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1. Introduction

1.1 Purpose of document

Disability-focused, place-based community building practice demands a range of strategies and skills. The approaches to this work in Victoria have been collected, analysed and presented in this practice guide in order to:

• Provide guidance for Access Officers in the program;
• Provide a practice framework for consistency and quality across the program; and
• Support DHS Regional Offices and auspice organisations to understand, deliver and support the program.

The first two sections provide a theoretical background to the program, while the remainder is a practical guide.

Refer to:

This guide should be read in conjunction with:

• The Community Building Program in Disability Services: supporting self-directed lifestyles for Victorians with a disability.
• Community Building Program Operational Guidelines.
• Community Building Program Reporting and Planning Framework.
• Toolkit: References
1.2 Community Building Program objectives

A key goal of the *Victorian State Disability Plan 2002–2012* (Department of Human Services 2002) is to build inclusive communities, to ensure that people eligible to receive disability support services have the opportunity to participate in all aspects of community life. The Community Building Program was developed to progress an approach within Disability Services where the community is the primary focus for change and development.

In order to achieve the State Disability Plan goal of building inclusive communities, the Community Building Program has five major objectives:

1. To mobilise and support people with a disability to **optimise participation** in the life of their local community.

2. To build and **strengthen the community’s capacity** to provide support to people with a disability and their families.

3. To facilitate **integrated local community planning** and coordination which engages and involves people with a disability and their families, disability service providers and community organisations.

4. To work with existing **disability support providers** to enhance their capacity to provide relevant and appropriate supports in the community.

5. To improve **access to information** about relevant services and community activities available to people with a disability in their communities.
1.3 Target group

In recognition of the higher level of social exclusion experienced by people with severe or profound core activity limitation (Australian Bureau of Statistics 2003, Australian Institute of Health and Welfare 2009), the primary purpose of the Community Building Program is to enhance the inclusion of people who have a disability as defined by the Disability Act 2006. The Act defines disability as an impairment that may be sensory, physical, neurological, intellectual, an acquired brain injury or developmental delay, which results in substantially reduced capacity in at least one of the areas of self-care, self-management, mobility or communication. A person must also require ongoing or long-term episodic support and their impairment must not be related to ageing.

In the case of deafaccess, the target group is people who are deaf or hard-of-hearing. Where this Practice Guide refers to “people with a disability”, deafaccess Officers can assume this to specifically mean “people who are deaf or hard-of-hearing”. Although deafaccess targets people who are deaf or hard-of-hearing, it is anticipated that many of their projects may benefit other members of the community, including people with other disabilities.

Community Building Program strategies and projects should always aim to improve the community inclusion experience of people who fit these definitions. However, in the context of local communities, the experience of disability is much broader than the definition of the Disability Act, and Access Officers will work within that broader context. At the local government level there will be integration between and across a range of community plans, strategies and actions which take a broader view of disability and citizenship.

It is anticipated that there will be a “flow-on” effect of improved community inclusion for people with other disabilities. This includes people with mild disability as well as people with age-related impairment, people with mental illness or people with chronic disease.

In addition, broader groups in the population are also likely to benefit from specific strategies to improve inclusion for people with a disability. For example, parents with prams may benefit from improved physical access, or people with low English literacy levels may benefit from Easy English communication.

At its most effective, community inclusion has benefits for the whole community, in that all people benefit from a community which celebrates diversity and protects and promotes the rights of all people.
2. Background

2.1 Policy and legislation context

The current legislation and policy environment relating to:

- people with a disability;
- human rights;
- social inclusion; and
- community building.

in Victoria provides a clear context for the Community Building Program.

People with a disability

The Commonwealth *Disability Discrimination Act 1992* (the DDA) provides protection for everyone in Australia against discrimination based on disability.

The DDA makes it against the law to discriminate against someone if they have a disability, in the following areas of life:

- Employment;
- Education;
- Access to premises used by the public;
- Provision of goods, services and facilities;
- Accommodation;
- Buying land;
- Activities of clubs and associations;
- Sport;
- Administration of Commonwealth Government laws and programs.

In Victoria, the *Disability Act 2006* replaced the *Intellectually Disabled Persons’ Services Act 1986* and *Disability Services Act 1991*. The Act is guided by principles of human rights and citizenship and it provides a framework for the provision of high quality services and supports for people with a disability.

The objectives of the Act are to:

- Advance the inclusion and participation in the community of persons with a disability;
- Promote a strategic whole of government approach in supporting the needs and aspirations of persons with a disability;
- Facilitate the planning, funding and provision of services, programs and initiatives for persons with a disability;
• Promote and protect the rights of persons accessing disability services;
• Support the provision of high quality disability services;
• Make disability service providers accountable to persons accessing those disability services;
• Ensure the efficient and effective use of public funds in the provision of disability services.

The Act takes a whole-of-government and whole-of-community approach to the removal of barriers, with Disability Action Plans named as the key mechanism for this (Department of Planning and Community Development 2008a).

The Victorian State Disability Plan 2002–2012 (Department of Human Services 2002) highlights three key goals for changing the way people with a disability are supported in Victoria:
1. Promoting individual choice;
2. Building inclusive communities;
3. Leading the way.

It is the first disability plan in Victoria to take a whole-of-government and whole-of-community approach to disability, and it provides the background for the development of the Community Building Program.

Human rights

The United Nations Convention on the Rights of Persons with Disabilities (United Nations 2006), which Australia ratified in 2008, notes that “persons with disabilities continue to face barriers in their participation as equal members of society and violations of their human rights in all parts of the world”. The Convention promotes the following principles for people with a disability:
• 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.
The Victorian *Charter of Human Rights and Responsibilities Act 2006* reinforces and protects the civil and political rights of all Victorian people, including those with a disability. The rights are grouped under the principles of:

- Freedom
- Respect
- Equality
- Dignity.

Human rights principles underpin the way people with a disability and workers engage, participate and influence the work undertaken through the Community Building Program.

**Social inclusion**

The Australian government has articulated a vision of “a socially inclusive society in which all Australians feel valued and have the opportunity to participate fully in the life of our society.” The Australian Social Inclusion Board proposes that to be socially included, people must be given the opportunity to:

- Learn by participating in education and training;
- Work by participating in employment, in voluntary work and in family and caring;
- Engage by connecting with people and using their local community’s resources;
- Have a voice so that they can influence decisions that affect them. (Australian Social Inclusion Board 2009)

The Victorian government has expressed a commitment to work in partnership with the Australian government towards a vision of a socially inclusive society where no-one is unfairly excluded from social and economic life, in its 2009 *A Fairer Victoria* statement (Department of Premier and Cabinet 2009).

Social inclusion is a key principle of the Community Building Program.

**Community building**

*Growing Victoria Together* (Department of Premier and Cabinet 2001) outlines the government’s ‘vision for Victoria to 2010 and beyond’ and highlights ‘building cohesive communities and reducing inequalities’ as one of eleven strategic issues for the government. This community building approach is based on listening to local experience, supporting local connections and investing in local community infrastructure.

*A Fairer Victoria* (Department of Premier and Cabinet 2005) is the government’s social policy statement and has a strong focus on community,
with a stated intention to create strong, active, confident and resilient communities. It outlines the government’s role as a facilitator of activities that aim to strengthen communities and places a strong focus on the role of local government.

The Community Building Program adopts this strong focus on community and values local government as central to the work of building inclusive communities.

Current policy directions

*SHUT OUT: The Experience of People with Disabilities and their Families in Australia* (Department of Families, Housing, Community Services and Indigenous Affairs 2009b) is a consultation report released by the Commonwealth Government. It identifies the major issues for people with a disability, and their carers, across Australia as being:

- The experience of exclusion and discrimination;
- The struggles of the service system;
- The employment experience of people with a disability;
- Negotiating the built environment;
- The education experience of people with a disability;
- The social experience of disability; and
- The experience of disadvantaged groups.

*The Way Forward: a new disability policy framework for Australia* (Disability Investment Group 2009) report was commissioned as part of the Australian Government’s commitment to set out a ten year agenda for coordinated, across-government action for Australians with disability. The report’s primary recommendation was for a long-term care and support scheme for people with disability in Australia (sometimes referred to as a National Disability Insurance Scheme). This is currently the subject of a feasibility study.

The *Shut Out* report and *The Way Forward* will inform the development of a National Disability Strategy, due for release in mid 2010.
2.2 Social theories influencing the program

The development of the Community Building Program approach was informed by a broad range of social theory that has been applied in local community settings including:

- Disability studies including the social model of disability
- Social inclusion
- Community development theory and practice
- Community/citizenship indicators research
- Cultural studies
- Social planning
- Urban planning/urban studies
- Rural health
- Community health/health promotion
- Human rights
- Social justice/social action

Each of these areas provides an opportunity for developing frameworks and approaches that contribute to an understanding of those political, social, cultural, and economic characteristics of communities which impact on participation and community membership opportunities for people with a disability. The key theories are explored further in the following sections.

2.3 Social model of disability

The Community Building Program draws its main inspiration from the social model of disability. According to this model, disability is caused by the barriers to participation in community life, rather than by a person’s own impairment. The social model of disability recognises the potentially disabling nature of community life for people with a disability and the tendency for communities to be planned around the needs of people who don’t have a disability (Oliver 1990; Swain et al 1993; Shakespeare 2002, 2006; Goggin & Newell 2004). Emerson, Honey and Llewellyn’s research suggests that approaches to social policy which focus on the environment of people with a disability and specifically address their experience of hardship and social support could have an impact on social wellbeing (Emerson, Honey & Llewellyn 2008). From this perspective initiatives and strategies that promote social and community change are critical to improving opportunities for people with a disability to live in communities that are relevant and affirming.
### 2.4 Social inclusion

The following diagram describes a shift associated with current trends in disability service provision, in line with the social model of disability. The diagram depicts the move from institutionalised service frameworks where the aim is to place people with a disability in services which provide care and protection, to a new perspective which focuses on strategies for enhancing citizenship status and broadening the terms of community membership and social inclusion for people with a disability. Disability Services is guided by this social inclusion approach.

<table>
<thead>
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<th>Institutional Approach</th>
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<th>Social Inclusion Approach</th>
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Disability Services Community Building Program: Practice Guide 13
The Quality Framework for Disability Services in Victoria (Department of Human Services 2007) identifies sixteen life areas which are important to most people and are directly associated with the way wellbeing is measured for all Victorians. These can be used as a guide to help identify and address some of the barriers and circumstances that prevent people with a disability from being fully included in local community life. The areas of life important to people are:

1. **Always learning** – people with a disability experience lifelong learning and education.

2. **Being part of a community** – people with a disability participate in the life of the community.

3. **Being independent** – people with a disability experience individual choice and control over their life.

4. **Being safe** – people with a disability experience physical and emotional safety and are free from abuse, neglect and avoidable injury.

5. **Building relationships** – people with a disability experience healthy, constructive and respectful relationships.

6. **Choosing supports** – people with a disability choose their own supports and contribute to determining the manner in which supports are provided.

7. **Communicating** – people with a disability seek, receive and impart information, ideas, opinions and feelings through their preferred communication style.

8. **Doing valued work** – people with a disability experience meaningful and rewarding employment with just and reasonable conditions.

9. **Exercising rights and responsibilities** – people with a disability exercise human rights.

10. **Expressing culture** – people with a disability experience a sense of cultural identity and belonging.

11. **Having fun** – people with a disability experience a sense of social wellbeing through enjoyment of life and time for leisure and recreation.

12. **How to live** – people with a disability experience an adequate standard of living through exercising control over their living circumstances.

13. **Looking after self** – people with a disability experience the best possible physical, mental, emotional and social health.

14. **Moving around** – people with a disability move freely in their environments and in the community.
15. **Paying for things** – people with a disability experience an adequate standard of living through exercising control over finances.

16. **Where to live** – people with a disability experience an adequate standard of living through access to adequate and appropriately located housing.

**For more information**

DHS website: Areas of life important to people

The Disability Services document, *Support Your Way: A self-directed approach for Victorians with a disability* (Department of Human Services 2008c) outlines the self-directed approaches being taken by disability support providers, which recognise that the person with a disability is at the centre, and to the extent that they are able, should be in charge of planning, funding and support responses. It also acknowledges the need for complementary work to ensure that communities are welcoming and inclusive. This is supported by research which shows that individualised support and funding, when accompanied by a social inclusion approach to disability and community, builds capacity of individuals, families and communities (Lord & Hutchison 2003, 2007).
The Community Building Program approach works together with the self-directed approaches of Disability Services by engaging a broader range of stakeholders to develop a co-ordinated approach to community planning and service development that creates more supportive and inclusive communities, allowing people to exercise more choice and control in the way that they live their lives.

2.5 Community development

Community development frameworks provide Access Officers with a comprehensive set of strategies to engage with the communities they are working in. A number of references listed in the References document in the Toolkit provide definitions and descriptions of community development (Green, Moore & O’Brien 2006; Ife & Tesoriero 2006; Cavaye n.d.). Ife (2010) also discusses community development in the context of human rights. What they have in common is a sense of collective action and collective ownership. It is about people working together to make a difference to address their shared needs.
What community development is:

• Addressing a common issue;
• Owned by community members;
• Led locally;
• Collaboration;
• Willingness to experiment and to be opportunistic;
• Hard work and persistence;
• Focussed on objectives.

What community development is not:

• It isn’t service delivery (although some services may participate in some community development activities);
• It isn’t social work or welfare;
• It isn’t advocacy on behalf of individuals;
• It isn’t simply a “feel good” exercise. (adapted from Cavaye n.d.)

The use of an assets-based community development (ABCD) approach, as developed by the Institute of Assets-Based Community Development in the USA, is encouraged in the Community Building Program. The ABCD approach has the following features:

• It starts from a position of understanding the strengths of a community, rather than the issues and needs in a community;
• It stresses the importance of local investment and control;
• It relies on the building of relationships between local people and organisations. (Kretzmann & McKnight 1993).

In the UK where a community building approach has been encouraged by government for some time, the characteristics of a strong community have been described as:

1. A learning community, where people and groups gain knowledge, skills and confidence through community activity.

2. A fair and just community, which upholds civic rights and equality of opportunity, and which recognises and celebrates the distinctive features of its cultures.

3. An active and empowered community, where people are fully involved and which has strong and varied local organisations and a clear identity and self-confidence.

4. An influential community, which is consulted and has a strong voice in decisions which affect its interests.
5. *An economically strong community*, which creates opportunities for work and which retains a high proportion of its wealth.

6. *A caring community*, aware of the needs of its members and in which services are of good quality and meet these needs.

7. *A green community*, with a healthy and pleasant environment, conserving resources and encouraging awareness of environmental responsibility.

8. *A safe community*, where people do not fear crime, violence or other hazards.

9. *A welcoming community*, which people like, feel happy about and do not wish to leave.

10. *A lasting community*, which is well established and likely to survive.

(United Kingdom Home Office 1999)

It is the intention of the Community Building Program to build and maintain communities with these characteristics.

### 2.6 Citizenship and participation

As the primary stakeholders of the Community Building Program, people with a disability will be positioned strongly in community development processes. The Community Building Program works with people with a disability, their formal and informal support systems and advocacy organisations to identify opportunities for their participation in community building processes and to advise on key targets and priorities. The International Association for Public Participation (IAP2) provides a range of tools relating to public participation, including Core Values for the Practice of Public Participation (International Association for Public Participation 2007a).
Consideration should be given to Arnstein’s Ladder of Citizen Participation (1969) (pictured above), and the more recent IAP2 Spectrum of Community Participation (2007b). These models illustrate that there is a range of levels of participation, with increasing levels of decision-making power. The Community Building Program aims to identify opportunities for people with a disability to participate on the rungs higher up the ladder.

In the UK, the Department of Health has moved to a co-production framework in the delivery of social care. This model is based on ‘a partnership between citizens and public services to achieve a valued outcome’ (Department of Health UK 2009).

The asset-based community development approach assumes that every person has the capacity, ability and potential to participate. According to Hughes et al (2007) there are three factors that influence the level of participation by a person in their community:

1. Motivation – a link between a person’s values and the intended outcome of the project.
2. Skills and resources – capacity in terms of time, money and skills (both formal and informal).
3. Engagement – involvement in networks where they are invited to participate.

The Community Building Program aims to increase the opportunities for people with a disability to be seen as valued and contributing citizens in their local communities. In particular when working with people with a disability, it is important to recognise the multi-dimensional aspect of all individuals, and not reduce them to a single dimension of their disability.
2.7 Integrated local area planning

The identification of local government as a key player and partner in the Community Building Program is important, enabling a place-based approach to increasing community participation for people with a disability. The paper *Local Government, Leadership and Community Strengthening* (Wiseman 2004) explores the role of local government in community strengthening. In addition to enabling a place-based approach, local government’s legislated mandate for integrated planning with and for its community members in a broad range of areas gives significant potential for impacting on people’s capacity to participate in community life, in particular through the:

- Disability Action Plan (discussed further on page 36);
- Council/Community Plan;
- Health and Wellbeing Plan;
- Municipal Strategic Statement.

Where auspice organisations are not a local government authority, they have been selected for the breadth and strength of their connections to the local community and the influence they have over a range of community infrastructure.

Hughes et al (2007) describe three reasons for taking a local approach to building stronger communities, even in times of increasing mobility and globalisation.

1. People can respond more quickly to local issues and can better support each other.

2. Many people, including those with disabilities, do not have ready access to transport and therefore need to find community as close to home as possible.

3. It is environmentally more sustainable to interact with a local community than to travel extensively.

A number of place-based programs and planning models have influenced the development of the Community Building Program, including:

- Integrated Local Area Planning model (ILAP) (Australian Local Government Association 1993);
- Municipal Public Health Planning Framework (Department of Human Services 2001);
- Primary Care Partnerships (Department of Health, Victoria 2010);
- Local Area Co-ordination (Disability Services Commission, Western Australia 2009);

These approaches to integrated local planning are characterised by:

- An holistic view of local communities
• An emphasis on the composite needs of local communities
• The promotion of a partnership between the three spheres of government, the community and the private sector
• A focus on coordinating activities at the local level
• An orientation towards establishing long term goals/processes for decision-making and resource allocation rather than one off plans or expenditure programs.

Working within the context of integrated local planning, the Community Building Program engages a range of key players to develop a more coordinated local response to key opportunities identified by people with a disability.
3. Community building cycle: Mapping, Planning, Strategies, Reflection

The RuralAccess evaluation (DHS 2005) found that the higher the quality of the methods, tools and processes used to plan, implement, monitor and evaluate projects, the greater the likelihood of successful outcomes, and the greater the likelihood that the project can be successfully replicated in another location. In the interests of quality and consistency across the program, Access Officers are encouraged to use the following community building cycle to guide their approach to community development work.

Community building is cyclical in nature, continually moving through phases of mapping, planning, strategies and reflection.

While this diagram may appear static on paper, in practice it is a dynamic process. An Access Officer may be in different phases of the cycle for different issues, or even for a single issue, at any given time. At times it may also be necessary to move backwards in the cycle. These phases and the ways that they are approached in the Community Building Program are outlined in the following sections.
4. Mapping: Developing a picture of your community

The aim of community mapping is for Access Officers to develop a comprehensive understanding of community life for local people with a disability and identify key priorities for strategy development.

4.1 Key features of community mapping

Community mapping should consider:

- The existing assets or resources of the community, including the current service provision for people with a disability, and also the potential opportunities for inclusion and participation which may be derived from an analysis of community assets.
- The diversity of experiences and backgrounds of local people with a disability.
- The strategic connections able to be built in the local community which may result in increased inclusion and participation.

Community mapping is an ongoing process, with new information coming to light as a result of new consultation opportunities or as strategies are completed. Access Officers should continue to document their community mapping as it changes and these changes should inform the identification of priorities.

Refer to:

- Planning and Reporting Framework section 3.1
Locally, detailed community mapping information should be recorded and kept by the auspice organisation, including the details of key contacts, to ensure easy handover if/when required.

There are a number of resources that can be used to build a picture of local communities and the potential for people with a disability to participate in their community as equal citizens. These resources include:

- Population and social demographics;
- Planning and research data;
- Surveys – online, face-to-face, paper-based;
- Networking and community forums;
- Themes from the self-directed plans of individuals with a disability – such planning can take place in a range of settings, formally and informally;
- Other community engagement.

### For more information

#### Population and social demographic data:

- *Getting to know your community*, Department for Victorian Communities 2004
- Community Indicators Victoria: [www.communityindicators.net.au](http://www.communityindicators.net.au)

Community mapping for the Community Building Program should not be a discrete annual activity undertaken in isolation from other activities of the auspice organisation. The Community Building Program has deliberately been placed in local councils and community organisations with strong and broad community reach. Access Officers should make the most of research and consultation opportunities presented by other parts of the auspice organisation, by local governments within the partnership, and by the DHS Regional Office as well as other relevant sources. Access Officers should also complement and contribute to these opportunities. In particular, organisations will undertake research and community engagement in the development of Disability Action Plans and this work will be strongly interlinked with community mapping for the Community Building Program.

An asset mapping approach is encouraged (Besser 1995) and the ABCD Institute provides some resources to guide asset mapping (Asset-Based Community Development Institute 2009). There are a number of questions which provide impetus for community mapping. These include:

- What are the local community talents, skills and assets?
- What are the key issues for people with a disability regarding community inclusion and participation?
• Which stakeholders are currently engaged and involved in responding to these issues?
• Which other community stakeholders can be engaged to enhance the community’s response to these issues?
• What strategies do we need to develop to engage these stakeholders?
• Is consultation with people with a disability inclusive, broad and comprehensive?
• How do we know that the voices we are hearing are representative?
• Who are the most socially excluded people with a disability in this local area?
• Is there local variation between suburbs or towns?
• What are the key priorities of local, state and commonwealth government departments?
• What are the organisational priorities for the auspice organisation?

In the non-metropolitan regions, it is strongly encouraged that deafaccess Officers work in close collaboration with the RuralAccess Officers in their region to conduct community mapping. Deafaccess Officers should focus their mapping on resources and priorities in the community for people who are deaf or hard-of-hearing.

4.2 Engaging the community

In order to map local community assets and potential strategic connections, stakeholders across the local community must be engaged.

All Community Building Program auspice organisations will have significant experience in engaging with local community, although this experience may be variable in relation to engaging with people with a disability. Colleagues within the auspice organisation may have experience in successful techniques for engaging the local community, and in many organisations a Community Engagement Framework will have been established. In some local communities a formal consultative structure may exist in the form of a Disability Advisory Committee or equivalent.

While the questions listed above will guide the community mapping process, the questions should be adapted to suit the audience and the circumstances in any given consultation situation.
4.3 Mapping community assets and opportunities

A list of sector categories has been developed for the Community Building Program. These provide a framework for thinking and talking about the range of infrastructure and functions in communities that promote or constrain community participation and inclusion for people with a disability. This list is not intended to be definitive, but is a guide to thinking broadly about community assets and opportunities.

Integrated planning frameworks used by local communities may provide alternative or complementary approaches to categorising community assets and opportunities, such as the Environments for Health Framework used in municipal health planning (Department of Human Services 2006). These may be used to group some of the sector categories as appropriate in a local community.

The sector categories listed here are used to report on projects in CBPARS and have been useful for producing reports on statewide or regional effort in particular categories. It is not expected that Access Officers will focus on all sector categories over a given amount of time.
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<th>Sector Category</th>
<th>Examples</th>
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<td>Access to Built Environment</td>
<td>Buildings such as recreation centres, theatres, shopping centres, health services Streets and accessible parking Mobility maps</td>
</tr>
<tr>
<td>Advocacy</td>
<td>Local self-help and advocacy groups Advocacy networks and resource units</td>
</tr>
<tr>
<td>Arts, Culture and Festivals</td>
<td>Visual arts, theatre, photography, dance, circus Cultural development activities and networks Festivals, including International Day of People with a Disability.</td>
</tr>
<tr>
<td>Children and Youth</td>
<td>National Youth week events, youth festivals, Freeza events Youth strategies and working groups Children’s Week activities</td>
</tr>
<tr>
<td>Community Awareness</td>
<td>Whilst the majority of projects have significant community awareness outcomes, this refers to specific projects aimed at raising awareness about people with a disability within the community.</td>
</tr>
<tr>
<td>Culturally and Linguistically Diverse (CALD)</td>
<td>Ethno-specific groups and agencies Multicultural services and networks</td>
</tr>
<tr>
<td>Disability Support System</td>
<td>Self-directed planning and support Day services Share supported accommodation Respite Transition support Aids and equipment</td>
</tr>
<tr>
<td>Education &amp; Training</td>
<td>Schools TAFE Universities Neighbourhood houses and community centres Adult, Community and Further Education (ACFE) Other training providers</td>
</tr>
</tbody>
</table>

Disability Services Community Building Program: Practice Guide 27
| Employment            | Disability Employment Service (DES) providers  
|                      | Social enterprises                           
|                      | Local learning and employment networks (LLENs)  
|                      | Centrelink                                    
|                      | Local business                                
| Family & Carer       | Self-help and support groups                  
|                      | Education and training for carers             
|                      | Respite services/models                        
| Health               | Community health services, GPs, dentists, hospitals  
|                      | Primary Care Partnerships                      
|                      | Municipal Public Health Plans                  
|                      | Women’s health                                
|                      | Domestic violence                             
|                      | Sexual health and education                    
|                      | Aged care                                     
|                      | Nutrition and physical activity                
| Information and Communication Technology (ICT) | Libraries, neighbourhood houses, community centres, internet cafes  
|                      | Adaptive equipment and software                
| Koori (Note that the term Aboriginal is now used in preference to Koori, but “Koori” is still used in the current version of CBPARS) | Local Indigenous Networks (LIN)  
|                      | Aboriginal controlled community health organisations  
|                      | Aboriginal planning officers in DHS Regional Offices  
| Leadership and Civic Participation | Leadership training  
|                      | Mentoring activities                           
|                      | Participation in working groups and advisory committees  
|                      | Volunteering                                   

Disability Services Community Building Program: Practice Guide
A number of statewide issues-based working groups have been established for Access Officers to work together on particular sector categories. These working groups are informal and led by Access Officers, not by the Department. The list of groups varies over time, but has included employment, tourism, transport, built environment and the arts.

### 4.4 Mapping diverse communities

Disability occurs across all groups in society, regardless of culture, age, gender and other personal and community characteristics. It is therefore important that the Community Building Program ensures that strategies consider the diversity of people living in local communities.

The Victorian government through its *Charter of Human Rights and Responsibilities* (VEOHRC 2009) along with supporting policies recognises the importance of equal opportunity for all people and the obligations services have in enabling people from diverse backgrounds to participate in the social, cultural, economic and political life of Victoria. This is particularly so for people within aboriginal communities and cultural and linguistically diverse (CALD) communities.

Aboriginal people continue to face significant disadvantage, particularly those people with a disability and their families. With 1.4 times higher disability rates than non-Aboriginal people, even greater for intellectual disability, a failure to provide support early can lead to further disadvantage, including involvement with criminal justice, education and employment exclusion, family stress, social health and chronic disease (ABS 2002). In recognising this, the Victorian Government’s *Victorian Indigenous Affairs Framework* (DVC 2006); *Department of Human Services Aboriginal Service Plan 2008-2010* (DHS 2008a); and the Council of Australian Governments’ *Closing the
Gap targets (Department of Families, Housing, Community Services and Indigenous Affairs 2009a), support a clear commitment to improving access and inclusion for Aboriginal people.

Victoria’s culture is further strengthened through the cultural, linguistic and religious diversity of people from more than 200 nations, speaking over 200 languages and practicing 120 faiths. Through the Victorian Government’s All of Us policy (Victorian Multicultural Commission 2009), Department of Human Services Cultural Diversity Plan (DHS 2008b) and Disability Services Cultural Diversity Strategy (DHS 2004) there is a recognition and understanding of the diverse positive contributions made, and range of needs experienced by people from culturally and linguistically diverse backgrounds.

The Community Building Program, in partnership with diverse communities themselves, plays a critical role in improving the inclusion and access for people with a disability from these and other diverse communities which may include gender or age-related communities, the gay, lesbian, bisexual, transgender and intersex (GLBTI) communities (Department of Health 2009), and other communities of identity or interest.

When mapping a local community for the Community Building Program, sometimes individuals and minority groups within a ‘local place’ approach can be overlooked. Cultural communities and/or particular communities of identity can be dispersed across the state. Even if such a group appears to make up very few people within a local community, consideration should be given to their specific needs. It may be useful to work with neighbouring Access Officers, with Community Building Officers, or even to take a state-wide approach, to partner, plan and engage with particular cultural communities.

4.5 Identifying strategic connections

As a comprehensive community building initiative the Community Building Program takes an holistic view of local communities and facilitates effective use of existing infrastructure, services and programs to enhance community participation for people with a disability. The focus on coordination of activities and support at the local level necessitates interaction with a broad range of key players including state government departments, local government, local community organisations and services and disability services.

There are a range of local and regional initiatives which present strategic opportunities for the implementation of the Community Building Program. Some examples are listed in the following table. This range of initiatives will vary over time but the principle of strategic connection across community and government initiatives will remain a focus for the program.
Office for Disability
www.officefordisability.vic.gov.au
The Office for Disability is a whole-of-government, whole-of-community policy office. It is based in the Department of Planning and Community Development (DPCD), and is separate from the service delivery focus of the Department of Human Services. The Office works in collaboration with people with a disability, the community and the government, non-government and private sectors to address barriers to the participation of Victorians with a disability in areas such as housing, education and the arts. The Office supports the Victorian Disability Advisory Council, the development of disability action plans across the Victorian public and community sectors and manages a range of programs, projects and activities such as the disability self-help and advocacy programs and community awareness and research projects.

Access for All Abilities
www.sport.vic.gov.au
Sport and Recreation Victoria, also based in DPCD, has developed the Access for All Abilities (AAA) program. The AAA program is based in local community organisations and uses a community building model to develop inclusive sport and recreation environments for people with a disability.

Skills and Participation Programs
DPCD has a range of programs which help community members develop their skills or to become more involved in community life. These include:

- Adult, Community and Further Education (ACFE)
- Neighbourhood Houses
- Community ICT
- Community Enterprises
- Men’s Sheds
- Volunteering

Many opportunities for people with a disability will arise through these programs.
Community Building Initiatives


DPCD’s Community Building Initiative brings residents, businesses, government and local organisations together to think about and set the priorities of their community and then together they work to make the projects a reality.

Transport Connections


Also based in DPCD, Transport Connections helps communities work together on projects to improve local transport. It provides funding to set up working groups, employ a coordinator and develop a range of transport initiatives which make it easier for people with limited access to transport to take part in community life.

Community Renewal


A DPCD program which brings residents in disadvantaged local areas, together with businesses, government and local organisations to help transform their community into a place of opportunity and activity.

Department of Planning and Community Development (DPCD) Regional Teams


DPCD regional teams manage grants and deliver community programs in a way that is coordinated and involves the different government departments.

Neighbourhood Renewal

www.neighbourhoodrenewal.vic.gov.au

Led by Department of Human Services, Neighbourhood Renewal is a long-term commitment by the State Government to narrow the gap between disadvantaged communities and the rest of the State. It brings together the resources and ideas of residents, governments, businesses and community groups to tackle disadvantage in areas with concentrations of public housing.
Primary Care Partnerships (PCPs)

Primary Care Partnerships represent specific sub-regions within Victoria and members include Divisions of General Practice, hospitals, community health centres, health services, universities, schools, sporting clubs, churches, charities, and other government and non-government organisations. Each PCP produces a three-year plan and is encouraged to tailor their plan to suit issues relevant to their local community. This presents an opportunity to ensure the health needs of people with a disability are taken into account.

Department of Transport

The Public Transport Division is working with public transport operators to ensure all members of the community, including people with a disability, can access train, tram, bus and taxi services.

Communication Access Network

The Communication Access Network (CAN) consists of the Communication Resource Centre at Scope, and the Regional Communication Services. CAN aims to ensure that people with communication difficulties and their communication partners communicate successfully and effectively. CAN aims to increase community awareness and the involvement of people with communication difficulties in their local and broader community.

Municipal Association Victoria’s Community Planning Lighthouse Program

The MAV Lighthouse Program aims to assist local government increase community participation and influence in decision making. The program is establishing ‘clusters’ of projects to operate as knowledge-sharing networks that support councils to assess, plan and implement community planning models.
The Victorian Bushfire Reconstruction and Recovery Authority is working with communities, businesses, charities, local government and other government departments to help rebuild communities affected by the February 2009 bushfires. Other emergency recovery efforts in local communities will also present opportunities for planning for the needs of people with a disability.

National Disability Co-ordination Officer Program

The Australian government’s national network of NDCOs works within 31 specific regions across Australia to improve the coordination and delivery of support services to help make it easier to enrol or participate in post-school education, training and employment.

4.6 Regional role in mapping

The role of Community Building Officers in community mapping includes, but is not limited to:

- Providing an orientation to the disability services sector in the region for new Access Officers;
- Providing information and updates about the funded disability services sector and other local initiatives such as Neighbourhood Renewal, Youth Services etc;
- Providing regional demographic data, when available, from DHS to auspice organisations;
- Providing opportunities for Community Service Organisations, Program and Service Advisors, Disability Client Services and Disability Accommodation Services to meet Access Officers through regional forums etc;
- Providing information to Access Officers on relevant local and regional networks, planning forums and working groups;
- Working with disability support providers and people with a disability to understand the themes arising in self-directed plans and feeding this information into community planning;
- Liaising with other regional-level state government staff eg Neighbourhood Renewal regional manager, DPCD regional teams.
5. Planning: Development of a community building plan

Each Community Building Program auspice organisation is expected to develop a community building plan to guide the local work. This represents the “Planning” phase of the cycle.

Using the information collected in the ongoing community mapping process as an evidence base, the community building plan will describe the priorities for the program locally, set some specific goals and propose some strategies to be undertaken by the Community Building Program auspice organisation to meet the objectives of the program.

It is expected that priority areas of effort will be agreed to collaboratively by the DHS Regional Office and the auspice organisation (and partnering LGAs in the case of RuralAccess). Joint priority setting should take place with management involvement and should be guided by:

- Evidence gathered through community mapping;
- The needs of the target group; and
- The objectives of the Community Building Program.

The priority areas will be reported to DHS annually in the Community Building Directions Report. Within the identified priority areas, specific goals should be set. These may be long- or short-term goals. Strategies should then developed to work towards these goals. Sometimes it will be necessary to break down long-term goals into shorter term milestone goals, with short-term strategies. When planning strategies, consideration should be given to how the impact of the strategy will be measured.

Selection of strategies should reflect areas of community priority, and should provide opportunities to engage key stakeholders in collaborative and innovative responses to the issues. The emphasis on partnership and
collaboration is particularly important. Strategies should also be consistent with the broad goals of the State Disability Plan (Department of Human Services 2002, and any subsequent equivalent plan), as well the auspice organisation’s goals.

As with any community building strategy, the local context will play a vital part in determining the way in which the Community Building Program is implemented on the ground. The community building plan is therefore intended to operate within a set of broad parameters that can be interpreted and operationalised according to the local needs, aspirations, structures and opportunities that are present within local communities. Auspice organisations and DHS Regional Offices should be flexible in response to opportunities which arise, within a basic agreed set of priorities.

Refer to:

- Planning and Reporting Framework section 3
- Toolkit: Community Building Planning Tool

5.1 Disability Action Plans

Local government in Victoria have been leaders in access and inclusion planning for many years. Since the introduction of the Disability Act 2006 all public sector bodies are required to have a Disability Action Plan (DAP). In the case of local government, access and inclusion may be addressed in the Council Plan instead of a specific DAP. Health and community organisations have also been strongly encouraged to develop DAPs in Victoria. Therefore, most auspice organisations will have a DAP (or equivalent) or currently be in the development process. According to section 38 of the Disability Act, DAPs aim to:

a. Reduce barriers to persons with a disability accessing goods, services and facilities;
b. Reduce barriers to persons with a disability obtaining and maintaining employment;
c. Promote inclusion and participation in the community of persons with a disability; and
d. Achieve tangible changes in attitudes and practices which discriminate against persons with a disability.

The DAP outlines how the organisation aims to reduce barriers and meet legislative requirements. The community building plan outlines the strategies to be undertaken by the Access Officer. It is therefore appropriate to integrate the community building plan and the DAP, for example making community building a sub-section of the DAP. This should ensure that the Community
Building Program is embedded in organisational policy, and could increase leverage on difficult issues.

The DAP is a statutory organisational responsibility for the auspice organisation, independent of the Community Building Program. It is not the sole responsibility of the Access Officer to initiate the development and implementation of the DAP – it should be developed and implemented with a cross-organisational approach and include key organisational stakeholders. In many auspice organisations, the DAP will be led by another designated officer and the Access Officer will contribute to the DAP, playing a valuable role in community consultation and development of the plan. However, in some auspice organisations and partnering LGAs it would be consistent with community priority and the objectives of the program to assign responsibility for driving the development and implementation of a DAP to the Access Officer.

For more information

- aDAPting to Disability: A guide to disability action plans in Victoria, Office for Disability (DPCD 2008a)

5.2 Regional role in planning

The role of Regional Community Building Officers (CBOs) in community building planning includes, but is not limited to:

- Understanding and analysing the sector regional context, trends, demographics, range of services, community needs, level of provision;
- Undertaking regional planning to identify community building priorities;
- Providing timely information about new opportunities including funding and new projects and programs, both Disability Services funded and others;
- Providing information about regional priorities for DHS;
- Working with the auspice organisation and Access Officer collaboratively to jointly determine local priorities;
- Providing an opportunity for local priorities to be considered in broader regional planning contexts including disability, health, Neighbourhood Renewal etc;
- Working with CBOs from other regions where there are common goals eg for a “border” area or a common population group;
6. Strategies: The “doing” phase

The Community Building Program takes a multi-faceted community capacity-building approach to enabling communities to plan and respond to key issues in the lives of people with a disability. Three overlapping capacity-building strategy types form the foundation of the Community Building Program approach:

- **Community development strategies (community capacity)**
  - Build the capacity of the local community to include people with a disability and remove barriers to access and inclusion.

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Community Building Cycle

- Mapping
- Reflection
- Planning
- Strategies
Participation and empowerment strategies (individual capacity)

Build the capacity of individuals to be able to have more choice and control in their lives and their communities.

Strategies to enhance the work of disability support providers (service capacity)

Build the capacity of service providers to provide flexible, self-directed supports.

While there has been much focus on the projects arising from the Community Building Program, not all strategies will be project-based – many will be ongoing developmental strategies.

The following tables provide a range of examples of strategies, many of which have been undertaken by Access Officers in the past. These strategies are examples, not requirements.

6.1 Community development strategies

The table below lists a range of community development strategies and examples of how they can be applied in the Community Building Program. Often multiple strategies will be used in combination.

<table>
<thead>
<tr>
<th>Community development strategy</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Networking</td>
<td>Attend a regional disability network or starting a new network. Pass on information about funding opportunities or policy changes via an email network.</td>
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(See also Demos 2003.)
<table>
<thead>
<tr>
<th><strong>Community development strategy</strong></th>
<th><strong>Examples</strong></th>
</tr>
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<tbody>
<tr>
<td><strong>Promoting partnerships and collaboration</strong>&lt;br&gt;Partnerships and collaborative approaches refer to the development of sustainable and coherent relationships between key community stakeholders to achieve a range of common goals including:&lt;br&gt;• Creation or modification of services and programs;&lt;br&gt;• Resource maximisation which includes the pooling and sharing of funds, knowledge, assets, staff and expertise;&lt;br&gt;• Broadening awareness and support for key community issues and priorities. (See also VicHealth 2003.)</td>
<td>Bring Council, a disability service and other community organisations together to apply jointly for Community Facility Redevelopment Initiative funding. Identify opportunities to add value to funding submissions with key partners to include the needs of people with a disability. Actively work to identify relevant partners for community building projects and involve them as partners in the project. Support day service providers to strengthen partnerships with community organisations.</td>
</tr>
<tr>
<td><strong>Integrated community planning</strong>&lt;br&gt;Integrated community planning and coordination refers to collaborative action between community stakeholders to address key community issues, needs and priorities. The aim of integrated community planning is to assist a broad range of community providers and disability services to respond to the needs and aspirations of people with a disability in a more coordinated and comprehensive manner.</td>
<td>Assist key stakeholders to develop a planned approach to the inclusion of people with a disability in planning activities, and to continue to do this independently. Build the capacity of a PCP to be mindful of the health issues for people with a disability and to engage people with a disability in consultations and local planning</td>
</tr>
<tr>
<td><strong>Policy development</strong>&lt;br&gt;Influencing and shaping policy making processes at a range of levels, and encouraging community stakeholders to develop inclusion policies is a long term strategy designed to promote the development of community inclusion outcomes for people with a disability.</td>
<td>Support a local community organisation to develop appropriate guidelines, standards and policies to ensure increased participation and inclusion. Identify key people and structures in Council or community that require influencing to ensure sustainable outcomes.</td>
</tr>
<tr>
<td>Community development strategy</td>
<td>Examples</td>
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</table>
| **Community education**       | Community education involves a range of strategies for raising awareness and understanding about the needs and community membership aspirations of people with a disability.  
- Use arts-based projects to explore people’s perspectives on disability.  
- Snakes and Ladders community awareness game.  
- School-based activities to complement the Bar None Community Awareness Kit for Schools.  
- Use local media to highlight achievements. |
| **Information and communication** | Information strategies in local communities aim to improve the range, quality and relevance of community information for people with a disability.  
- Develop newsletters, mailouts, email lists, websites – taking into account the way people prefer to receive information (eg audio, Braille, electronic, Easy English, pictorial).  
- Develop a relationship with disability support providers so that they know about the options available to people with a disability.  
- Act as a point of contact to refer people to appropriate areas. |
| **Advocacy**                  | Advocacy involves promoting the rights of people and the principles of equality and non-discrimination. It may involve developing strategies for increasing the representation and engagement of people with a disability in community planning and decision making.  
- Develop formal links with advocacy providers.  
- Encourage auspice organisation to play a systemic advocacy role to other levels of government on behalf of people with a disability in the community. |
| **Resources**                 | Community capacity can be enhanced by providing or developing resources which the community can access. Resources can include funding, information, materials and equipment.  
- Identify funding opportunities and submit funding proposals.  
- Make Council equipment available for hiring or borrowing eg portable ramp.  
- Participate in the development of a communications board for use in community settings eg Council reception, cafés and restaurants. |
<table>
<thead>
<tr>
<th>Community development strategy</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Research</strong></td>
<td>Participate in focus groups which explore the way people with a disability participate in The Arts.</td>
</tr>
<tr>
<td>Initiate, collaborate or participate in</td>
<td>Collaborate with researchers to investigate health issues for people with a disability and develop evidence guides for particular issues e.g. oral health care, physical activity.</td>
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<tr>
<td>research relating to the inclusion of</td>
<td></td>
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<tr>
<td>people with a disability in the</td>
<td></td>
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<tr>
<td>community.</td>
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<tr>
<td><strong>Social involvement</strong></td>
<td>Celebrate International Day of People with a Disability or other significant dates.</td>
</tr>
<tr>
<td>Social events can strengthen community</td>
<td>Promote the participation of people with a disability at community events and festivals.</td>
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<tr>
<td>bonds and bridges, making a more</td>
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<tr>
<td>resilient community.</td>
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<tr>
<td><strong>Economic development</strong></td>
<td>Participate in the development of a new social enterprise.</td>
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<tr>
<td>Contribute to activities which may</td>
<td>Work with local businesses to improve physical access and communication capacity.</td>
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<tr>
<td>increase the economic participation of</td>
<td></td>
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<tr>
<td>people with a disability, including</td>
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<tr>
<td>income generation and consumer</td>
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<tr>
<td>capacity for people with a disability.</td>
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<tr>
<td><strong>Organisational change</strong></td>
<td>Contribute to the organisation’s Disability Action Plan.</td>
</tr>
<tr>
<td>Influencing attitudes, policy and</td>
<td>Use organisational intranet to promote good practice.</td>
</tr>
<tr>
<td>practice within the auspice organisation</td>
<td>Seek changes to fees policies to recognise Companion Card.</td>
</tr>
<tr>
<td>to enhance the ability of that</td>
<td>Encourage organisations to use active participation strategies, in consultation with advocacy groups, when reviewing policy and practices.</td>
</tr>
<tr>
<td>organisation to include people with a</td>
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<tr>
<td>disability.</td>
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</tbody>
</table>
Community development strategy | Examples
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Embedding outcomes
Ensuring that the impact that projects have is sustainable after the completion of the final product. | Develop a promotion strategy for a DVD of digital stories to ensure it reaches a wide audience.
Make a booklet about communicating with people with a disability available electronically on the Council website.
Ensure that there is someone within the organisation committed to being a champion.
Establish methods for evaluating the long term impact of strategies.

6.2 Participation and empowerment strategies
Following are some examples of participation and empowerment strategies that could be used in the Community Building Program.

<table>
<thead>
<tr>
<th>Participation and empowerment strategy</th>
<th>Examples</th>
</tr>
</thead>
</table>
| Involvement in community planning
Identify opportunities within existing planning processes and promote the involvement of people with a disability in local planning and development processes. | Promote a forum on traffic management to people with disability in the local area so that the issues for pedestrians with a disability are taken into account.
Involve people with a disability in planning your own community building projects.
Hold a forum with people with a disability and their informal support networks to identify key issues in the local community and give information about how to take these concerns to the relevant authority.
Engage people on advisory committees which reflect their interests. |
<table>
<thead>
<tr>
<th>Participation and empowerment strategy</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Leadership development</strong>&lt;br&gt;Work with existing advocacy organisations to assist people with a disability to develop an understanding of community building processes, and to develop relevant skills and knowledge;</td>
<td>Sponsor participation in leadership skills development activities for a local person with a disability. Encourage people with a disability to take ownership of a Community Building Program project which was previously led by the Access Officer. Employ people with a disability within the community to teach and support new workers in the disability sector.</td>
</tr>
<tr>
<td><strong>Training</strong>&lt;br&gt;Provide and promote learning opportunities for people with a disability to build their skills and confidence.</td>
<td>Organise for access by volunteers with a disability to Council’s staff training calendar. Work with the local advocacy organisation to assist people with a disability to understand Council and government processes. Organise for the auspice organisation and other community organisations to provide work experience for people with a disability.</td>
</tr>
<tr>
<td><strong>Capacity development</strong>&lt;br&gt;Intensive but time-limited work with individuals is sometimes required to improve access to Council reference groups, activities, training etc. This one-to-one support can have flow-on effects for the future inclusion of people with a disability, which justifies the investment in support.</td>
<td>Attend advisory committee meetings with a person with a disability when they first join the committee to support their orientation and inclusion. Mentor a person with a disability who is running a community event for the first time.</td>
</tr>
<tr>
<td><strong>Accessible communication</strong>&lt;br&gt;Modifying documentation to suit individual communication styles.</td>
<td>Provide information in Easy English. Provide information in a range of formats e.g video, CD, pictorial.</td>
</tr>
<tr>
<td><strong>Informing people</strong>&lt;br&gt;Ensuring that information is available to people with a disability, particularly about their rights and their service provision.</td>
<td>Contribute to DHS education strategies re changes in service provision. Develop a website which provides information about opportunities for people with a disability.</td>
</tr>
</tbody>
</table>
### Participation and empowerment strategy

<table>
<thead>
<tr>
<th>Valuing input</th>
<th>Examples</th>
</tr>
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<tbody>
<tr>
<td>Value the input of volunteers and recognise that – unlike participants from local services and Council – they are not paid for their time. This includes people who take the time to participate in surveys and consultations.</td>
<td>Cover cost of attendant care or transport for community involvement. Inclusion in volunteer recognition and rewards schemes in local community. Financial payment for participation on working groups, advisory groups etc. Provide an Auslan interpreter to enable participation by a Deaf person. Acknowledge contributors by name in reports.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Promoting rights</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensuring that people with a disability understand their rights.</td>
<td>Develop Easy English information kits about consumer rights and facilitating distribution to people with a disability. Support self-advocates to attend Having A Say conference. Work in partnership with disability support providers to hold a forum on people’s rights in services.</td>
</tr>
</tbody>
</table>

### 6.3 Strategies for enhancing the work of disability support providers

The work of the Community Building Program aims for positive outcomes for all people with a disability, and indeed for all community members. The program has a particular emphasis on those people who are eligible to receive disability support services, as described on page 7. Many people are transitioning from receiving services in group settings with limited opportunities to make choices, to a more self-directed and flexible style of support, as described in the Department of Human Services publication *Support Your Way* (Department of Human Services 2008c). The Community Building Program supports this transition by working with the local community to become more welcoming and inclusive, and by facilitating partnerships between disability service providers and the broader local community.

Disability support providers include a range of community service organisations (CSOs) as well as DHS-managed disability accommodation services (DAS) and disability client services (DCS).

The program recognises the knowledge, expertise and important role of disability support providers in understanding how people with a disability can
be included in their community in more meaningful ways. It is the responsibility of all disability service providers to use community building approaches in their work. It is the role of Access Officers to support these approaches, which will be new for some service providers.

It is anticipated that, with the support of the DHS Regional Office, Access Officers will:

• develop co-operative relationships with the various disability support providers in their local area;
• promote and support the formation of partnerships between disability support providers and organisations outside of the disability sector; and
• facilitate opportunities for these services to be more engaged in community planning and community building processes.

Access Officers are not expected to work to support individual people within disability services, but to help to build the capacity of those services to provide more community-oriented services.

Each community service organisation providing funded disability supports will have a Program and Service Advisor (PASA) at the DHS Regional Office. This PASA will play a key role in supporting service development activities at the CSO, and it will be useful for the Access Officer to have a communicative relationship with this PASA.

Deafaccess Officers are not expected to work with all disability service providers in their region, but to focus on those organisations which provide services to people who are deaf or hard-of-hearing.

For more information

The following documents provide a more detailed understanding of how disability service providers operate in Victoria. Officers should be aware that policies and practice may change over time and Community Building Officers should communicate such developments to Access Officers.

• Individual Support Package Guidelines (DHS 2009c)
• Interim Guidelines for Day Supports (DHS 2010)
• Residential Services Practice Manual (DHS 2009a)
Following are examples of strategies for enhancing the work of disability service providers. This list is not exhaustive, but is indicative of the range of activities that may be undertaken within the framework of the Community Building Program.

<table>
<thead>
<tr>
<th>Strategy for enhancing the work of disability support providers</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Communication</strong>&lt;br&gt;Building relationships and opening communication channels between disability support providers and the broader community.</td>
<td>Ensure community news – eg Council newsletters – is passed on to local disability support providers.&lt;br&gt;Help get good news stories about local disability support providers into the local newspaper.&lt;br&gt;Attend local disability network meetings.&lt;br&gt;Visit local disability support providers on a regular basis.&lt;br&gt;Foster working relationships with local disability support providers through regular visits or networking meetings, which may include issues-based and problem-solving discussions.</td>
</tr>
<tr>
<td><strong>Community planning</strong>&lt;br&gt;Introducing disability support providers into local community planning activities</td>
<td>Secure place for a Futures for Young Adults provider on Council's Youth Services committee.&lt;br&gt;Consider disability service properties in stocktake of local community infrastructure to enhance connections with community services and organisations.&lt;br&gt;Ensure disability support providers are invited to community consultation processes.</td>
</tr>
<tr>
<td><strong>Match-making</strong>&lt;br&gt;Matching up community organisations or businesses with disability support providers to increase community participation opportunities</td>
<td>Make introductions between a local community centre and a disability support providers who share common goals – computer classes, community gardens etc.&lt;br&gt;Establish a partnership between the local Neighbourhood Renewal site and a disability support providers near that neighbourhood.</td>
</tr>
<tr>
<td>Strategy for enhancing the work of disability support providers</td>
<td>Examples</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td><strong>Identify pathways</strong>&lt;br&gt;Identifying potential pathways for people with a disability to move from a specialist support setting to a mainstream community setting – not for specific individuals, but in a general sense.</td>
<td>Pass on information about TAFE courses, volunteer opportunities, social clubs and jobs in the local community which may be of interest to people who attend day services.</td>
</tr>
<tr>
<td><strong>Service development</strong>&lt;br&gt;Supporting disability support providers in developing and implementing new models of service.</td>
<td>Work with a local network of group homes on community participation ideas (DHS 2009a)&lt;br&gt;Support a day service to write a funding application for the Changing Days program.</td>
</tr>
<tr>
<td><strong>Learning opportunities</strong>&lt;br&gt;Developing training or learning opportunities for disability support workers to enhance community participation.</td>
<td>Mentor staff in a local disability support provider in community building approaches.&lt;br&gt;Participate in regional forums/seminars for disability support providers.&lt;br&gt;Promote information about professional development opportunities.&lt;br&gt;Support the teaching of “community building” in local TAFE courses.&lt;br&gt;Involvement in induction programs for new staff of local disability support providers.</td>
</tr>
<tr>
<td><strong>Linking planning</strong>&lt;br&gt;Developing links with disability support providers who conduct self-directed planning in order to use the information about what people want to do to inform community development.</td>
<td>Talk to local disability support providers about the common themes emerging from the self-directed planning they undertake with people.</td>
</tr>
</tbody>
</table>
6.4 Regional role in community building strategies

The role of Community Building Officers in community building strategies includes, but is not limited to:

- Introduce Access Officers to Program and Service Advisors (PASAs) and/or key staff of community service organisations (CSO).
- Helping to develop projects or new initiatives with CSOs which the relevant PASA can then take responsibility for.
- Promoting understanding of the Community Building Program within the disability sector.
- Facilitating region-wide projects with regional staff, especially disability accommodation services (DAS) and disability client services (DCS), and partnership initiatives between DHS staff and CSO staff and people with a disability.
- Showcase good practice examples of community building strategies eg through community building forums.
- Lead local or regional projects which build the capacity of people with a disability to participate in or lead planning and decision making activities.
- Convene local or regional working groups on specific topics to address community building priorities.
- Provide and promote learning and development opportunities in the skills of community building for regional staff.
- Promote the community building approach across the disability sector.

While the CBO plays a lead role in promoting a community building approach to disability services in their region, they are not the only staff in the regions who “do” community building. In line with the State Disability Plan 2002–2012 and Support Your Way, all Disability Services staff have a responsibility to adopt a community building approach in service development.

The role of other regional Disability Services staff includes:

- Developing collaborative relationships with organisations in order to facilitate local service planning.
- Managing the development of innovative service delivery models, including place-based service models, integrated service arrangements and redevelopment of existing services.
- Communicating to all staff and CSOs about the purpose and role of the Community Building Program.
- Supporting the Community Building Program in engaging staff.
- Being open to the need to change and innovate; to do the same things differently, smarter, in a more productive, user friendly or cost effective way.
• Being open and flexible in style in order to analyse and adopt the best approaches to implementing changes and developing partnerships with key internal and external stakeholders.
• Sharing learning, knowledge, resources and expertise.
• Being prepared to act as a gateway to Departmental and other government programs.
• Being willing to listen and learn from local experts.
• Helping to identify themes emerging from self-directed plans to inform community planning.
• Providing and promoting learning and development opportunities in the skills of community building.
• Referring to relevant sections of practice manuals, for example section 4.5 of the Residential Services Practice Manual on Promoting Community Inclusion (Department of Human Services 2009a).
• Showcasing good community building practice examples.
Reflection: Evaluating and learning

Ongoing reflection on practice, process and outcomes is an important aspect of community building work and will strengthen both the ways the work is done, and the outcomes it achieves. Through reflection the understanding of the local community (ie mapping), the work needed (ie planning) and the way the work is undertaken (ie strategies), is re-visited.

There are a range of dimensions to reflection:

- Personal reflection – evaluates the professional contribution by an individual officer to the program.
- Process evaluation – measures the effectiveness of specific strategies.
- Impact evaluation – measures progress towards the program objectives.
- Dissemination – shares the knowledge developed through the program.

(Adapted from Integrated Health Promotion: A Practice Guide for Service Providers, Department of Human Services 2003)

7.1 Personal reflection

Access Officers should regularly reflect on their values, goals, strategies and knowledge (Jenkin & Wilson 2009). This should be supported through appropriate supervision in the auspice organisation, through the partnership with the DHS Regional Office and through peer observation and feedback.

An individual Access Officer might ask themselves:

- Are my values consistent with those of the Community Building Program? (see page 8 of The Community Building Program in Disability Services: Supporting self-directed lifestyles for Victorians with a disability, Department of Human Services 2009b)
• For each of my community building strategies, can I state specifically what I am trying to achieve, and why?

• Do I have regular supervision where I talk about my strategies and receive feedback?

• Do I, from time-to-time, have a peer observe my work and discuss it with me?

• Do I keep up-to-date with knowledge about the fields of disability studies and community development? What books, journal articles or other reading have I done in the past 12 months that has helped me better understand the strategies I use and their effectiveness?

• Do I monitor my workload and have sufficient supports to ensure I am not over-committing beyond my capacity as an individual?

• What skills do I need to develop to enhance my work? (adapted from Bullen 2004)

The Community Sector Workforce Capability Framework developed by Department of Planning and Community Development (DPCD 2009) may provide some useful tools for personal and professional reflection on knowledge, skills and personal attributes.

7.2 Process evaluation

Evaluating the methods used in implementing a particular strategy will provide useful feedback for strengthening future work. Elements of process which could be evaluated include:

• What was the capacity of the key partners involved in the program to fulfil the strategy goals and objectives?

• Did the strategy reach the target or interest group?

• Were participants satisfied with the strategy?

• Were all planned activities of the strategy implemented?

• Were all materials and components of the strategy good quality?

(Adapted from Department of Human Services 2003)

These and any additional process-related questions should be considered before a project commences so that methods for asking and answering the questions can be planned for. The way that the review is conducted will vary from project to project depending on the scale of the project, the partners involved and a range of other local factors.

The information gleaned through process evaluation for each Community Building Program project or strategy should be included in the “Outcomes” field of CBPARS, to guide colleagues who may wish to attempt similar strategies.
7.3 Impact evaluation

Impact evaluation considers the impact a strategy has on the broad vision of building inclusive communities. The relationship between implementing community building strategies and seeing outcome change is often complex, can be difficult to trace or attribute solely to one activity, and is likely to take place over a period of time beyond the time-scale of most projects. For these reasons, when assessing the effects of community building strategies, the more immediate changes in people and their local communities are considered. These changes are known as impacts and relate to judgements about whether progress has been made against objectives of the program. Both objective and subjective measures can be used to assess the impact of the program.

Community Building Program strategies should always relate directly to one or more of the five stated objectives of the program and consideration for how the impact will be measured against these objectives should be made from the outset of planning for a project.

Refer to:

- Planning and Reporting Framework section 4

For more information

The following websites provide information, resources and sample tools for both process and impact evaluation:

- Partnerships Analysis Tool by VicHealth

- Planning and Evaluation Wizard (PEW) by the South Australian Community Health Research Unit

- Quality Improvement Project Planning System (QIPPS), originally developed by Mitchell Community Health Service
7.4 Dissemination: Sharing the learnings

The lessons learned from reflecting on the community building process are sometimes as important as the outcomes. Learnings should be shared, and work opened up to discussion:

- At seminars and other presentations within the auspice organisation and the local community;
- At regional and statewide community building meetings;
- In statewide and national policy consultations;
- At professional conferences and networks;
- In newsletters and journals;
- In online databases such as QIPPS (Quality Improvement Program Planning System [http://www.qipps.com](http://www.qipps.com)).

7.5 Regional role in reflection

The role of Community Building Officers in reflection includes, but is not limited to:

- Discussing community building practice with Access Officers and providing feedback on aims, methods, outcomes or sustainability;
- Providing updated information from the region as it becomes available. This may include quantitative data as well as feedback and observations about changes in community access and attitudes;
- Facilitating opportunities for sharing learnings between Access Officers and with the disability and community sectors more broadly.