 2017 Ordinary Council meeting and takes effect from this date.

Legislation and Policy

International

The United Nations Convention on the Rights of Persons with Disabilities



Source: Disability Inclusion Action Planning Guidelines Local Government

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) protects the rights of all people with a disability around the world. Australia was one of the first countries to sign the Convention when it was ratified in 2008. The convention acknowledges that people with disability have the same human rights as those without disability. This commits participating governments to ensure these rights can be exercised and that barriers are removed. The UNCRPD supports the social model of disability. This recognises that attitudes, practices and structures are disabling and can create barriers to people with disability from enjoying economic participation, social inclusion and equality which are not an inevitable outcome of their disability.

The Convention is guided by the following principles:

- respect for inherent dignity, individual autonomy including the freedom to make one's own choices and independence of persons;
- non-discrimination;
- full and effective participation and inclusion in society;
- respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;
- equality of opportunity;
- accessibility;
- equality between men and women;
- respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

National

National Disability Strategy 2010-2020

The National Disability Strategy 2010-2020 (developed in partnership by the Commonwealth, State, Territory and Local Governments) sets out a national plan for improving life for Australians with disability, their families and carers, to support the commitment made to the UNCRPD.

National Disability Insurance Scheme

The National Disability Insurance Scheme (NDIS) is a major reform that will deliver a national system of disability support focused on the individual needs and choices of people with disability. The NDIS gives participants more choice and control over how, when and where supports are provided.

State

The *Disability Inclusion Act 2014 (NSW)* provides the legislative framework to guide state and local government disability inclusion and access planning. The Act supports people with disabilities to access:

- the same human rights as other members of the community and that governments and communities have a responsibility to facilitate the exercise of those rights;
- independence and social and economic inclusion within the community; and
- choice and control in the pursuit of their goals and the planning and delivery of their supports and services.

In meeting the requirements under the Act for disability inclusion and access planning, Council must:

- (a) Specify how it will incorporate the UN human rights disability principles into its dealings with matters relating to people with disabilities.
- (b) Include strategies to support people with disabilities, for example, strategies to:
 - i. provide access to buildings, events and facilities
 - ii. provide access to information
 - iii. accommodate the specific needs of people with disabilities
 - iv. support employment of people with disabilities
 - v. encourage and create opportunities for people with disabilities to access services and activities
- (c) Include details of its consultation about the plan with people with disabilities and
- (d) Explain how the plan supports the goals of the State Disability Inclusion Plan, (that is, strategies that support the four key DIAP areas).

The Act requires NSW government departments, local councils and some other public authorities to develop and implement a Disability Inclusion Action Plan. The plan must be consistent with the State Disability Inclusion Plan and include strategies to increase access and participation.

Local

The Tablelands Regional Community Strategic Plan 2016-2036 was created by the community and provides a long term vision for the Shire. The Tablelands Regional Community Strategic Plan informs Council's Delivery Program and Operational Plan, which set out Council's role in achieving the community's vision. Other Council plans and documents relevant to the Disability Inclusion Action Plan include:

- Delivery Program
- Operational Plan
- Workforce Plan
- Long-Term Financial Plan
- Infrastructure Plan
- Social and Community Plan
- Ageing Strategy
- Community Engagement Strategy and Communications Plan
- Tourism Strategic Plan
- Cultural Plan
- Upper Lachlan Local Environmental Plan 2010
- Climate Change Adaption Strategy
- Equal Employment Opportunity Plan
- Information Technology Strategic Plan
- Business Continuity Plan

Development of the Disability Inclusion Action Plan is supported by the Delivery Program aspirations as follows:

- A built environment enhancing the lifestyle of a diverse community
- Community liaison to preserve and enhance community facilities
- People attaining health and wellbeing
- Resilient and adaptable communities

Other legislation and standards informing Council's work

- Commonwealth Disability Discrimination Act 1992
- Commonwealth Disability (Access to Premises-Buildings) Standards 2010
- NSW Anti-Discrimination Act 1977
- Carers Recognition Act 2012
- Local Government Act 1993 and Local Government (General) Regulation 2005

Community Profile

The *Disability Inclusion Act 2014* (DIA) defines disability as:

“The long-term physical, mental, intellectual or sensory impairment which in interaction with various barriers may hinder the full and effective participation in society on an equal basis with others.”

The regional city of Goulburn, in neighbouring Goulburn-Mulwaree LGA had a population of 21,484 in 2011 (ABS 2012c). It is located 44 kilometres (33 minutes) from Crookwell. Taralga is approximately the same distance to Goulburn. Canberra city is approximately a 1.5 hour drive, 112 kilometres from Crookwell (Google Maps, 2016).

The population ('preliminary estimate') of the Upper Lachlan Local Government Area (LGA) in June 2015 was 7,876 (ABS 2016). The population of the LGA at the 2011 Census was 7,193 (ABS 2012a). Table 1 below shows the population of each of the urban areas, and the remaining rural area, at that time.

Table 1: Population, Upper Lachlan LGA, 2011

Geographic area*	Total population	Proportion of total population of LGA
Crookwell	2,014	28%
Gunning	483	7%
Dalton	107	1%
Taralga	284	4%
Remaining rural areas of the LGA	4,305	60%
Upper Lachlan LGA	7,193	

Note: * the geographic areas used for each of the towns are the ABS 2011 Census geographic areas of 'Urban Centre/Locality'. This classification is the closest approximation of the generally accepted 'built up urban area' of each location. Unfortunately the Shire's other built up areas of Bigga, Binda, Collector, Grabben Gullen, Laggan, and Tuena do not have their own separate urban classifications in the Census. Data for these areas in the Census includes not just the built up area but also the surrounding rural areas.

Source: Australian Bureau of Statistics 2011 Census of Population and Housing Basic Community Profiles Table B01

In 2011, 40% of the population resided in four 'urban' areas of the LGA (Crookwell, Gunning, Dalton and Taralga) with the remaining 60% living in the 'rural' areas, although these 'rural' areas also included the villages of Bigga, Binda, Collector, Grabben Gullen, Laggan, and Tuena. The reason for the urban classification of only some areas is given in the Note to Table 1.

The first results from the 2016 Census are due to be released in mid 2017.

People living with a disability

In NSW, there are over 1.3 million people living with disability. Disability may be acquired at birth or early in life, or may be the result of accident, illness or injury throughout life. Disability rates increase substantially as people age, with close to 40% of people having some form of disability by the time they are 70 years old. People experience a range of impacts due to disability, with over 6% of the population experiencing profound or severe disability. (NSW Government, 2015)

The 2011 Census identified that there were 382 people in the ULSC LGA who had 'need for assistance with core activities' (ABS, 2012a). This Census variable "measures the number of people with a *profound or severe disability*. People with a profound or severe disability are defined as those people needing help or assistance in one or more of the three core activity areas of self-care, mobility and communication, because of a disability, long term health condition (lasting six months or more) or old age". (ABS, 2011).

Of those 382 people with a profound or severe disability in the LGA in 2011:

- 183 were male
- 199 were female
- 159 (or 42%) resided in the Crookwell urban area
- 23 (or 6%) resided in the Gunning urban area
- 6 (or 2%) resided in the Dalton urban area
- 31 (or 8%) resided in the Taralga urban area
- 163 (or 43%) resided in the remaining rural areas of the LGA (ABS, 2012b)

The percentage of people needing assistance as a proportion of the total population in the ULSC LGA in 2011 was 5.3%. In comparison, the proportion in the region (Goulburn-Yass Statistical Area 3) was 5.5% and NSW 4.9% (ABS, 2012a). Goulburn-Yass Statistical Area 3 includes the LGAs of Upper Lachlan, Goulburn-Mulwaree, Boorowa, Young, Harden and Yass Valley.

In addition, there were 313 people in ULSC LGA in 2011 who did not state whether or not they 'needed assistance', so it is possible that the actual number and proportion of people with a profound or severe disability is higher than that stated above (ABS 2012a).

In comparison, in 2006, there were 324 people needing assistance in the ULSC LGA of a total population of 7,054 (4.6%), with an additional 393 people not stating whether or not they needed assistance (ABS, 2007).

Details of the total number of people with a disability – including those with a moderate or mild disability – are not available from the Census. Data modelled by the Public Health Information Development Unit (PHIDU, 2015) estimated that there were 838 people aged 18 years and over in the ULSC LGA in 2010 with profound/severe/moderate/mild core activity restriction. This number would presumably include the people counted above in the 2011 Census.

(PHIDU 2015, using data compiled by PHIDU based on modelled estimates from the 2010 General Social Survey, ABS (unpublished); and the ABS Estimated Resident Population, 30 June 2010).

Note: these modelled estimates do not represent data collected in administrative or other data sets. As such, they should be used with caution, and treated as indicative of the likely social dimensions present in an area.

Age

Table 2 below shows the number of people requiring assistance with core activities by age group in the LGA, and in the urban areas, in 2011.

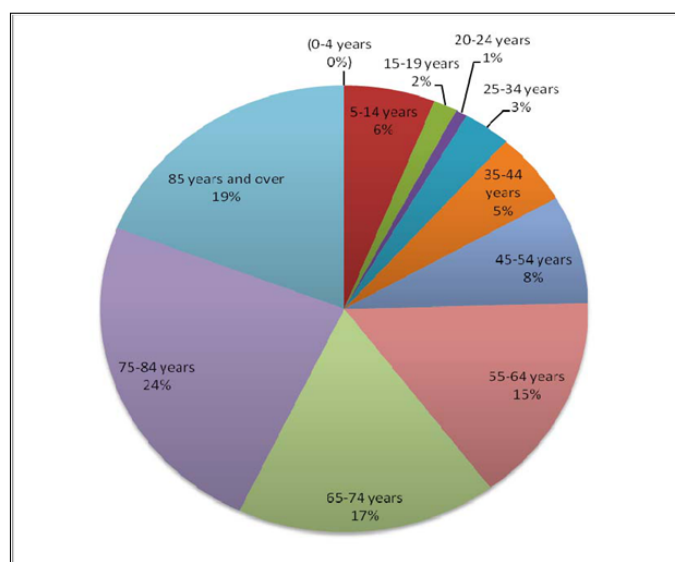
Table 2: Need for assistance with core activities by age, 2011

Age	Number of people needing assistance with core activities				
	Crookwell	Gunning	Dalton	Taralga	ULSC LGA
0-4 years	0	0	0	0	0
5-14 years	9	0	0	0	23
15-19 years	0	3	0	0	6
20-24 years	3	0	0	0	3
25-34 years	3	0	0	0	12
35-44 years	4	0	0	0	20
45-54 years	8	3	3	0	30
55-64 years	24	6	0	0	58
65-74 years	27	8	0	9	66
75-84 years	41	3	0	10	91
85 years and over	40	0	3	12	73
Total people needing assistance	159	23	6	31	382
Total population	2,014	483	107	284	7,194

Source: ABS Census of Population and Housing 2011, Basic Community Profile Table B18

The following graph is extracted from Table 2 and shows the *proportions* of people needing assistance with core activities in the various age groups in the ULSC LGA in 2011.

Figure 1: ULSC LGA: Age groups of people needing assistance with core activities, 2011



Income

Data from the Australian Government shows the following recipients of Department of Social Security payments in the December 2015 quarter in the ULSC LGA (*Australian Government Department of Social Services 2016a*):

- Disability Support Pension – 269
- Carer Allowance – 209
- Carer Allowance (Child Health Care Card only) – less than 20
- Carer Payment – 79
- Commonwealth Seniors Health Card – 201
- Age Pension – 1,062
- Pensioner Concession Card – 1,523

Notes: The following are descriptions of each of the allowances listed above:

- Disability Support Pension - Financial support for people who have a physical, intellectual or psychiatric condition that stops them from working or people who are permanently blind
- Carer Allowance - is a fortnightly income supplement for parents or carers providing additional daily care and attention to an adult or dependent child with disability or a medical condition, or to someone who is frail aged. Carer Allowance is not income and assets tested, is not taxable and can be paid in addition to wages, Carer Payment or any other income support payment.
- Carer Payment - provides financial support to people who are unable to work in substantial paid employment because they provide full time daily care to someone with severe disability or medical condition, or to someone who is frail aged.
- Commonwealth Seniors Health Card - assists eligible people who have reached the qualifying age for Age Pension with certain health and prescription costs
- Age Pension – designed to provide income support to older Australians who need it, while encouraging pensioners to maximise their overall incomes. The Age Pension is paid to people who meet age and residency requirements, subject to a means test.
- Pensioner Concession Card - assists pensioners and selected benefit recipients with certain living costs by allowing access to specific goods and services at a concessional rate. (*Australian Government Department of Social Services 2016b*).

In the 2011 Census, 295 people with a 'need for assistance for core activities' stated their weekly personal income. Of the 5,080 people without a 'need for assistance with core activities' stated their income. A comparison of the percentages in each income bracket is given in Table 3 below.

Table 3: Weekly personal income, ULSC LGA, 2011

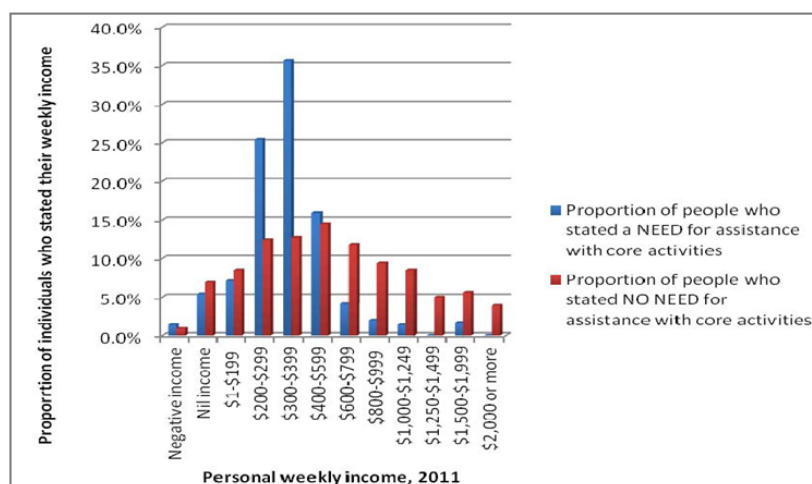
Weekly personal income, 2011	Proportion of people who stated a need for assistance with core activities	Proportion of people who stated no need for assistance with core activities
Negative income	1.4%	0.9%
Nil income	5.4%	6.9%
\$1-\$199 (\$1-\$10,399)	7.1%	8.5%
\$200-\$299 (\$10,400-\$15,599)	25.4%	12.4%
\$300-\$399 (\$15,600-\$20,799)	35.6%	12.7%
\$400-\$599 (\$20,800-\$31,199)	15.9%	14.5%
\$600-\$799 (\$31,200-\$41,599)	4.1%	11.8%
\$800-\$999 (\$41,600-\$51,999)	2.0%	9.4%
\$1,000-\$1,249 (\$52,000-\$64,999)	1.4%	8.5%
\$1,250-\$1,499 (\$65,000-\$77,999)	0.0%	5.0%
\$1,500-\$1,999 (\$78,000-\$103,999)	1.7%	5.6%
\$2,000 or more (\$104,000 or more)	0.0%	3.9%
Total number of individuals with income stated	295	5,080

Source: ABS Census of Population and Housing 2011, Tablebuilder

Table 3 shows the discrepancy between income levels between people who do and do not require assistance with core activities. While only 9 % of people requiring assistance had a weekly personal income of \$600 or more, 44 % of people *not* requiring assistance had an income of this level or higher.

The following graph (extract of Table 3) highlights the discrepancy in the spread of incomes between people with and people without a need for assistance in ULSC LGA in 2011.

Figure 2: ULSC LGA Personal weekly income by need for assistance with core activities 2011



Living Arrangements

In ULSC LGA in 2011, of the 378 people with a profound or severe disability (needing core assistance), there were 310 people living in the community; and 68 living in long-term accommodation (ie long-term residential accommodation in aged care facility, accommodation for the retired or aged (not self-contained), hostels for the disabled and psychiatric hospitals).

Of the 155 people (41%) aged 0 to 64 years with a profound or severe disability, in 2011 there were 148 people living in the community; and 7 people living in long-term accommodation.

Of the 223 people (59%) aged 65 years and over with a profound or severe disability in 2011 there were 162 people living in the community; and 61 living in long-term accommodation (PHIDU, 2015)

People living in long-term accommodation are likely to be living in the following facilities:

- Taralga
 - Sunset Lodge (23 bed aged care facility with high and low care) and Self care units
- Crookwell
 - Viewhaven Lodge (45 beds – principally high care)
 - Self care units
 - Clifton Village (Uniting Care)
 - Nura Village (private aged housing)
- Gunning
 - Self care units (Lions Club)

Carers

A carer is anyone who provides informal care and support to a family member or friend who has a disability, mental illness, drug or alcohol dependency, chronic condition, terminal illness or who is frail. There are approximately 2.7 million carers in Australia, of whom more than 857,000 live in NSW⁽¹⁾.

While not all people with disability have a carer, informal care is the main source of support for people with disability⁽²⁾. The majority (81%) of people with disability who require assistance are supported by a carer, as defined above. People with disability who need help with self-care, mobility or communication are particularly likely (91%) to receive support from a carer.⁽³⁾

(Carers NSW, 2014) citing:

1. Australian Bureau of Statistics (2014), Disability, Ageing and Carers, Australia: Summary of Findings, 2012, Catalogue no. 4430.0, Carer tables, Table 36.
2. Productivity Commission (2011), Disability Care and Support, Report no. 54, Productivity Commission, Canberra, page 704.
3. ABS (2014), Disability, Ageing and Carers, Australia: Summary of Findings, 2012, Disability tables, Table 15

In the ULSC LGA in 2011, there were 792 people aged 15 years and over providing assistance to persons with a disability, which was 13.5% of the population over 15 years of age. This compares with the following percentages for the region and NSW:

- Goulburn-Yass Statistical Area 3 – 12.5%
- NSW – 11.4% (ABS, 2012c)

Notes: The 'Assistance to persons with a disability (unpaid)' variable records people who, in the two weeks prior to the 2011 Census Night, spent time providing unpaid care, help or assistance to family members or others because of a disability, a long-term illness (lasting six months or more) and/or problems related to older age. The data excludes the 8.5% of persons aged 15 years and over whose unpaid assistance to persons with a disability was not stated (the proportion excluded was calculated based on the Australian data). (PHIDU, 2015)

In addition, there were 448 people in the LGA in 2011 who did not state whether or not they 'provided assistance', so it is possible that the actual number and proportion of carers in the LGA is higher than that stated. (ABS, 2012b)

Indigenous status

At the 2011 Census, 121 people, or 1.7% of the total population of the ULSC LGA identified as indigenous, compared with 2.6% in Goulburn-Yass Statistical Area 3, and 2.5% across NSW (ABS, 2012c).

In 2011, only 7 people who identified as indigenous in the LGA stated that they had a 'need for assistance with core activities' (ABS, 2012b).

Of the 792 people over 15 years 'providing assistance to people with a disability' in the LGA in 2011, 16 people (2%) identified as indigenous. (ABS, 2012b)

English proficiency

Of the 382 people 'needing assistance with core activities' in the ULSC LGA in 2011, negligible numbers spoke English 'not at all' or 'not very well' (there were not enough people in this category to provide any meaningful statistic). (ABS, 2012b). It is possible that there are people in this category but who did not answer the Census question as to whether they needed assistance.

Education

In 2011, the following number of people 'needing assistance with core activities' residing in the Upper Lachlan LGA attended the following educational institutions (not necessarily located in the LGA):

- Pre-school – 0
- Infants/Primary – Government – 13
- Infants/Primary – Catholic – 4
- Infants/Primary - Other Non Government – 0
- Secondary – Government – 7
- Secondary – Catholic or non-government – 0
- Technical or Further Educational Institution (including TAFE Colleges) – 3
- University or other Tertiary Institution – 0

Employment

Table 4 below shows the employment status of people in the ULSC LGA in 2011 who needed assistance with core activities.

Table 4: Need for assistance with core activities by employment status, Upper Lachlan LGA, 2011

Employment status	No of people who need assistance with core activities
Employed, worked full-time	13
Employed, worked part-time	17
Employed, away from work	7
Unemployed, looking for full-time work	0
Unemployed, looking for part-time work	3
<i>Proportion of labour force unemployed</i>	7.5%
TOTAL LABOUR FORCE	40
Not in the labour force	306
<i>Proportion of people not in the labour force</i>	88.4%
Total	346

Notes: Count of people 15 years and over, some cells in this table were randomly adjusted in the Census data output to avoid the release of confidential data. No reliance should be placed on small cells.

Source: ABS Census of Population and Housing 2011, Tablebuilder

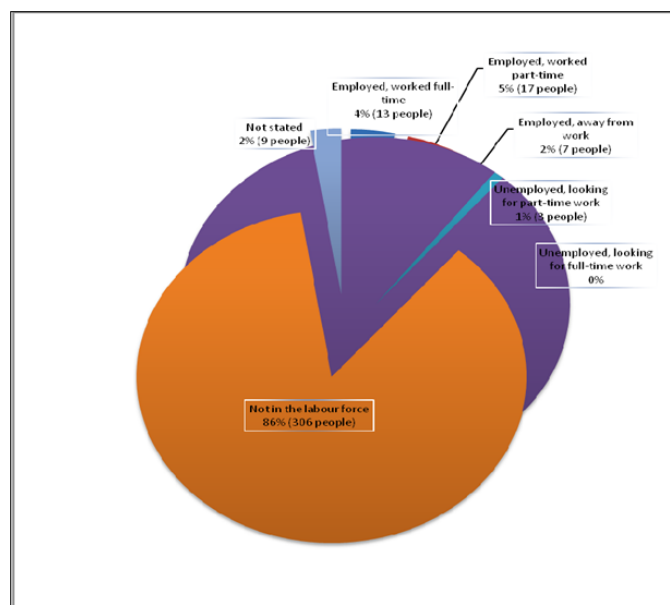
Table 4 shows that of people over 15 years in the LGA who needed assistance with core activities in 2011:

- 37 people were employed, the majority part-time
- Three people were unemployed and looking for part-time work
- Almost 90% were not in the labour force (even though they were over 15 and were eligible to be, if they were not enrolled in education – see further explanation below)

There were an additional 9 people who required assistance with core activities in the LGA who did not state their employment status.

Figure 3 is extracted from Table 4 and shows the employment status of people in the Upper Lachlan LGA in 2011 who needed assistance with core activities.

Figure 3: ULSC LGA – employment status of people over 15 who require assistance with core activities, 2011



Similar 2011 data was extracted for Crookwell, but because of the small number of respondents, the ABS randomly adjusts the Census data output to avoid the release of confidential data, therefore making meaningful analysis of Crookwell data impossible.

To put the employment numbers in the LGA in perspective, the total number of people in the labour force residing in the ULSC LGA at 2011 was 3,582, and the 40 people with a profound or severe disability represent 1.1% of that total number.

The most common reasons for being 'not in the labour force' in Australia are attending an educational institution, being retired or voluntarily inactive, having a long term health condition or disability, or performing home duties (ABS, 2014).

The data above only provides information about people with a profound or severe disability. The following is information about services supporting the LGA:

- Community Gateway was a case management service, which is now Service Co-ordination. Their role is to support people to develop and implement their NDIS plan once it has been approved. This assists with people having a choice of whoever they like for services and activities as we are independent of the other services in the region
- Endeavour industries, Goulburn – currently employ 4 people from ULSC LGA

- Essential Employment and Training now has an office in Crookwell. They offer a day program and will be expanding services as people have their National Disability Insurance Scheme assessments and plans approved. They also do supported employment and transition to work programs with school leavers.
- Upper Lachlan Interagency operates out of Crookwell Hospital and it is a combination of services, both Government and Non-Government Organisation who provide support in the Upper Lachlan for Children, families, youth, aged, mental health, disabilities, transport, Allied Health.
- Upper Lachlan Community Care is the division of Crookwell/Taralga Aged Care that delivers community based services and services for people with a disability. This service compliments our residential aged care services.
- Upper Lachlan Shire Council Access Committee is currently being reviewed to provide improved service for the community.

Mobility Parking Spaces

The Roads and Maritime Services (RMS) has compiled data by Local Government Area on the number of Mobility Parking Spaces Upper Lachlan Shire. For the final quarter in 2016 the following permits were issued:

LGA	Total	MPS permit class		
		Individual	Organisation	Temporary
Upper Lachlan	449	423	16	10

The RMS data compiled by Postcode is not directly comparable to the Upper Lachlan as large locations outside the Shire (including Goulburn and Yass) share the same Postcode as some Upper Lachlan locations. The numbers of permit issued in Postcode 2583 are:

Postcode	Total	MPS permit class		
		Individual	Organisation	Temporary
2583	318	305	8	5

The Mobility Parking permit classes are defined as:

- Individual – Issued for a period of 5 years to eligible people with permanent disabilities affecting their mobility, who drive vehicles or who are passengers in vehicles
- Temporary – Issued for up to six months to eligible people with temporary disabilities affecting their mobility, who drive vehicles or who are passengers in vehicles
- Organisation – Issued to organisations that have been assessed by Roads and Maritime Services as meeting a genuine need to transport eligible people

Community Consultation

As part of this process Council sought feedback through Community, Upper Lachlan Shire Staff and Service Provider surveys. These surveys were available in both hard copy and electronic versions, able to be accessed on Council's website, in all Council Offices and Local Libraries and sent to relevant Service Providers and groups.

The following provides a Summary of the results of the Surveys.

Service Provider Survey responses

After making initial telephone and email contact to determine relevant Service Providers for the Shire the Survey was provided electronically with the Survey period from 14 November to 16 December 2016.

A total of 5 surveys were received.

1. Crookwell Hospital – Acute Care – State and Commonwealth funded
2. Upper Lachlan Community Care – NDIS and Aged Care provider – Commonwealth funded
3. Richmond Fellowship – Community Mental Health – Commonwealth funded
4. Gunning Community Care – Aged and Disability Home Care Services – State and Commonwealth funded and Voluntary Not for Profit
5. Valmar Support Service – Community Transport – State and Commonwealth funded

The following is a summary of survey responses:

Is the community is welcoming of people with disabilities ?

These comments are Service for the community not community (individuals) related.

- Accessibility to transport services a significant issue if disability support pension not available.
- Majority of businesses are accessible however certain businesses create problems for walkers and wheelchairs.
- Access to disabled toilets limited to key use in some areas.

Are Council's facilities accessible ?

- Limited access to disabled toilets – due to need for a key.
- Swimming pools – times to access pools is limited, earlier starts and later closing would benefit all.
- Some amenities are very small to be able to use wheelchairs /scooters.
- Footpaths and parking around the main streets not easy to navigate.

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Employment programs

- Essential Employment and Training, with most not aware of any employment programs.

Access Committee

- Generally not aware of the Committee and that it was active.

Council information publications

- All Council information publications are considered accessible and The Voice is a very important publication.

Additional comments

- Extra consideration required for services in Gunning, Tuena, Taralga and Bigga.
- Request hydrotherapy pool in Crookwell.
- Access Committee to be more visible especially with NDIS as many people with a disability will have greater access to the community.
- Significant gap and burden for individuals, families and services supporting young people <16 with mental health. ILC funding set up alongside the NDIS designed to support communities who identify a gap. Set up to fund innovative initiatives.

Upper Lachlan Shire Staff Survey responses

This Survey was distributed to all staff and the Survey period was 14 November 2016 to 1 December 2016 with 33 surveys received and summarised as follows:

1	Age	63% – 36 to 55 years 19% – 56 to 65 years 16% – 26 to 35 years
2	Indoor or Outdoor worker	84% – Indoor 21% – Outdoor (some both)
3	Have a disability	91% – No 6% – Yes: Vision 6% – Yes: Hearing
4	Any problems that prevent members of the public with a disability accessing Council services	36% – Yes 64% – No
5	Awareness of relevant Council policy or procedures	35% – Yes 65% – No
6(1)	Level of awareness of people with vision disabilities	6% – Low 79% – Fair-Good 15% – Excellent
6(2)	Level of awareness of people with hearing disabilities	3% – Low 82% – Fair-Good 15% – Excellent
6(3)	Level of awareness of people with mobility disabilities	6% – Low 79% – Fair-Good 15% – Excellent
6(4)	Level of awareness of people with intellectual disabilities	6% – Low 67% – Fair-Good 9% – Excellent
7(1)	People with disabilities should be employed in special work environments	3% – Agree 85% – Disagree 12% – Unsure
7(2)	People with disabilities have same rights as others including the right to work	91% – Agree 3% – Disagree 6% – Unsure
7(3)	Most people with disabilities are better placed in regular workplaces rather than special training programs	67% – Agree 9% – Disagree 24% – Unsure
7(4)	Everyone benefits being part of a workplace that is inclusive of people with disabilities	85% – Agree 3% – Disagree 12% – Unsure
7(5)	Most people with a disability are unable to work	3% – Agree 91% – Disagree 6% – Unsure
7(6)	Comfortable if workplace/job changed because a co-workers is a person with a disability	70% – Agree 3% – Disagree 27% – Unsure

In regard to the following questions, additional comments were provided:

Q3. Does disability affect work ?

No

Q4. Any problems that prevent members of the public with a disability accessing Council services ?

- Administration office, front glass doors entry, cramped reception area.
- Access through front doors for wheelchair and walker users
- Some access to buildings and facilities
- People with vision impairment may not be able to view media releases/news items published on Council website or published in print media
- Ensuring website is accessible for those with a disability
- Toilet facilities
- Access to public areas, eg Council Chambers

Q5. Awareness of relevant Council policy or procedures ?

Staff cited Equal Employment Opportunity, Code of Conduct, Bullying and Harassment, MLAK facilities, Access in Planning, Disability Inclusion Action Act, Recruitment and Selection Policy, Access policy, Pedestrian Access Mobility Plan, Plan of Management.

Q8. Additional comments

- Have family members with a disability
- All workplaces can benefit from employing people with special needs.
- Depends on the level of disability.
- Unsure how I would feel until I know what changes would be made to my job.
- Working with someone with a disability is not an issue, losing job would be.
- People with a disability have the same rights as all other people, including the right to work.

Community DIAP Survey responses

The Community DIAP Survey was available online through Council's website and in print at all Council Administration Offices and Libraries (Crookwell, Gunning and Taralga). The Survey period was initially 24 November to 16 December 2016 and was then extended to 21 January 2017.

A total of 122 surveys were received (19 submitted online and 103 hard copy) and the following is a summary of those results:

1	Age	63% – aged over 65 years 17% – 55-64 years old
2	Gender	69% female and 31% male
3	Live in	80% reside in Crookwell, 7% in Gunning
4	Language	98% English
5	Carer or Person with a disability	28% – Carer 44% – Person with a disability 27% – Neither
6	Community welcoming of people with disabilities	43% – Yes 54% – No * * the No responses relate to access to buildings not to actual community members.
7	Council facilities accessible	45% – Yes 55% – No
8	Aware of employment initiatives	7% – Yes 88% – No
9	Aware of Council's Access Committee	28% – Yes 66% – No
10	Council information publications accessible	66% – Yes * 29% – No * overwhelming Yes for The Voice as a number of respondents do not use the internet.

In regard to the following questions, additional comments were provided:

Q6. Do you think ULSC community is welcoming of people with disabilities ?

- The responses to community attitude were positive with only one comment regarding attitudes, discrimination and lack of education.
- The majority of the comments relate to access to businesses and shops with some having good access and others having poor access with no ramps, poor wheelchair/pram access and too many steps.
- Disabled parking considered to be inadequately located and not enough spaces.
- Some footpath areas uneven and poor night lighting.
- Speed limit through Gunning Main Street too fast.
- Not aware of a fully fenced inclusive and accessible playground in the Shire.

Q7. Do you think ULSC facilities are accessible ?

- Disabled toilets required an access key which has a fee.
- Poor access to public toilets from the rear car park (Crookwell).
- Indoor heated pool required for retirees.
- Required improved maintenance of roadside gutters and footpaths.
- Access to Council admin office and Gunning Hall difficult.
- Insufficient and poorly located disabled parking spaces.
- Disabled access required for swimming pools.
- Change rooms/areas required for people with a disability at Council facilities.
- The majority of the comments relate to access to businesses and shops with some having good access and others having poor access with no ramps, poor wheelchair/pram access and too many steps.

Q8. Aware of any employment programs/initiatives in ULSC ?

- Of those that responded majority are aware of Essential Employment located in Crookwell.
- There were comments of discrimination in employment by Council of staff from outside the area and not employing someone with a disability.
- Also jobs in shops going to friends and relatives.

Q9. Aware of Council's Access Committee and what it does?

Majority of the respondents were not aware of the existence of an Access Committee or of its role. Most were interested in seeing this Committee become more active in the community.

Q10. Are Council's publication and website accessible ?

Most people find Council's information publications accessible with overwhelming support for The Voice. Those that did not find the website accessible mainly related to the lack or no use of the internet as part of their lifestyle.

Perhaps include more community based news/information in The Voice and ensure the website contact information for community groups etc are kept up to date.

Q11. Additional comments

There were a number of additional comments provided by respondents and the issues relevant to the preparation of the DIAP are:

- Access.
- Access ramps into businesses.
- Disability parking (number, location).
- Parking in the main street.
- Footpaths (condition, vegetation overhanging).
- Walking track.
- Vision impaired assistance.

Summary of issues from community consultation in four disability inclusion focus areas

1. Attitudes and Behaviours

The community responses to attitude were positive with only one comment out of 122 expressing attitudes, discrimination and lack of education. There was general comment that more discussion is required within the community regarding the needs of disabled and the need for more awareness of the needs of people with disabilities. Timely to review and update Council's Access Committee to encourage inclusion of people with a disability.

2. Liveable communities

Access to facilities and services is important for all members of the community and was the main issue highlighted by the community in the survey responses. The issues associated with access were:

- Ramps into businesses.
- Disability parking (number, location).
- Parking in the main street.
- Footpaths (condition, vegetation overhanging).
- Walking track.
- Vision impaired assistance.

3. Employment

Opportunities for employment are important for all members of the community and the provision of local employment helps guarantee the future of rural local communities. There may be opportunities to collaborate with relevant employment agencies to promote employment within the area for people with a disability. Ensure that all Council employment recruitment processes do not discriminate people with a disability.

4. Systems and Processes

Majority of survey respondents find Council's information publications accessible with overwhelming support for The Voice. Those that did not find the website accessible mainly related to the lack or no use of the internet as part of their lifestyle.

Information may be improved by including more community based news/information in The Voice and ensuring the website contact information for community groups etc are kept up to date with links to the National Disability Insurance Scheme and other relevant agencies/resources.

Strategies and Actions

Focus Area 1 – Attitudes and Behaviour					
Strategic Goal	Action	Measurement	Responsibility	Timeframe	CSP Link
Promote positive attitudes and behaviour	Encourage inclusion of people with a disability in Council's Access Committee	Increased number of members representing the interests and needs of people with a disability	Council's Works and Operation Department	December 2017	<p>Strategy CO1 – Facilitate and encourage equitable access to community infrastructure and services, such as health care, education and transport.</p> <p>Strategy CO2 – Encourage and facilitate active and creative participation in community life.</p> <p>Strategy CO3 – Foster and encourage positive social behaviours to maintain our safe, healthy, and connected community.</p>
	Adapt and distribute a "Missed Business Guide" to local businesses	"Missed Business Guide" adapted to Council and distributed to local businesses	Economic Development Officer	December 2017	<p>Strategy CO3 – Foster and encourage positive social behaviours to maintain our safe, healthy, and connected community.</p>

Strategies and Actions

Focus Area 2 – Liveable Communities					
Strategic Goal	Action	Measurement	Responsibility	Timeframe	CSP Link
Safe and accessible community facilities	Investigate existing locations and requirement for additional disabled parking spaces	Additional disability parking space/s provided	Works and Operations Department and Council's Traffic and Access Committees	July 2018	Strategy CO1 – Facilitate and encourage equitable access to community infrastructure and services, such as health care, education and transport.
	Investigate options for providing suitable access for people with vision impairment to key facilities	Vision impaired assistance options identified and implementation prioritised	Works and Operations Department and Council's Traffic and Access Committees	July 2018	Strategy CO2 – Encourage and facilitate active and creative participation in community life.

Strategies and Actions

Focus Area 3 – Employment					
Strategic Goal	Action	Measurement	Responsibility	Timeframe	CSP Link
Supporting access to meaningful employment	Collaborate with relevant NDIS and employment organisations and agencies to promote employment within the local government area for people with a disability	Provision of information on Council's website supporting this action	Human Resources, Economic Development Officer	July 2018	Strategy EC5 – Encourage collaboration between businesses, government, and training providers to develop employment and training opportunities for young people in the region.
	Review Council's recruitment process to ensure it does not discriminate people with a disability	Council recruitment process updated and adopted by Council	Human Resources	July 2018	Strategy EC5 – Encourage collaboration between businesses, government, and training providers to develop employment and training opportunities for young people in the region.

Strategies and Actions

Focus Area 4 – Services Systems and Processes					
Strategic Goal	Action	Measurement	Responsibility	Timeframe	CSP Link
Improve access to services through better systems and processes	Review current communication methods to ensure compliance with accessibility standards	Council's communication mechanisms comply with accessibility standards	Finance and Administration Department	December 2017	<p>Strategy CL1 – Effect resourceful and respectful leadership and attentive representation of the community.</p> <p>Strategy CO2 – Encourage and facilitate active and creative participation in community life.</p> <p>Strategy CO3 – Foster and encourage positive social behaviours to maintain our safe, healthy, and connected community.</p>
	Develop plan for website content compliance with disability standards	Website content meets accessibility standards	Finance and Administration Department	December 2017	Strategy CL2 – Encourage and facilitate open and respectful communication between the community, the private sector, Council, and other government agencies.
	Develop and maintain Council website links to NDIS services and resources	Website updated and maintained	Environment and Planning and Finance and Administration Departments	July 2018	Strategy CL2 – Encourage and facilitate open and respectful communication between the community, the private sector, Council, and other government agencies.

Monitoring and Evaluation

Monitoring

The Disability Inclusion Action Plan includes timelines to guide the completion of the actions. The process will be monitored and evaluated through the Integrated Planning and Reporting cycle.

Implementation of the Plan will be undertaken by the responsible officers. Each action will be monitored and reported against for the periods 1 July – 31 December and 1 January – 30 June of each year.

The General Manager will monitor the overall implementation of the Plan and the integration of its actions into Council's new Delivery Program and annual Operational Plan.

Reporting

Outcomes and achievements will be reported in Council's Annual Report and six monthly report to the community. These reports will be available on Council's Website and at its Administration Building and Libraries.

A report will also be provided to the Department of Family and Community Services and the Minister for Disability Services.

Review

The Plan will be reviewed annually in line with the Integrated Planning and Reporting cycle. An audit, evaluation and review of the Plan will be conducted at the end of its term.

Acknowledgement

Upper Lachlan Shire Council would like to thank the many community members, staff and Service Providers who contributed to the preparation of this Plan.