

DISABILITY IN YARRA

A RESOURCE FOR PLANNING AND POLICY

MARCH 2004

Prepared for the City of Yarra by



KATHY WILSON CONSULTING

9486 7428

TABLE OF CONTENTS

SECTION 1: INTRODUCTION	
<i>Purpose of the Report</i>	<i>Page 3</i>
<i>Defining Disability</i>	<i>Page 3</i>
<i>Limitations of the Report</i>	<i>Page 4</i>
<i>Holistic Disability Planning and this Report</i>	<i>Page 4</i>
SECTION 2: THE CITY OF YARRA IN CONTEXT OF THE NMR	
<i>Population and Population Growth</i>	<i>Page 6</i>
<i>Disability Estimates</i>	<i>Page 7</i>
<i>Burden of Disease – Northern Metropolitan Region</i>	<i>Page 9</i>
<i>Culturally and Linguistically Diverse Communities</i>	<i>Page 9</i>
<i>Indigenous Community</i>	<i>Page 10</i>
<i>Socio-Economic Disadvantage</i>	<i>Page 10</i>
<i>Public Housing in Yarra/Mobility in Yarra/People Living Alone</i>	<i>Page 12</i>
SECTION 3: FOCUS ON YARRA – DISABILITY MEASURES AND POPULATION	
<i>Disability Synthetic Estimates</i>	<i>Page 13</i>
<i>Burden of Disease – Yarra</i>	<i>Page 18</i>
<i>Yarra Population and Trends</i>	<i>Page 20</i>
SECTION 4: SPECIFIC POPULATION GROUPS IN YARRA	
<i>Carers/People with Disability in Receipt of Benefits</i>	<i>Page 22</i>
<i>Public Housing Tenants</i>	<i>Page 23</i>
<i>Indigenous Community</i>	<i>Page 24</i>
<i>CALD Communities in Yarra</i>	<i>Page 25</i>
<i>People with Disability Resulting from Mental Illness</i>	<i>Page 26</i>
<i>Dual Disabilities and People with Complex Needs</i>	<i>Page 27</i>
<i>People Living Alone and Sole Parent Households</i>	<i>Page 27</i>
<i>People Living in Non Private Dwellings</i>	<i>Page 28</i>
SECTION 5: SERVICE PROVIDER INTERVIEWS	
<i>Emerging Themes and Issues</i>	<i>Page 29</i>
<i>Service Provider Interview Summary</i>	<i>Page 30</i>
APPENDIX 1: DEFINITION OF TERMS	Page 42
APPENDIX 2: INTERVIEW TOOL	Page 45
APPENDIX 3: LIST OF AGENCIES WHO PARTICIPATED IN THE SURVEY	Page 47
LIST OF REFERENCES	Page 49

SECTION 1: INTRODUCTION

Purpose of the Report

This Report provides an overview of residents of the City of Yarra who have a disability. It includes both statistical data and anecdotal information (collected through service-provider interview). The Report places Yarra in the context of the Northern Metropolitan Region using some comparative data related to the other Local Government Areas (LGA) in the Region. The Report is intended support the development of an informed Disability Plan.

Defining Disability

Defining and describing disability is, in itself, a complex task. The Australian Bureau of Statistics (ABS) follows the International Classification of Impairment, Disabilities and Handicaps definition '*in the context of health experience, a disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in a manner or within the range considered normal for a human being*'.

The definition has been further refined into 15 descriptive categories of disability (loss of sight, loss of hearing, disfigurement or deformity and so on) for the purpose of the ABS *National Survey of Disability and Ageing & Carers* (1998). Disability type, area of restriction and degree of restriction are also defined in the Department of Human Services (DHS) *Disability Estimates for Local Government Areas and Regions in Victoria* (2001).

DHS in its *Burden of Disease: Morbidity and Mortality Study* (1999) utilises a set of population measures including the DALY (Disability Adjusted Life Years), YLL (Years of Life Lost) and the YLD (Years Lived with a Disability) to describe the impact of disability. Some Burden of Disease material is included in this Report.

However, such definitions of disability may be of limited relevance or meaning within some parts of the community. The Social Policy Research Centre (UNSW) in its study *Socio-Economic Disadvantage and the Prevalence of Disability* (2001) provides the observation of one researcher arising from her consultations with indigenous communities, '*having a disability is often not relevant as an identity in the Aboriginal context, where issues to do with being Aboriginal are more important. Only highly visible conditions such as severe mobility impairment, strokes, spinal cord injury and amputation are regarded as disabilities. Hidden disabilities often have little meaning to the individual or community*' (page 26).

Developing an overview of disability is also complex in terms of the nature or types of disability. Disability can derive from impairments which can be physical, sensory, intellectual or psychiatric. They can be related to ageing, to life events (accident or illness) or to genetic inheritance.

Government policy and funding for programs and services related to disability incorporate a number of diverse, and not necessarily coordinated, elements; these include mental health, disability services and aged care streams.

Because of the range of complexity involved, an overview of the incidence and impact of disability in the City of Yarra and any consequent Disability Plan needs to be both developmental and inclusive.

Limitations of the Report

The Report has a number of limitations. These include:

- Currency of data – the Disability (Synthetic) Estimates and Burden of Disease Data utilise the 1996 ABS census. Similar studies based on the 2001 census have not yet been produced.
- Reliability of the data – the Disability (Synthetic) Estimates *‘will not always match the true number of people with particular characteristics for a specific area – this remains inherently unknown unless a survey is done with a large sample from that area’* (*Disability Estimates for LGAs and Regions of Victoria*). The Estimates are for private dwellings only and exclude establishments such as nursing homes and boarding houses which would reasonably be expected to accommodate people with disability of some type. For example, the City of Yarra has 73 (874 bedrooms) registered, prescribed accommodation premises (Draft Municipal Health Plan 2002-4: City of Yarra Community Profile).
- Estimates for children ages 0-4 years may not be accurate due to the difficulty in diagnosing some disability types before the age of 6 years.
- Data gaps – there is no local area (Yarra specific) data available for the Indigenous community or CALD communities.
- Gaps in ‘voice’ and anecdotal information: the process of developing the Report did not involve consumer consultation. It is envisaged this may occur as part of planning and policy development; anecdotal evidence was largely gained from disability service providers.

However, the Report combines a number of data sources, as well as incorporates both data and anecdotal information in order to minimise the impact of the limitations and ensure key trends and issues are identified.

Holistic Disability Planning and this Report

Disability planning and policy development is multi-layered. The information contained in this Report, although with some limitations, does highlight important trends and issues to be considered in Disability Planning. It is intended to underpin broader discussion in the range of areas that, together, constitute a holistic approach to disability planning. It describes (some of) the diversity within the population that is broadly described as living with a disability.

Disability planning necessarily includes disability service planning and linkage. Given the complexity and diversity of the population living with disability it is important to consider not only disability services (and funding) provided through the DHS DisAbility Services Program but the broader health, housing and community service systems. The Department of Human Services Northern Metropolitan Region’s (NMR) *DisAbility Services Client Profile* (2001) states, *‘The majority of people with disability live independently in the community and do not require disability specific*

services. It is important to ensure that this group have adequate access to universal services' (page 1).

Service development and coordination, whilst an important element of Disability Planning, is only one part the process. A holistic approach to Disability Planning requires effective linkage to, and coordination with, key community planning and development activities. These should include, amongst others, Community Safety Plans, Community Mental Health and Community Health Plans (developed through PCPs), Municipal Health Plans, housing strategies, and recreation and amenity plans. This Report does include material from a range of sources that inform(ed) some of these linked planning activities.

Disability Planning is fundamentally about building an inclusive community and actively promoting access, social engagement, participation, awareness and the acceptance of diversity. The Report, through, service-provider input does identify some of the related community development and education issues for consideration in the Disability Plan.

SECTION 2: THE CITY OF YARRA IN CONTEXT OF THE NMR

Population and Population Growth

Table 1: NMR Estimated Resident Population (ERP)

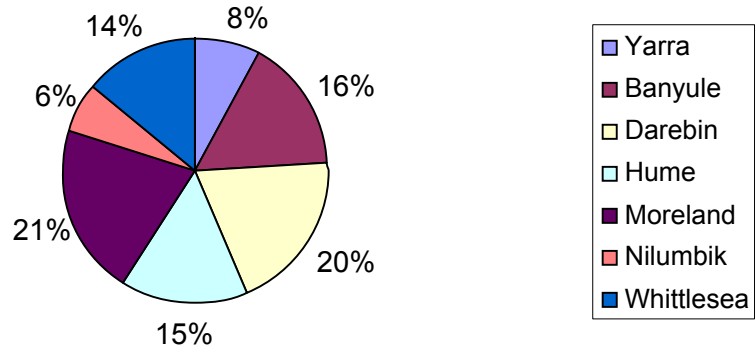
LGA	2001 ERP	1996 ERP	Change	Average Annual Growth Rate
Yarra	69,564	67,136	2,428	0.7%
Banyule	119,146	117,876	1,270	0.2%
Darebin	128,402	127,430	972	0.2%
Hume	136,261	120,819	15,442	2.4%
Moreland	136,894	136,733	161	0.0%
Nilumbik	60,801	57,219	3,582	1.2%
Whittlesea	118,292	106,212	12,080	2.2%
NMR	769,360	733,425	35,935	6.9%

Source: Victorian Population Bulletin Census Edition 2001, Dept. of Infrastructure.

- Yarra is the second smallest LGA in the NMR in terms of population size. It is also geographically smaller and more densely populated than the other LGAs. Yarra now has very little land available for (housing) development.
- Between 1996 and 2001 Yarra's growth rate was the fourth highest (and the fourth lowest) of the seven NMR municipalities. Yarra's annual growth rate between 1996 and 2001 was 0.7% compared to the Victorian average rate of 1.1%.
- Yarra's average population growth rate to 2016 is expected to be 1.1% (Forecasting in the City of Yarra: Presentation - i.d Consulting (2004)). NMR population growth will occur in the more dispersed areas, in particular, in Whittlesea and Hume. Between 1996-2001 Hume had the fourth highest growth rate of all Melbourne metropolitan LGAs.

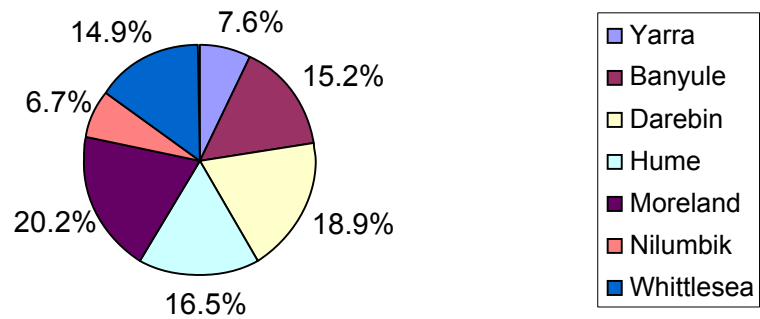
Disability Estimates

Figure 1: NMR Population with a Disability



Source: ABS 2000 (Based on Survey of Disability Ageing and Carers, 1998).

Figure 2: NMR Disabled Population with Severe Restriction



Source: ABS 2000 (Based on Survey of Disability Ageing and Carers, 1998).

Table 2: Disability Estimates for 1998 NMR and Yarra

	Category	Yarra	NMR	Yarra as % of NMR Total
Household Population		68,420	750,210	9.12%
Disabled Population		8,638	107,291	8.05%
Degree of restriction	Profound	1,145	13,556	8.45%
	Severe	1,154	15,135	5.58%
	Moderate	1,593	20,667	7.71%
	Mild	2,707	33,562	8.07%
	Schooling or Employment Restrictions	939	10,701	8.77%
	Disability but no restrictions	1,100	13,670	8.05%
Type of Condition	ABI	258	2,810	9.18%
	Psychiatric	781	7,974	9.79%
	Intellectual	230	2,961	7.77%
	Sensory	1,048	12,727	8.23%
	Physical	6,321	80,819	7.82%
Area of restriction	Self care	2,593	30,299	8.56%
	Mobility	6,055	73,312	8.26%
	Communication	1,539	19,369	7.95%
	Schooling	547	7,540	7.25%
	Employment	4,393	44,380	9.90%

Source: *Disability Estimates for LGAs and Regions in Victoria 2001 Performance, Planning and Research Section, DisAbility Services, DHS*

- Whilst the population of Yarra represents 9.12% of the NMR population, a lower percentage (8.05%) of the disabled population live in the area.
- Resource allocation for DHS DisAbility Services is based, in part, on the estimated proportion of people in an area who have a profound or severe degree of core activity restriction (NMR *DisAbility Services Client Profile -2001, page 2*). In Yarra there are estimated to be 2,299 people who experience either a profound or severe degree of restriction. This number represents 8.01% of the NMR population with profound or severe restrictions.

About the Information Source:

The LGA Disability Estimates, known as Synthetic Estimates, are derived by applying mathematical models to survey information from the 1998 ABS *National Survey of Disability, Ageing and Carers* and person data for geographic areas from the 1996 ABS population census.

Refer to Appendix 1 for definitions in respect to Type of Disability and Restriction.

Burden of Disease – Northern Metropolitan Region**Table 3: NMR: DALY x LGA**

LGA	DALYs	% DALYs in the NMR
Yarra	9,530	10.00
Darebin	20,220	21.83
Moreland	19,976	21.6
Banyule	15,160	16.4
Hume	12,570	13.59
Whittlesea	9,489	10.65
Nilumbik	5,157	5.58
Total	92,462	

Source: The Burden of Disease in LGAs in Victoria 1999, DHS Public Health Division.

- In 1996, Yarra had 9,530 DALYs or 10% of the total DALYs in the NMR. The rate of DALY in the Yarra is the third lowest in the NMR. It is likely that there will be some further decrease in relative percentage of DALY in Yarra as more accelerated population growth and ageing occurs other NMR LGAs.

About the DALY:

The *Burden of Disease Studies* use Disability Adjusted Life Years (DALYs) as a population measure of the incidence of lost years of healthy life due to a wide range of disease, injuries and selected risk factors. DALYs are calculated as the sum of the years of life lost due to premature mortality in the population and the years lived with a disability are a measure of disability. DALYs have been derived using the 1996 ABS data.

Culturally and Linguistically Diverse Communities**Table 4: NMR Migrants x Total Number from Top 20 Birthplaces (ERP)**

LGA	Migrants to Australia Aug 1996 - Feb/2001	Humanitarian Visa Holders
Yarra	1,497	203
Darebin	2,798	874
Moreland	2,796	849
Banyule	1,323	297
Hume	2,381	884
Whittlesea	1,375	281
Nilumbik	162	Less than 20
Total	12,332	3,388 approx.

Source: Department of Immigration and Multicultural Affairs Settlement Data-base

- 12.14% of the migrants to the NMR from the top 20 birthplaces arrived in Yarra.
- Darebin and Moreland have the highest numbers and proportions of migrants and Hume also has greater numbers than Yarra.

Indigenous Community

Table 5: NMR x Indigenous Population

LGA	Indigenous Australians
Yarra	294
Darebin	1,148
Moreland	530
Banyule	358
Hume	630
Whittlesea	507
Nilumbik	124
Total	3,591

Source: ABS Census 1996

- 8.19% of the NMR Indigenous population reside in Yarra. However, it should be noted that it is likely that a higher number of Indigenous people are connected to Yarra and receive services in Yarra because of the number of Aboriginal controlled services in the area.
- All LGAs in the NMR, other than Nilumbik, have a greater number of Indigenous residents.

Socio-Economic Disadvantage

Table 6: Benefit Type Compared with Index of Disadvantage

LGA	Number of Persons Covered by Health Care Cards	Number of Persons Receiving Disability support Pension	Number of Persons Receiving Aged Pension	ABS SEIFA 1996 Score Index of Disadvantage (Low Score = High Disadvantage)
Yarra	10,886	2,622	5,256	984.0
Banyule	12,001	2,295	10,854	1,058.6
Darebin	21,766	6,186	17,059	944.5
Hume	24,231	4,718	7,710	976.4
Moreland	23,995	5,905	19,297	958.1
Nilumbik	5,128	687	2,543	1,126.1
Whittlesea	19,555	4,630	8,010	982.7
NMR	117,562	27,673	70,729	994.0

Sources: Centre Link June 2000/ABS1996

- 9.26% of all persons covered by a Health Card in the NMR reside in Yarra. Hume has the highest proportion of people covered by Health Care Cards in the NMR (20.61%).
- 9.47% of all persons in the NMR who receive a Disability Support Pension reside in Yarra. Darebin has the highest proportion of people receiving the Disability Support Pension in the NMR (22.35%).

- 7.43% of all persons in the NMR who receive an Aged Pension reside in Yarra. Moreland has the highest proportion of people receiving the Aged Pension in the NMR (27.45%).
- The Victorian SEIFA is 1,016.
- Yarra is below both the state and NMR SEIFA score – meaning that it has a higher level of socio-economic disadvantage. However, the suburbs of Darebin, Moreland, and Hume each suffer greater disadvantage than Yarra.

Table 7: LGA x Carers Allowance

LGA	Carer Payment	Carer Allowance
Yarra	149	344
Banyule	237	1,172
Darebin	476	1,474
Hume	461	1,743
Moreland	474	1,506
Nilumbik	71	528
Whittlesea	359	1,355
NMR	2,227	8,122
VIC	12,161	50,109

Reference: CentreLink, June 2000

Figure 3: NMR Carer Payments 2000

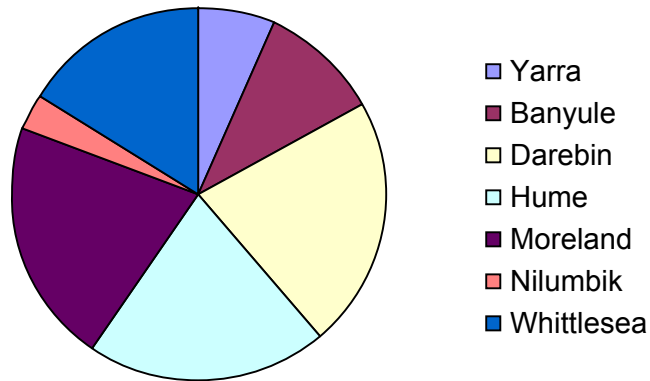
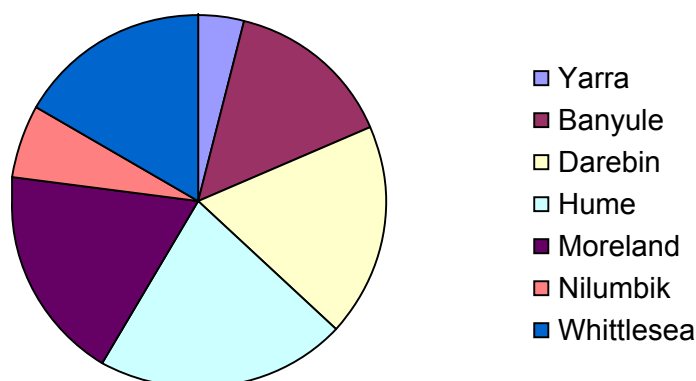


Figure 4: NMR Carer Allowance 2000



Definitions/Eligibility

- **Care Payment** is available to carers providing constant care for a person who has a disability. Income and assets are tested for both the carer and person being cared for.
- **Carer Allowance** is available to persons providing daily care to a dependant child under 16 years with a qualifying disability or aged over 16 years where the disability causes a substantial functional impairment.

Public Housing in Yarra / Mobility in Yarra / People Living Alone

Excerpts from Draft Municipal Public Health Plan: City of Yarra 2002-4 Community Profile:

- The City of Yarra has the highest proportion of public housing in Victoria - 55.6% of Public Housing Units in Yarra are flats in high rise blocks.
- Yarra residents have substantially higher level of mobility than other NMR LGAs: 2.3% of persons had moved household in the previous 12 months (1999) and 56.3% of persons had moved household in the previous five years. Although, figures suggest that the public housing population in Yarra is relatively stable with 40% of tenants have a tenancy of 6 years or longer.
- Yarra has 34% of its population living alone compared to 17.4% of households in the NMR.

Key Issues

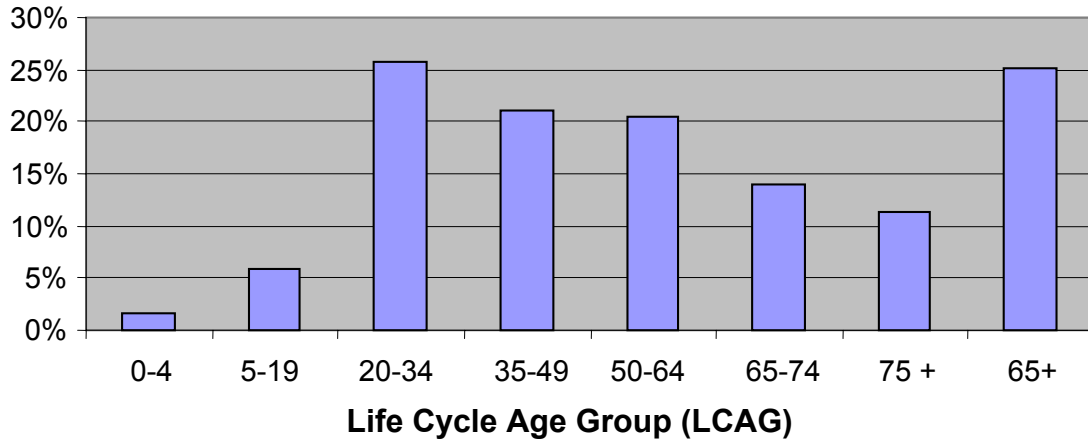
The City of Yarra, in the context of the NMR, does not have the highest levels of disability or disadvantage. Similar, there does appear to be any trend toward an increased level of disability within the population – there may in fact be some relative diminution, given the growth and ageing of populations in other areas of the NMR. The implications of this for resourcing must be considered in relation to Disability Planning, particularly in respect to service planning and development.

However, there is a particular need in Yarra to consider some of the smaller population groups where there is likely to be a higher prevalence of disability and/or greater difficulty in accessing services and achieving a sense of community connectedness. Such groups include public housing residents, residents of prescribed accommodation, the indigenous community, CALD communities and people living alone. These issues are also considered in Section 4.

SECTION 3: FOCUS ON YARRA – DISABILITY MEASURES AND POPULATION

Disability Synthetic Estimates

Figure 5: Estimated Yarra Population with a Disability



**Figure 6: Yarra Disabled Population by Degree of Restriction
(n=8,638)**

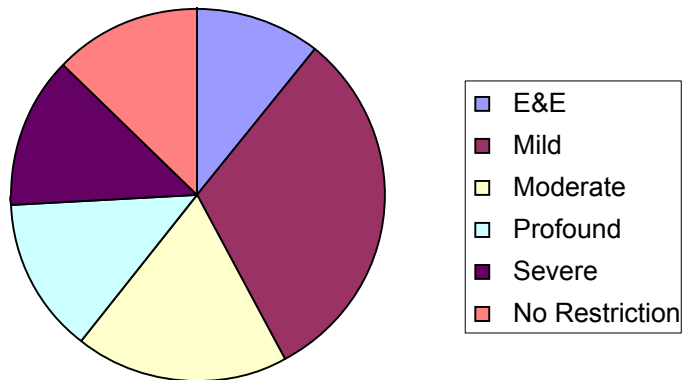


Table 8: Yarra - Degree of Restriction x Age

Age	People with Disability	Educ'n & Empl'm't Restriction	Mild Restriction	Moderate Restriction	Profound Restriction	Severe Restriction	No Restriction
0 - 4	132	5	2	18	42	29	36
5 - 9	170	17	14	6	93	24	16
10 - 14	146	18	15	8	63	24	18
15 - 19	193	32	40	17	43	32	29
20 - 24	696	153	310	60	26	58	89
25 - 29	701	142	219	89	36	80	135
30 - 34	832	148	235	146	77	124	102
35 - 39	610	103	170	112	59	97	69
40 - 44	640	83	153	143	58	114	89
45 - 49	575	73	142	130	54	99	77
50 - 54	616	65	207	131	43	94	76
55 - 59	575	61	190	122	50	97	55
60 - 64	571	9	215	142	50	61	94
65 - 69	618	10	239	160	58	68	83
70 - 74	582	8	237	129	92	46	70
75 - 79	422	6	130	95	102	51	38
80 - 84	343	4	143	56	90	29	21
85+	216	2	46	29	109	27	3
Total	8,638	939	2,707	1,593	1,145	1,154	1,100

Source: ABS, 2000 (based on Survey of Disability, Ageing and Carers, 1998)

Figure 7: Yarra LCAG by Restriction

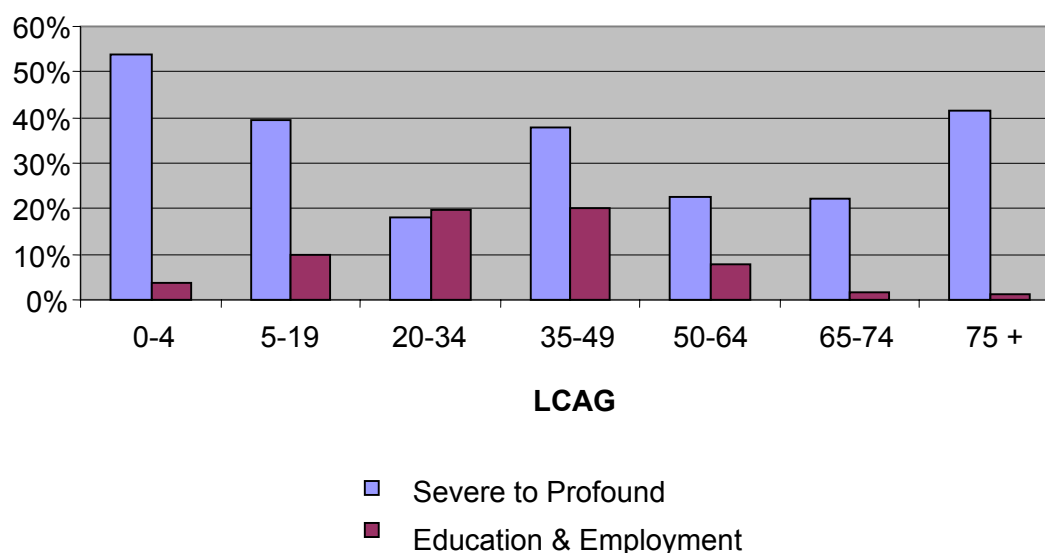


Table 9: Restriction x Age

Life-Cycle Age Grouping (LCAG)	Total Yarra Population with Disability	LCAG with Profound to Severe Restriction	LCAG with Education & Employment Restriction
Pre-school aged 0 - 4	1.53%	71 (53.7%)	5 (3.79%)
School aged 5 - 19	5.89%	279 (39.3%)	17 (10%)
Younger adult 20 - 34	25.80%	401 (17.99%)	443 (19.87%)
Early middle age 35 - 49	21.13%	481 (37.73%)	259 (20.31%)
Middle aged 50 - 64	20.41%	395 (22.42%)	135 (7.66%)
Younger aged 65 - 74	13.89%	264 (22.0%)	18 (1.5%)
Older aged 75+	11.26%	408 (41.59%)	12 (1.22%)

Source: ABS, 2000 (based on Survey of Disability, Ageing and Carers, 1998)

Table 10: Disability Synthetic Estimates for Yarra x Age x Condition

Age	People with disability	ABI	Intellectual	Physical	Psychological	Sensory
0 - 4	132	5	7	107	9	5
5 - 9	170	4	31	85	26	24
10 - 14	146	4	27	73	23	20
15 - 19	193	13	7	126	36	9
20 - 24	696	39	14	520	77	47
25 - 29	701	32	14	509	88	58
30 - 34	832	22	36	576	121	77
35 - 39	610	16	30	420	89	55
40 - 44	640	13	16	475	79	57
45 - 49	575	12	14	429	71	49
50 - 54	616	12	4	482	52	65
55 - 59	575	13	4	459	50	49
60 - 64	571	16	6	438	19	92
65 - 69	618	18	7	491	15	87
70 - 74	582	15	6	439	12	110
75 - 79	422	11	4	312	8	987
80 - 84	343	7	3	233	5	95
85+	216	5	2	147	3	61
Total	8,638	258	230	6,321	781	1,048

Source: ABS, 2000 (based on Survey of Disability, Ageing and Carers, 1998)

**Figure 8: Yarra Disabled Population by Condition
(n=8,638)**

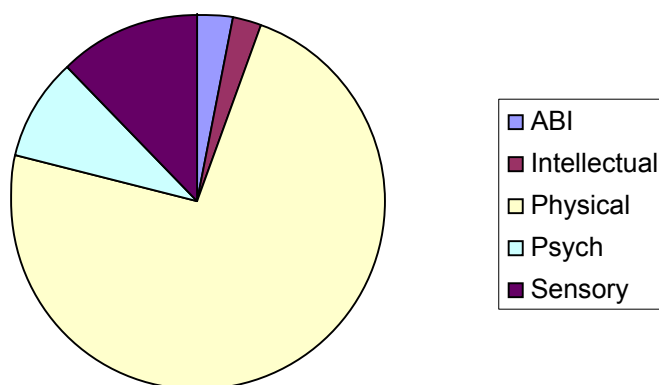


Table 11: Disability x Age Group x Condition

Life- Cycle Age Grouping (LCAG)	Total Yarra Popn with Disability	LCAG ABI	LCAG Intellectual	LCAG Physical	LCAG Psychological	LCAG Sensory
Pre-school aged 0 - 4	1.53%	5 (1.94%)	7 (3.04%)	107 (1.69%)	9 (1.15%)	5 (0.48%)
School aged 5 - 19	5.89%	21 (8.14%)	65 (28.26%)	284 (4.49%)	85 (10.88%)	53 (5.06%)
Younger adult 20 - 34	25.80%	93 (36.05%)	64 (27.83%)	1,605 (25.39%)	286 (36.62%)	182 (17.37%)
Early middle aged 35 - 49	21.13%	41 (15.89%)	60 (26.09%)	1,324 (20.95%)	239 (30.60%)	161 (15.36%)
Middle aged 50 - 64	20.41%	41 (15.89%)	14 (6.09%)	1,379 (21.82%)	121 (15.49%)	206 (19.66%)
Younger aged 65 - 74	13.89%	33 (12.79%)	13 (5.65%)	930 (14.71%)	27 (3.46%)	197 (18.8%)
Older aged 75+	11.26%	23 (8.91%)	11 (4.78%)	692 (10.95%)	16 (2.05%)	243 (23.19%)

Source: ABS, 2000 (based on Survey of Disability, Ageing and Carers, 1998)

- The ABI population peaks in the younger adult age group (93 people). Recreation, education, and employment may be issues for this group.
- Relatively small populations with ABI and Intellectual Disability may have implications for these people in relation to service access.
- Sensory disability is relatively high for all adult age-groupings and peaks in the older aged population with a disability.
- Psychological conditions predominate in the younger adult and younger middle aged groups. The Synthetic Data is congruent with the DALY calculations.

Table 12: Overview - Disability Features: Yarra

Category	Number	% Yarra Population (ABS 1996)	% Estimated Yarra Population with a Disability
Estimated Number of People with a Disability	8,638	12.62	100
Estimated Number of People with Profound to Severe Restriction	2,299	3.36	26.61
Estimated Number of People with Mild Restriction	2,707	3.96	31.34
Estimated Number of People Moderate to No Restriction	6,339	9.26	73.39
Estimated Number of People with a Physical Disability	6,321	9.24	73.18
Estimated Number of People with a Disability with Employment Restriction	4,396	6.42	50.86
Estimated Number of People with a Disability with Mobility Restriction	6,055	8.85	70.10

Source: Disability Estimates for LGAs and Regions in Victoria 2001 Performance, Planning and Research Section, DisAbility Services, DHS

- 8.85% of the Yarra population are estimated to have a mobility restriction and 6.42 to have a physical disability. These percentages are likely to increase with an increase in the aged population. Street safety, parking and physical access issues are likely to be a high priority for this population. (There were 1,553 parking permits issued by the City of Yarra as at February 2004.)
- In terms of the estimated numbers of people with a disability, the Yarra population peak is in the younger adult population (20–34): 25.8% of all people with a disability. However, if all people 65 plus are considered as ‘aged’ this population group would constitute a slightly higher proportion (25.25%) of all people with a disability. It is likely the service needs and issues of these different age groups are likely to be significantly different and present different service planning challenges.
- In respect to pre-school aged children and possibly school aged children, given the relatively small numbers estimated, issues associated with critical mass and service access may arise. The high proportion of pre-school aged children (53.79%/71 children) and school-aged children (39.3%/279 children) experiencing profound to severe restriction indicates a likely high level of service need for a small number of children and their families.
- The older aged and early middle aged populations with a disability experience the greatest level of restriction – estimates: 408 and 481 people respectively. Again, the community and service needs of these groups are likely to be significantly different. In responding to need, both type of residence (independent or

institutional) and the contribution of carer and carer age are important to consider. The likelihood of an aging of carer population in respect to the 35–49 age group is a matter for further investigation. (See also Section 5: Service Provider Interviews.)

- The greatest number (estimated: 431) of Yarra residents with a disability experiencing restriction in respect to employment and education are younger adults. It is estimated that there also 259 early middle aged people facing similar restrictions.
- It is estimated that 6,339 people (73.39%) with a disability experience either no restriction or restriction that is not classified as profound or severe. These people are likely to access a range of mainstream (including aged) services in addition to/or rather than disability specific services. The need to facilitate access to the broader mainstream service system and ensure an appropriate level of ‘disability’ awareness is highlighted.

Key Issues

Issues for consideration in developing a Disability Plan and related policy include:

- service access
- physical amenity and access in the community
- community connectedness and participation
- age and life cycle appropriate models of service
- impact of employment restriction
- carers and ageing
- working with mainstream services

Burden of Disease – Yarra

Table 13: Yarra: DALYs by Age

Age	DALYs	Females	Males
0 - 4	341	136	205
5 - 14	107	46	62
15 - 24	799	415	383
25 - 34	1,214	459	755
35 - 44	1,050	346	704
45 - 54	949	361	588
55 - 64	1,320	491	829
65 - 74	1,628	651	977
75+	2,121	1,248	873
Total	9,530	4,154	5,375

Source: *Burden of Disease in Local Government Areas of Victoria, DHS Public Health Division 2000.*

Table 14: Yarra: Number of DALYs by Condition

Age	DALYs	Neurological & Sense (N&S) Disorders	Females /Males	Mental Disorders	Females/ Males	Intentional injuries	Females/ Males
0 - 4	341	11	5/7	36	9/28	1	0/1
5 - 14	107	3	1/1	43	18/25	0	0/0
15 - 24	799	11	5/6	547	307/240	61	7/53
25 - 34	1,214	20	9/11	466	199/267	126	37/89
35 - 44	1,050	19	5/14	292	107/185	79	21/58
45 - 54	949	39	13/26	102	51/51	22	7/15
55 - 64	1,320	101	33/68	58	29/30	18	7/11
65 - 74	1,628	138	70/68	31	18/13	7	5/1
75+	2,121	321	216/105	14	4/10	3	1/2
Total	9,530	664	357/306	1,590	742/848	315	85/230

Source: Burden of Disease in Local Government Areas of Victoria, DHS Public Health Division 2000.

Note: the conditions selected for inclusion in this Report are those most likely to provide useful comparison with disability considered in the Synthetic Estimates.

- In Yarra, females have a lower rate of DALYs except in the 15 to 24 and 75 plus age groups. The greater impact in the older age group is likely to be related to the fact that women tend to live longer than men.
- Males experience 56.4% of all DALYs in Yarra and represent over 60% of DALYs in all age groupings from 25 to 74. There is a particularly high rate (67.05%) of DALYs for males in the 35 to 44 age group.
- However, the largest single category (22.26%) is people 75 plus.
- The burden of disease indicators in Yarra as reflected by DALYs reinforce the disability profile derived from other data sources.

Key Issues

Issues for consideration in developing a Disability Plan and related policy include:

- the gender impact in respect to service models and for carers
- the differing impact of DALYs (disability) across ages and life stages
- opportunities for prevention and early intervention (eg injuries amongst males)
- the importance of service system integration and linkage (including disability services, mental health services, aged services, primary health, community services etc.)

Yarra Population and Trends

Table 15: City of Yarra Estimated Resident Population (ERP) 2001 x Age

Age	Number	% of Yarra Population
0-4	3,153	4.7%
5-14	4,717	7%
15-24	10,027	15%
24-44	29,615	44.2%
45-64	12,622	18.8%
Over 65	6,918	10.3%
Total	67,052	100%

Note: this table does not include overseas visitors

Source: NMR Summary of Data for HACC Funding Round 2001/03.

Table 16: Yarra 2005 - 2021 Population Projections x Age x Gender

Age	2021	F	M	2015	F	M	2010	F	M	2005	F	M
0 - 4	2897	1410	1487	2928	1423	1505	2957	1437	1520	2977	1447	1530
5 - 9	1954	950	1004	1987	967	1020	2033	989	1044	2034	986	1048
10 - 14	1605	780	825	1644	800	844	1662	810	852	1882	927	955
15 - 19	2351	1139	1212	2418	1172	1246	2593	1268	1325	2754	1343	1411
20 - 24	7894	3888	4006	8174	4032	4142	8143	4028	4115	8207	4061	4146
25 - 29	11090	5493	5597	11075	5501	5574	11127	5528	5599	11112	5570	5542
30 - 34	9554	4772	4782	9513	4754	4759	9471	4761	4710	9877	5057	4820
35 - 39	7023	3515	3508	6961	3503	3458	7294	3725	3569	6664	3371	3293
40 - 44	5243	2642	2601	5497	2812	2685	5089	2585	2504	4881	2363	2518
45 - 49	4385	2235	2150	4152	2109	2043	4051	1982	2069	3878	1913	1965
50 - 54	3786	1940	1846	3637	1803	1834	3513	1754	1759	3416	1720	1696
55 - 59	3330	1677	1653	3245	1634	1611	3142	1595	1547	3229	1640	1589
60 - 64	3094	1571	1523	2949	1516	1433	3007	1542	1465	2507	1274	1233
65 - 69	2664	1382	1282	2683	1396	1287	2233	1151	1082	1968	994	974
70 - 74	2323	1250	1073	1904	1005	899	1672	868	804	1681	872	809
75+	3878	2249	1629	3451	2015	1436	3337	1964	1373	3177	1910	1267
Total	73071	36893	36178	72218	36442	35776	71342	35987	35337	70244	35448	34796

Source: Department of Infrastructure, Population Projections 2000.

- 22.26 of total DALYs are people 75 plus. This is largest single category of DALYs 1996. This population group will grow in numbers and as a percentage of total population in Yarra
 75 plus 2021: $3878/73071 = 5.31\%$
 75 plus 2115: $3451/72218 = 4.78\%$
 75 plus 2010: $3337/71342 = 4.68\%$
 75 plus 2005: $3177/70244 = 4.52\%$
 Effective linkage between disability and aged services and between aged and disability planning is an important factor to consider.
- Males in the age group 35 to 44 experience the highest rate of DALYs 67.05% as compared to females. This group makes up 7.39% of all DALYs. In 2005 this group of males is expected to constitute 8.27% total of the population and is anticipated to be at 8.36% of total Yarra population in 2021.

Table 17: Yarra Residents Receiving HACC Services 2003

Service Type	Number of People	Number of People Younger than 55
Delivered Meals (including ethnic meal grants)	260	35
Home care	840	98
Home maintenance	273	14
Adult Day Activity Support Service (ADASS)	62	0
Transport	89	0
Linkages	19	7
CACPS	47	3
Total	1,462	157

Source: HACC Data Base City Of Yarra

Key Issues

The development of a Disability Plan and related policy should consider:

- The most useful approaches to both age and gender in order to develop appropriate models of service and better target intervention and prevention activities.
- Effective linkage between disability and aged services and planning.

SECTION 4: SPECIFIC POPULATION GROUPS IN YARRA

Carers/People with Disability in Receipt of Benefits

Table 18: Benefit x Synthetic Estimate - Yarra

Benefit	Total in Yarra	Yarra Synthetic Estimates (relatively equiv age bracket)
People Covered by Health Care Card (1)	10,886	
People in receipt of Disability Support Pension (2)	2,622	6,009 15 – 64 years
People in receipt of Aged Pension (3)	5,256	2,181 65 years and over

Sources: Centre Link June 2000/ABS1996

Eligibility

- (1) Available to low income earners who are not eligible for a pensioner concession card.
- (2) Available to persons between 16 years and those eligible for the aged pension who have physical, intellectual or psychiatric impairment preventing them from working.
- (3) Available to men aged 65 or over and women aged 61.5 or over. Income and assets tested.

- Given the diverse and complex nature of the populations with disability it is difficult to comprehensively match disability with benefit type. For example, people receiving the aged pension may or may not have a disability, similarly, health care card holders may or may not have a disability.
- Although the data is not conclusive it does suggest that a significant proportion of people with a disability are living on pensions. The number of people with profound to severe restrictions as a result of disability is estimated to be 2,299 (all ages, 1996) and the number of disability support pension recipients is 2,181 (16-65 years, 2000) – it is possible or even likely that there is a high correlation between these two groups.
- Of the estimated 8,386 people with a disability living in Yarra 642 or approximately 7.66% are cared for by people eligible for or in receipt of Commonwealth Carers Allowances. This suggests that there is a substantial proportion of the population living with disability who are reliant on families not eligible for allowances and/or who are reliant on the community service system for support (refer to Section 2: *Socio-Economic Disadvantage*, Table 6).
- The Report on *Socio-Economic Disadvantage & the Prevalence of Disability* (Social Research Centre, UNSW 2001) argues that there is a correlation between disability prevalence and income, stating that, 'as income increases, the prevalence of disability decreases. The disability rate faced by people earning less than \$200 per week is roughly seven per cent. This compares with only one to 1.5 per cent for those with personal incomes of \$600 or more per week' (page 22).

Key Issues

- The combined impact of low income and disability needs to be considered as part of the disability planning process.
- The question of access to carers and carer needs also requires further exploration and consideration.

Public Housing Tenants**Table 19: Public Housing x Yarra Residents x Income Type (Aged and Disability Support Pensions)**

Area	Aged Pension	%	Disability Support Pension	%	
Abbotsford	14	28	12	24	
Alphington	6	85.7	1	14.3	
Burnley	0	0	1	50	
Clifton Hill	17	14.7	34	29.3	
Collingwood	174	18.6	208	22.2	
Fairfield	1	10	6	60	
Fitzroy	105	12.8	145	17.7	
North Fitzroy	84	27.7	116	38.3	
Fitzroy North	35	23.3	48	32	
Richmond	419	26.8	272	17.4	
Carlton	34	22.8	32	21.5	
	889		875		Total 1,764

Source: DHS NMR/WMR Public Housing Estates in Yarra 2002 (ISIP)

Table 20: Public Housing Tenants 65 Years and Older

Area	65+ years	Total
Abbotsford	17	80
Alphington	7	7
Burnley	0	3
Clifton Hill	23	244
Collingwood	222	1671
Fairfield	2	15
Fitzroy	171	1712
Fitzroy North	95	108
North Fitzroy	46	272
Richmond	570	3103
Carlton	42	266
Total	1,195	7881

Source: DHS NMR/WMR Public Housing Estates in Yarra 2002 (ISIP)

- The City of Yarra has the highest proportion of public housing rental in Victoria. Over 15% of Yarra's total population live in public housing giving a figure of 9,000 people. 55.6% of public housing tenants live in high rise blocks. 22.2% of the people living in public housing are older singles (Draft MHP: Community Profile City of Yarra 2002-4)

- The total number of public housing residents of all income types is 4,107. The percentage of residents in receipt of Aged and Disability Support Pensions is 42.95%.
- In 2000, the total number of Yarra residents in receipt of Disability Support pensions was 2622. Approximately one third of all recipients live in public housing.
- In 2000, the total number of Yarra residents in receipt of Aged Pensions was 5,256. Approximately 16.79% of all recipients live in public housing. 15.6% of all public housing tenants are aged 65 years and older. In 2001, there were 6,918 Yarra residents 65 years and older (DHS NMR Summary of Data for HACC Funding Round 2002/03). 17.27% of these people live in public housing.
- The Report on *Socio-Economic Disadvantage & the Prevalence of Disability* (Social Research Centre, UNSW 2001) indicates that, 'the rate of disability is higher among renters than among home owners across all age groups' (page 23). It states, 'a person faces a much higher chance of having a disability if they are older, live in a relatively disadvantaged area, are female, have a lower income and do not own their own home' (page 25).

Key Issue

Given the high levels of disability amongst public housing residents, disability planning in Yarra should include a specific focus on public housing tenants. It is also important to recognise that the population will have diverse needs relating to age, gender, extent and type of disability.

Indigenous Community

Table 21: Indigenous Population in Yarra

Census Year	Number of Indigenous People	Number of Indigenous Females	Number of Indigenous Males
1996	307	140	167
2001	294	140	154
Change	-13	0	-13

Source: ABS 2001 Census

- There are no equivalent synthetic estimates of disability for Indigenous communities due to issues relating to sample size and confidentiality. However, the Report on *Socio-Economic Disadvantage & the Prevalence of Disability* (Social Policy Research Centre, UNSW 2001) states, 'there is extensive evidence from other research that Indigenous Australians suffer severe socio-economic disadvantage and have a much higher prevalence of disability' (page 26). The Report cites the National CSDA evaluation which indicates Indigenous people were 'more likely to report physical disability, developmental delay, acquired brain impairment, specific learning disability and intellectual disability than non-Indigenous recipients' (page 26).

Key Issue

A number of Aboriginal controlled agencies are located in Yarra. To ensure disability planning is inclusive of, and appropriate to, the needs of Indigenous communities it is important that Yarra work in partnership with these agencies to identify and respond to issues and service needs of local Indigenous people.

CALD Communities in Yarra

Yarra is a culturally diverse community with 29.2% of its population born overseas (2001 ABS Census). Between August 1996 and February 2001, 1479 migrants and 203 holders of Humanitarian Visas chose Yarra as their initial settling place (DIMIA Settlement Database).

Estimates of disability for CALD communities are not available at either a regional or LGA level. However, the 2001 Report: *Socio-Economic Disadvantage & the Prevalence of Disability* (Social Research Centre, UNSW) found that within the population group who have a severe or profound disability 71.6% are Australian born – 28.4% were born overseas. The Report provides a breakdown of estimates by country (region) of birth. These proportions may be of use to estimate the disability rates amongst CALD communities born overseas.

Table 22: Extrapolated Disability Estimates x Country of Birth (CoB)

Country of Birth	% of Population with Profound to Severe Disability	Yarra Largest Population Groups x CoB (ABS Census 2001) %	Yarra x CoB (ABS Census 2001) # People	Estimate of Number of People with Profound or Severe Disability
Australia	3.8	62.18		
NZ/Oceania/ Antarctica/Other	2.8	New Zealand 8.2	1,595	45
UK & Ireland	5.6	13.5	2,634	148
Europe	6.1	Greece 9.4 Italy 6.7	1,834 1,303	112 79
Africa	4.0			
Asia	2.0	Vietnam 16.5 China 4.1	3,222 806	64 16
The Americas	3.1			

Sources: *Yarra Community Profile (ABS 2001)/ Socio-Economic Disadvantage & the Prevalence of Disability (Social Research Centre, UNSW, 2001)*

- Yarra also has smaller populations of Arabic, Timorese, Turkish, Indonesian, Spanish born people.
- It is possible that the higher disability rates amongst people born in the UK and Europe are aged related given the likely migration periods.

Key Issue

An understanding of cultural issues is critical for developing services and responding to the needs of people with disabilities (and their families) from culturally diverse communities, particularly communities in which languages other than English are spoken.

People with Disability Resulting from Mental Illness**Table 23: Years Lived with a Disability - Yarra**

Condition	Males YLDs	%	Females YLDs	%	All YLDs	%
All causes	1,940	100	1,997	100	3,936	100
Mental Disorders	584	30	692	35	1,276	32
Intentional Injuries	7	0	1	0	8	0

Source: www.dhs.vic.gov.au/phd/lgabod/index.htm

Table 24: Number of Clients x Mental Health Service Type 1999-2000

Region	CAMHS	Adult MHS	Aged MHS
Yarra	79	835	80
NMR	1,536	5,311	995
Victoria	10,353	32,685	8,005

Source: DHS, Community Health Plan Datasets, January 2002

- The *Burden of Disease Study* (DHS) has clearly identified the significance of disability resulting from mental ill health. In Yarra it contributes to almost one third of Years Lived with a Disability (YLD).
- Yarra (60.92 males and 60.49 females) has a slightly higher rate than the Victorian LGA average (60.01 males and 60.15 females) when YLDs are standardised by age per 1,000 population (DHS, Burden of Disease 1999).
- There is a higher usage of Adult Mental Health Service than Aged or Child and Adolescent Mental Health Services in Yarra. Yarra residents represent 15.72% of NMR residents utilising Adult Mental Health Services.

Key Issue

An integrated approach to Disability Planning requires strong linkage with mental health planning and engagement with the Mental Health (including Psychiatric Disability Support) service system.

Dual Disabilities and People with Complex Needs

- Whilst the synthetic estimates and other available data do not provide a profile of Yarra residents with dual disability, anecdotal evidence suggests that there is a sub-population with significant needs arising from dual disability (refer to Section 5).
- The NMR DisAbility Services Client Profile (2001) states, '*emerging complex client groups are placing additional demand on the DisAbility service system. In recent years there has been an increase in clients with alcohol and drug related brain injury and adolescents and young adults with a mild intellectual disability who are at risk of substance abuse and involvement with the criminal justice system*'.

Key Issue

Increasing levels of complexity in client need may impact on the capacity of the service system as well as require alternative models of service and different approaches to community engagement and education.

People Living Alone and Sole Parent Households

- In 2001, 57,989 persons were counted in family group or lone person household in Yarra (Yarra Community Profile 2001, page 11).
- Lone person households constituted 17.1% of household types compared to Melbourne Statical District 9.4%. The percentage of people living alone is even higher in public housing in Yarra - 22.2% (Yarra Community Profile 2001, page 11).
- 5984 persons or just over 10% of the population lived in sole parent families (Yarra Community Profile 2001, page 11).
- 22.6% of household types in Yarra public housing are sole parents (Draft MHP 2002-4: City of Yarra Community Profile).
- There were 10,000 lone person household in Yarra in 2001 and this number is expected to increase by 20% to approximately 12,000 by 2011 (City of Yarra Forecasts: i.d Consulting 2004).
- The Social Policy Research Centre Report states that '*for the sample of children, the probability of having a disability almost doubles if the child lives in a sole-parent family as opposed to a couple family (increasing from 3.8 to 7.3 per cent). This implies that 30.6 per cent of children with a disability live in sole parent families. This is much higher than the 18.1 per cent of non-disabled children who live in sole parent families*' (Socio-Economic Disadvantage & the Prevalence of Disability UNSW, 2001 page 30).

Issues for consideration in developing a Disability Plan and related policy include the:

- impact of, and issues associated with, living alone with a disability
- needs and experience for sole parents with children with a disability
- needs and experience for parents with a disability

People Living in Non Private Dwellings

The City of Yarra has 73 (874 bedrooms) registered, prescribed accommodation premises (Draft MHP 2002-4: City of Yarra Community Profile). Yarra has 1104 rooming house beds. (Yarra's Affordable Housing Needs and Trends: Council Document (2003)) These establishments are not reflected in Disability Estimates. Whilst specific figures are not available it is reasonable to presume that these premises accommodate a substantial number of people with disability, many of whom are likely to be on low-incomes. Additionally, there are a range of other non-private dwellings in the area (refer Table 25 below). Many of these provide aged accommodation and can be presumed to house residents with significant levels of disability.

Table 25: Non-Private Dwellings – Yarra (2003)

Area	Facility	# Persons
Abbotsford	Good Shepherd Nursing Home	95
	Anchorage Men's Hostel	57
Burnley	Burnley Lodge	30
Carlton North	Princes Hill Village	81
Clifton Hill Alphington Fairfield	Sambell Lodge Hostel	55
	Latrobe Private Nursing Home	25
	The Alphington Private Hostel	42
	Grandel Special Accommodation House	N/A
Collingwood	Thomas Embling Hospital	110
	Cambridge House	69
Fitzroy	Brotherhood of St Laurence Aged Care	100
	Caritas Christi Hospice at St Vincents; St Vincent's Private Hospital & De Paul House for Alcoholics	295
	Plus other Boarding Houses and Low-Cost Accommodation	N/A
Fitzroy North	Old Colonists Association	61
	Harold McCracken House	56
Richmond - Cremorne	Madre Nazarene Students House	111
	Riverside House	42
	Hillside Court	55
	Sir Eric Pearce House	28
	The Melbourne Clinic	21

Source: Population Forecasts City of Yarra – prepared by i.d Consulting 2004

Action Research

In order to ensure comprehensive disability planning further work is required to develop a profile of residents of non-private dwellings, the extent of disability need and opportunity for community participation. It is likely that a range of local service providers hold relevant statistical and anecdotal information and could usefully contribute to the development of a profile.

SECTION 5: SERVICE PROVIDER INTERVIEWS

There were 24 service-provider interviews conducted in order to complement and add to the information available through quantitative data sources. This Section of the Report incorporates the interview summaries.

The Interview tool and listing of agencies interviewed are provided as attachments to the Report (refer to Attachments 2 and 3).

Emerging Themes and Issues

Whilst there was a range of responses to the questions asked of service providers a number of themes did emerge:

- Accommodation and accommodation support is a high need amongst the client group.
- There is a growing number of clients with complex needs.
- There are workforce challenges in the sector around recruitment and retention of carers.
- Issues of access (transport) and community connectedness are important to address.
- There is a need for quality information on services available – the information needs to be accessible to CALD communities.
- There are a number of issues for (family) carers – ageing, the need for respite, isolation, lack of support and education.
- Service demand often exceeds capacity.
- There is a need to educate mainstream service providers (including Council) on working with client groups with disability.
- Community safety is an important issue.
- Community education is an important component of Disability Planning.
- Prevention needs to be on the Disability Planning agenda.
- Support for, and facilitation of, networking between Disability service providers is important in promoting service system integration.

Key Messages

The interviews reinforced the results of the data analysis and highlighted accommodation issues and issues related to carers (both paid and unpaid). The interview findings support the importance of an integrated or holistic approach to Disability Planning. There is an identified need to focus both on the client group and on enhancing the capacity of the community to become more fully inclusive.

DISABILITY FOCUS & CLIENT NUMBERS					
Agency	Areas of Disability	Presenting Issues & Trends	Specific Issues in Yarra (additional)	Number of Yarra Clients (% Total)	Number Increasing/Decreasing
ACES	All excluding Psych	Hostel accommodation, life skills training, outings, on-site GP services		24 (100%)	Stable
ADEC	All disabilities	Advocacy (<i>Trend: increase in mental health & complexity of issues</i>)		NA (60% NMR)	Increasing
Alpha Autism	Autism	Social isolation, behavioural issues, linkage to suitable community facilities	Wide range of facilities available, however parking is a major issue	20 (15%)	Increasing
AQA Victoria	Spinal Cord Injury	Access for wheelchair bound		25 (5%)	Stable
ARBIAS	ABI	Support & housing (<i>Trend: becoming younger</i>)	Lack of affordable housing & supported accommodation	100 -150 (33% - 50%)	Increasing
ACSO	Intellectual Disability	Frequent involvement in criminal justice system		3 (5%)	Increasing
Brotherhood of St Laurence	Intellectual Disability & Aged	Integration into the community, social interaction	Low incomes, no family support, limited community connection	5 (70%)	Stable – only funded for specific number
COASIT	All excluding Psych	Respite & attendant care		1 (4%)	Stable
Headway Victoria	ABI	Access to services, receipt of entitlements	Well developed service system (compared with outer fringe)	2%	Slowly increasing
HRSS	All (brokerage) Physical Disability (housing)	Care & support needed to live independently, including modified housing	High need for affordable & modified housing	6 (5%)	Increasing
Jesuit Social Services	Mental illness (including those with substance abuse issues)	Increased mental illness, substance misuse, homelessness, social isolation, poverty	See new Report 'Community Adversity & Resilience' re: change in drug pattern & "clusters of accumulated disadvantage"	180 – 200 (66%)	Increasing – new funding has enabled more programs
Melbourne City Mission – <i>Early Intervention with Children with Development Delay</i>	Developmental delay (children)	Info re: services & access for CALD families, mental health issues, low socio economic status (<i>Trends: 'hidden population' not aware of service availability; lack of early intervention means higher degree of disability later on</i>)		22 families (40%)	Increasing (4 families on wait list)
Melbourne City Mission – <i>Disability Case Management</i>	All disabilities (children)	Attendant care for children with high medical support needs, large proportion of CALD clients (<i>Trend: children with high medical needs presenting</i>)		12 families (15%)	Increasing

DISABILITY FOCUS & CLIENT NUMBERS					
Agency	Areas of Disability	Presenting Issues & Trends	Specific Issues in Yarra (additional)	Number of Yarra Clients (% Total)	Number Increasing/Decreasing
Melbourne City Mission – ABI Case Management	ABI	Age appropriate nursing home care, closure of Pension-only SRS's requiring relocation to outer areas resulting in disorientation, isolation, homelessness & depression. <i>(Trend: a rise in violent street attacks on ABI clients)</i>		6 (2.4%)	Increasing
Milparinka	Intellectual & dual disability	Independent living, social & vocational skills; financial issues	Yarra - clients unclear about what services are available in the area	15 (50%)	Stable
Moreland CHS – Chronic Illness Case Management	Chronic illness – MS, MDN	Equipment, personal care, respite, home help & transport		4 (2.5%)	Increasing
Multiple Sclerosis Society	Multiple Sclerosis	Connection with local community services & peers		40 (1%)	Increasing 8%-10% pa
Muscular Dystrophy Association	Muscular Dystrophy	Maintaining independence as disorder progresses - diverse, high & complex needs	Transportation issues	14 (2%)	Stable
People Outdoors	All disabilities	Social interaction, respite for families		40 (10%)	Increasing
Polio Services Victoria	Polio	Symptoms of post polio syndrome & management of residual deficits		NA – 13% NMR	Increasing
Salvation Army Anchorage Hostel	All disabilities	Mental health, ABI, homelessness, health & financial issues		75 (100%)	Increasing
St John of God Services, NWAS	Predominantly intellectual but also mental health & physical disabilities	Social isolation, job training		1 (2%)	Stable
St Vincent's Hospital – Victorian Aids & Equipment Program	Permanent physical disabilities	NA		NA	Increasing
Yooralla Home First	ABI, sensory, physical, intellectual – most with multiple disabilities	Supported accommodation, respite services, foster care	Less demand in inner city – Home First provides minimal services to Yarra (no accommodation but in-home respite)	NA – 2-5% NMR	Increasing
Yooralla Day Programs	All disabilities	Accommodation, day activities - recreation, employment, education		NA	Increasing

CLIENT PROFILE						
Agency	Age	Gender % M/F	Ethnicity	Income	Living Situation	Trends in Profile
ACES	40+	40/60	Indigenous	Social Benefits	Hostel	Stable
ADEC	35-55	50/50	75% LOTE	DSP	Private & public housing – mostly with family	NA
Alpha Autism	21-64	NA	Various	DSP	79% CRUs, 20% with family & 1% independently	NA
AQA Victoria	16-65	Mix – predom. male	Various	Majority Social Benefits	Various	Stable
ARBIAS	18-65	60/40	Various	Varied	Various	Younger people presenting, increased drug taking
ACSO	18-60	50/50	Various	Statutory Benefits	Predominantly public housing	Clients becoming younger
Brotherhood of St Laurence	50+	50/50	Predom. Anglo	DSP	Public housing – CRUs, supported accommodation, independent (no family supports)	Stable
COASIT	35-45	80/20	Italian	DSP	Private with family	Stable
Headway Victoria	30-45	70/30	Various	Limited (regulated) income	Various	Increase in older clients
HRSS	35-45	49/51	Various	DSP	Independent living	Increase in women; Increase in children (due to increased funding)
Jesuit Social Services	Predom. 15-26 (Communities Together Program – all ages)	50/50	Various	Low income/range of Social Benefits	Various	Yarra - focus on most disadvantaged
Melbourne City Mission – <i>Early Intervention with Children with Developmental Delay Program</i>	1-6	50/50	Ethiopian, Vietnamese, Chinese	Low income/range of Social Benefits	Various	Yarra - higher needs
Melbourne City Mission – <i>Disability Case Management</i>	4-18	40/60	8 Anglo, 4 CALD	Low income/range of Social Benefits	Various	Technology enabling children to live longer but with high medical support needs

Disability in Yarra: A Resource for Planning & Policy

CLIENT PROFILE						
Agency	Age	Gender % M/F	Ethnicity	Income	Living Situation	Trends in Profile
Melbourne City Mission – ABI Case Management	Average 42	83/17	5 Anglo, 1CALD	Low income/DSP	Various	Community inclusion & safety issues emerging for people with an ABI due to high population density
Milparinka	18-30	50/50	Various	DSP	With family, CRUs, supported accommodation	Increase in younger clients
Moreland CHS – Chronic Illness Case Management	6-64	NA	Various	NA	Various	Increase in young disabled clients with MND, MS etc
Multiple Sclerosis Society	All	Mix	Various	Various	Various	Increase in younger clients
Muscular Dystrophy Association	All – highest percentage is women 50+	40/60	High percentage CALD	Various	Various	NA
People Outdoors	6+	60/40	Predom. Anglo	Various – 70% DSP	Public & private - mostly with family or independently (not CRUs)	Increase in children
Polio Services Victoria	Various – average 65	40/60	Various	NA	NA	Younger profile, more ethnically diverse (ie. people from countries that have not eradicated polio)
Salvation Army Anchorage Hostel	50	All men	Predom. Anglo	DSP	Homeless	Psych issues, ABI (alcohol induced), premature ageing
St John of God Services, NWAS	20-30	80/20	Various	DSP	Supported accommodation	Stable
St Vincent's Hospital - Victorian Aids & Equipment Program	All	50/50	Various	Various	Various	NA
Yooralla Home First	Predom. under 25	60/40	various	DSP	Public & private - mostly with family/other carers	Increases in younger clients, complex care needs, autism; Birth trauma & increased life expectancy
Yooralla Day Programs	Various	50/50	Predom. Anglo	DSP	Various	Increases in ABI, complexity, dual disabilities – high level of support required

DURATION OF CONTACT & CARERS				
Agency	Duration of Contact	Transience	Clients with Carers (%)	Issues & Trends in Carers
ACES	Long-term	No	100%	Workforce: carer training, increased complexity of individual client needs
ADEC	Short & long-term – depending on the service required	Small percentage of housing transience & all have transient service needs	55%	<ul style="list-style-type: none"> - Increased life expectancy for people with a disability – ageing carers - Unresolved grief & loss re: caring for someone with a disability
Alpha Autism	Long-term (15+ yrs) – extended support is required to acquire new skills	Very stable client group both in terms of housing & service structure	100%	Carer exhaustion, isolation & ageing (50% aged 65+)
AQA Victoria	Indefinite/ageing with disability, greater longevity creating emerging new issues	Generally no	100%	Workforce: training, OH&S, replacement of ageing skilled carers, difficulty filling short shifts
ARBIAS	3-6 months - may be longer based on client need, revolving door syndrome	Yes, constantly homeless	10%	Lack of respite for carers (parents), challenging behaviours, training/education in ABI, lack of funding for carers & their training
ACSO	1-5yrs	No	100%	Skill training & qualifications, OH&S issues
Brotherhood of St Laurence	Long-term (5+yrs)	Stable	50%	Family carers are aging
COASIT	Long-term	No	95%	Ageing & resulting chronic health problems – respite is essential
Headway Victoria	Various durations – depends on client need	No	75%	Ageing carers – who will care for client when carer dies?
HRSS	Long-term (30% 5-10yrs)	No	60%	Workforce: more carers in inner city – easier to fill shifts, better transport, greater diversity of carers (CALD)
Jesuit Social Services	Short & long-term – complex entrenched problems require long-term sustained intervention	Yes significant proportion	Less than 20%	Difficulties in accessing prompt & appropriate services, particularly mental health services
Melbourne City Mission – Early Intervention with Children with Developmental Delay Program	2-3 yrs (until child goes to school)	Not whilst in contact with service	100%	Isolation, issues heightened because of low socio-economic status, both parents often required simultaneously - impacts on work/income opportunities
Melbourne City Mission –	5+ yrs	No but travel out of area for some	100%	Children with high medical support needs require

DURATION OF CONTACT & CARERS				
Agency	Duration of Contact	Transience	Clients with Carers (%)	Issues & Trends in Carers
<i>Disability Case Management</i>		services; dependent on local community (who have been educated re disability) for support		parents & paid carers, adequate services no longer available from local government ie. respite care, attendant care & home support
Melbourne City Mission – ABI Case Management	18 months – 4 yrs time limited program but some clients return	Yes	100%	Unpaid carers coming to terms with loved ones becoming different, constant difficulties encountered because of lack of education in services & community re: ABI
Milparinka	Ranges from 1yr to 30 yrs – dependant on individual client	Housing is more stable if living with family	Majority – 99%	Ageing
Moreland CHS – Chronic Illness Case Management	Short-term case management (up to 6 months)	NA	90% reside with a carer	NA
Multiple Sclerosis Society	Spasmodic & long-term, ongoing requirement for a large range services	Housing – no Services – yes	85%	Lack of off-site respite & carers respite; assistance for equipment & activities
Muscular Dystrophy Association	Various durations depends on complexity of disabilities	Some transience, although most suffer from “residential inertia”	100%	Emerging medical interventions improving life expectancy of client – impacts on carers employment, income, health & recreation. Increased pressure on carers re lack of employment opportunities for MS sufferers. OH&S issues & carers education re: secondary injuries which may occur during care.
People Outdoors	On-going (2+yrs)	Stable	Majority	Older carers – therefore, a need for increased interaction opportunities for their children.
Polio Services Victoria	On-going	Stable	NA	NA
Salvation Army Anchorage Hostel	Mostly long-term	Transient re: housing	Service – primary care giver (33% on ACP)	Most client have no familial or other supports – the service is the care giver
St John of God Services, NWS	Long-term	NA	Service – primary care giver	Due to family breakdown most clients have no familial supports. Carers can be at-risk & clients ‘removed’
St Vincent’s Hospital – Victorian Aids & Equipment Program	Until equipment no longer required	Stable	NA	Carers lifting clients & equipment
Yooralla Home First	NA	Stable	100%	Ageing carers
Yooralla Day Programs	Short & long-term – depends on client need	Stable	Majority	Ageing carers – older people caring for older children

SERVICE DEMAND				
Agency	Service Demand & Capacity Fit	Demand Management	Demand Trends	Impact on Clients & Carers
ACES	Good fit between demand & capacity	No wait list	NA	NA
ADEC	Demand exceeds capacity	Waiting list, intake systems/referral, capacity building in the sector to promote mainstreaming	Increase in demand (plus 'hidden demand' – people not accessing the service system)	Fatalistic attitude
Alpha Autism	Demand is steadily increasing – near capacity	Control demand re: DHS individually funding clients	<ul style="list-style-type: none"> - Funding Levels: requires on-going negotiation with DHS & establishment of new income streams - Transport: major problem – beyond the agency & individual financial means - Access to appropriate venues 	NA
AQA Victoria	Attendant care demand greater than capacity	Use sub-contract agencies	Inadequate staff levels creates added pressure in filling shift for client	Pressure on family, client has limited social interaction (eg. stays in bed)
ARBIAS	,Specific number of clients at any time for case management – one closed another admitted	Timely assessment and linkage to other services allows some needs to be met	Lack of funding for extra workers/carers	Time delays in case management can impact adversely
ACSO	Good fit between demand & capacity	Referral processes	Managed by DHS case managers, control demand, employ as required	Needs are met
Brotherhood of St Laurence	Demand exceeds capacity	Broader service 'props up' program	NA	Impact limited because broader service 'props up' program
COASIT	Demand exceeds capacity		Support requirements exceed what can be provided	Frustration with service system
Headway Victoria	The service is "pretty stretched"	Occasional waiting lists	Early discharge from hospital & resulting pressure on the service system to meet needs	NA
HRSS	Demand exceeds capacity	Capacity building in the sector	Increased demand re: homeless men with a disability in the Inner East	Inappropriate housing & limited care
Jesuit Social Services	Try to engage immediately, provide some service	Avoid wait list	May have to refer, or not give full service	Extreme pressure on carers, very demanding workload

SERVICE DEMAND				
Agency	Service Demand & Capacity Fit	Demand Management	Demand Trends	Impact on Clients & Carers
Melbourne City Mission – Early Intervention with children with Developmental Delay Program	Demand exceeds capacity	People on multiple waiting lists	Developed groups rather than one-on-one work to alleviate wait, small window of opportunity for intervention when young to avoid higher demands on services when child is older & problems more complex	Pressure of unmet needs of client impacts on carer, lack of recognition of heightened needs of carers from low socio economic background
Melbourne City Mission – Disability Case Management Team	Demand exceeds capacity	Large wait list, telephone duty system to enable wait list to access pathways to other services	Support groups offered, lack of co-ordination of appropriate services results in high level of family breakdown, large unmet demand for equipment which impacts of client & carer independence	Unmet early intervention needs result in higher demands on services when child is older
Melbourne City Mission – ABI Case Management	Demand exceeds capacity	Large wait list, duty system, referral, advocacy re: young people in inappropriate nursing homes	NA	Unmet needs of clients, pressure on carers
Milparinka	Fit between demand & capacity	No waiting lists	NA	Limited external social interaction for clients put stress on families/carers
Moreland CHS – Chronic Illness Case Management	Demand exceeds capacity	Waiting list (approx. 50 people at any one time), referral	NA	Wait for support leads to carer stress & possible placement breakdown
Multiple Sclerosis Society	Demand exceeds capacity	Waiting list	Client expectation exceeds service delivery	Unmet client needs creates extra workload for carers
Muscular Dystrophy Association	Demand exceeds capacity	Criteria & transparency, waiting list, service needs appraisal	Always wait list for respite	Difficulty in offering respite for carers
People Outdoors	Currently a fit between demand & capacity	Limit the volume of service available (ie. one camp per family per year)	NA	Impact limited – service level based on need
Polio Services Victoria	Demand exceeds capacity	Restricted range on services provided	Experienced a significant increase in demand	Limited access to equipment due to reductions in funding
Salvation Army Anchorage Hostel	Demand exceeds capacity	Waiting lists	NA	Service response based on level of need
St John of God Services, NWAS	Fit between demand & capacity – clients individually funded by DHS		NA	NA

SERVICE DEMAND				
Agency	Service Demand & Capacity Fit	Demand Management	Demand Trends	Impact on Clients & Carers
St Vincent's Hospital – Victorian Aids & Equipment Program	Generally able to meet demand	Small wait list	NA	Longer waiting periods for hiring of equipment
Yooralla Home First	Demand exceeds capacity by 100%	Equity formula, pre-booking	NA	Clients – health implications Carers – family breakdown & relinquishment of person with disability
Yooralla Day Programs	Fit between demand & capacity – clients individually funded by DHS	NA	NA	NA

PLANNING FOCUS				
Agency	Services	Amenities	Community Development	Other Comments
ACES	Transport & easier access to taxi services	NA	Recreational opportunities	
ADEC	NA	NA	NA	Local Government (ie. not specific to Yarra): - Implement Anti-Discrimination Act re: planning (including residential) - Community development re: inclusion of people with a disability
Alpha Autism	Security when accessing public facilities	Whilst access is improving substantially, a number of key venues still have poor transport & inappropriate disability access	Community education re: increasing public awareness of challenges of daily living for people with a disability.	
AQA Victoria	Homecare, community transport, more support services & greater accessibility	Public amenities generally accessible, although inclines on kerbs & paths present problems	Community activities to encourage independent living	Council to consider undertaking needs assessment (but understands this could strain Council resources)
ARBIAS	Transport to services that are available in area, appropriate housing	Recreational opportunities	Community education re: ABI, early intervention, prevention	
ACSO	Outreach support	NA	NA	
Brotherhood of St Laurence	Not enough services in Yarra	NA	NA	Need for increased networking & collaboration within the service sector.
COASIT	NA	NA	NA	Low client numbers in the City of Yarra made it difficult to comment specifically on Yarra.
Headway Victoria	NA	NA	NA	Local Government (ie. not specific to Yarra): - Increased access to HACC services - Information re: pathways of support for people with a disability
HRSS	City of Yarra - responsive to local need	City of Yarra - responsive to local need	Promoting access for people with disabilities (ie. event promotional flyers to include disabled access info)	By-laws implemented re: disabled access – not just public buildings but also residential dwellings

PLANNING FOCUS				
Agency	Services	Amenities	Community Development	Other Comments
Jesuit Social Services	More mental health services, access to education, training & employment	Lack of generic community space in High Rise estates	CD response important but need to have wholistic approach	
Melbourne City Mission – Early Intervention with children with Developmental Delay Program	More culturally appropriate services with a CD focus, integration of services (one stop shop approach)	Adequate at this time	More opportunities for information dissemination & awareness raising	
Melbourne City Mission – Disability Case Management Team	As above & lack of adequate Council support services	As above	As above	
Melbourne City Mission – ABI Case Management	As above	As above	As above	
Milparinka	Information re: services & access; broad staff education re: disability issues (eg. maintenance workers)	Disability friendly services eg. swimming pool (water temperature, lane availability)	Community education re: inclusion of people with a disability	City of Yarra to develop/enhance networks with local disability services.
Moreland CHS – Chronic Illness Case Management	NA	NA	NA	
Multiple Sclerosis Society	Transport, appropriate health services for MS in community	Access & Equity issues – proper gradients for wheelies, even pathways, no low trees, accessible toilets	Staff & community education re: inclusive communities	
Muscular Dystrophy Association	Transport assistance, funding for respite camps for children		Community awareness/education	
People Outdoors	More programs for people with disabilities	NA	NA	
Polio Services Victoria	NA	NA	NA	Local Government (ie. not specific to Yarra): - Lack of funding for specialised equipment for residential clients (eg. electric wheel chairs) - Reductions in half price taxi scheme
Salvation Army Anchorage Hostel	- Community transport – public transport is beyond the skill of clients - Safe space to consume alcohol	NA	NA	

PLANNING FOCUS				
Agency	Services	Amenities	Community Development	Other Comments
St John of God Services, NWAS	NA	NA	NA	Low client numbers in the City of Yarra made it difficult to comment specifically on Yarra. General comments: - Waiting lists for supported accommodation - Vocational void for client group - 'Wet House' – accommodation where clients are allowed to drink alcohol
St Vincent's Hospital – Victorian Aid & Equipment Program	NA	NA	NA	
Yooralla Home First	NA	NA	NA	Low client numbers in the City of Yarra made it difficult to comment specifically on Yarra.
Yooralla Day Programs	NA	NA	NA	Limitations of database made it difficult to comment specifically on Yarra.

APPENDIX 1: DEFINITION OF TERMS

Disability

For the purpose of the ABS survey underpinning the estimates, **disability** was defined as the presence of one or more of the below listed limitations, restrictions or impairments which had lasted, or were likely to last, for a period of six months or more:

- Loss of sight (even when wearing glasses or contact lenses)
- Loss of hearing
- Speech difficulties in native languages
- Blackouts, fits or loss of consciousness
- Slowness at learning or understanding
- Incomplete use of arms or fingers
- Difficulty gripping or holding small objects
- Incomplete use of feet or legs
- Treatment for nerves or an emotional condition
- Disfigurement or deformity
- Restriction in physical activities or in doing physical work
- Long-term effects of head injury, stroke or any other brain damage
- A mental illness requiring help or supervision
- Treatment or medication for a long-term condition or ailment
- Any other long-term condition resulting in a restriction.

Type of Disability

Acquired Brain Injury

- Head injury
- Stroke
- Brain damage

Psychiatric

- Mental psychoses (eg. Schizophrenia and manic depression)
- Other mental disorders.

Intellectual

- Slow at learning or understanding things
- Mental or intellectual retardation/disability
- Down syndrome.

Sensory

- Disorders of the eye and adnexa
- Disorders of the ear and mastoid process.

Physical

- Nervous system diseases (eg. paralysis, multiple sclerosis, Alzheimer's disease, cerebral palsy and muscular dystrophy)
- Circulatory diseases (eg. heart disease)
- Respiratory diseases (eg. asthma)
- Arthritis

- Other musculoskeletal disorders
- All other.

Area of Restriction

The categories for area of restriction are:

- Self care
- Mobility
- Communication
- Schooling
- Employment.

Degree of Restriction

The six categories for degree of restriction are:

- **profound core activity core restriction**
the person is unable to do, or always needs help or supervision with, a core activity task;
- **severe core activity restriction**
the person sometimes needs help/supervision with a core activity task; or has difficulty understanding or being understood by family and friends; or can communicate more easily using sign language or other non-spoken form of communication;
- **moderate core activity restriction**
the person needs no help or supervision but has difficulty with a core activity task;
- **mild core activity restriction**
the person needs no help and has no difficulty with any of the core activity tasks, but uses aids and equipment; or cannot easily walk 200 metres; or cannot walk up and down stairs without a handrail; or cannot easily bend and pick up an object from the floor; or cannot use public transport; or can use public transport, but needs help or supervision; or needs no help/supervision but has difficulty using public transport.
- **schooling or employment restrictions only**
the person has a disability which restricts them in the workplace or school settings.
- **disability, but with no restrictions**
the person has a disability but is not restricted in carrying out normal activities.

DALY

The Victorian Burden of Disease studies (*Mortality and Morbidity*) use the DALY as a population measure of incident lost years of healthy life due to a wide range of diseases, injuries and selected risk factors.

The DALY extends the concept of potential years of life lost due to premature death (PYLL) to include equivalent years of "healthy" life lost by virtue of being in states of ill-health. DALYs for a disease or health condition are calculated as the sum of the years of life lost due to premature mortality (YLL) in the population and the "years lived with disability" (YLD) for incident cases of the health condition:

$$\text{DALY} = \text{YLL} + \text{YLD}$$

One DALY can be thought of as one lost year of healthy life. The DALY is a so-called health gap measure. This means that the burden of disease is measured as the gap between the current health status of the population and an ideal where everyone lives into old age, free of disease or injury. The term disability is used quite broadly, in this sense, to include all departures from complete health due to disease or injury.

APPENDIX 2: INTERVIEW TOOL



KATHY WILSON CONSULTING

Yarra Agency Survey March 2004

Agency Name:

Contact Person:

Contact Details:

Disability Focus

What area(s) of disability does your agency focus on?

What are the most common presenting issues/needs of clients? Have these been changing over the past year(s)?

Is there anything particular or different about the needs/issues of clients who live in the City of Yarra?

Number of clients

Can you estimate the number of clients who attended your service in the 2003 who live in City of Yarra? What percentage is that of your total client numbers?

Are client numbers increasing /decreasing? Is this true for Yarra clients?

Client Profile

What is your client profile – age, gender, ethnicity, income, living situation (private/public housing, living alone, with family, other etc.)? Is this profile representative of Yarra? Are there any differences?

Is your client profile changing? If so what are the trends? Is this true for Yarra clients?

Duration of contact

How long do clients engage with your service? Why this duration?

Are there any issues or trends?

Is the client group transient – in terms of housing? In terms of service need?

Any there particular features for Yarra clients?

Service Demand

Is there a fit between service demand and service capacity for your agency?

How do you manage demand? What are the trends and issues?

What is the impact on clients? On carers?

Carers

What percentage of your clients have carers? Is this similar for Yarra?

What are the issues for carers? Are there any emerging trends (including aging)?

Planning Focus

What are, from your agency's perspective, the critical issues facing the City of Yarra in planning for disability in terms of:

- services?
- amenities?
- community development?

Kathy Wilson Consulting Contact Details

Postal: PO Box 001674, Collingwood 3066

Phone: (03) 9486 7428

Email: kw@kathywilsonconsulting.com.au

APPENDIX 3: LIST OF AGENCIES WHO PARTICIPATED IN THE SURVEY

Agency	Contact	Email	Phone
Aboriginal Community Elders Services (ACES)	Grace Dharumasena, Nurse Supervisor	caps@bigpond.com.au	9383 4244
Action on Disability within Ethnic Communities (ADEC)	Licia Kokocinski, Executive Officer	licia@adec.org.au	9383 5566
Alpha Autism	Tracel Deveral, Executive Director	traceld@alpha-autism.org.au	9681 9311
AQA Victoria	Robyn Canning, Executive Assistant	admin@aqavic.org.au	9489 0777
ARBIAS	Deb Donovan, Operation Manager	ddonovan@arbias.com.au	9417 7071
Australian Community Support Organisation (ACSO)	Anthony Calbrio, Executive Officer	acalabro@asco.com.au	9320 4010
Brotherhood of St Laurence, Adult Training Support Service	Lori Anderson, Co-ordinator	landerson@bsl.org.au	9483 1345
COASIT – Italian Assistance Association	Jane Camela-Henderson, Director	jane@coasit.com.au	9347 3555
Epworth Foundation <i>(responded directly to Yarra)</i>	Dennis Hogg, Chief Executive	denish@epworth.org.au	9426 6200
Headway Victoria	Merrilee Cox, Executive Director	merrilee.cox@headwayvictoria.org.au	9482 2955
Housing Resources and Support Services Inc	Marija Groen, Manager	marijahrss@netspace.net.au	9340 5111
Jesuit Social Services	Julie Edwards, Acting Executive Director	julie.edwards@jss.org.au	9427 7388
Melbourne City Mission (Anne Turley)	Jen Deurwaarder, General Manager	ideurwaarder@mcm.org.au	9385 6302
Milparinka	Michelle Tartaglia, Acting Program Manager	michelle@milparinka.org.au	9428 6004
Moreland Community Health Services	Phillip Ripper, Director Client Services	PhilipR@mchs.org.au	9495 2521
Multiple Sclerosis Society	Alan Blackwood, Manager Policy & Community Partnerships	ablackwood@mssociety.com.au	9845 2700
Muscular Dystrophy Association	Alan Quaiffe, Chief of Staff	aq@mda.org.au	9320 9555
People Outdoors	Sarah Hill, Program Manager	peopleoutdoors@cav.asn.au	9350 5116
Polio Services Victoria	Cathy White, Service Co-ordinator	Catherine.WHITE@svhm.org.au	9288 3845
Salvation Army Anchorage Hostel	John Kennelly, Manager	anchorage@aus.salvationarmy.org	9417 5820
St John of God Services, North West Accommodation Services	Shane Mc Namara, Program Manager	smcnamara@st.johnofgod.org.au	9433 0315
St Vincent's Hospital – Aids & Equipment Program	Susan Park, Clerical Assistant	parks@svhm.org.au	9288 4584
Yooralla Accommodation Outreach, Home First	Michelle Sproule, Program Manager	msproule@yooralla.com.au	9899 2766
Yooralla Day Programs, Community Access, Independence & Employment Services	Jim Burns, General Manager	jimb@yooralla.com.au	9666 4504

The following agencies chose not to participate in the survey, as they did not have any clients in the City of Yarra.

Agency	Contact	Email	Phone
Gawith Villa	Carmene Laghi, Program Manager	admin@gawithvilla.org.au	9509 4266
St John of God Services, Choices - Choices	Tony Fealy, Manager	tfealy@st.johnofgod.org.au	9433 0333
St John of God Services, Churinga	Peter McLeod, Manager	peterm@st.johnofgod.org.au	9435 8366
The Deaf Blind Association	Celestine Hare, Executive Director	c.hare@dba.asn.au	9861 6213

The following agencies did not respond to the survey, which included an initial email of introduction and copy of the survey, and then between two and three follow-up phone calls to request a brief telephone interview.

Agency	Contact	Email	Phone
AGAPI Care Inc	Angela Leventis, President	agapi@netspace.net.au	9458 1525
CERES	Ric Corinaldi, Program Manager	ric@ceres.org.au	9380 8111
Disability Attendant Support Services	Jenny Boulton , CEO	jennifer.boulton@dassi.com.au	9481 2355
Northern Support Services	Gail Younie, Administrator	gail.younie@nss.org.au	9480 1077
Scope Vic Ltd	Judy Leonard, Regional Manager	jleonard@scopevic.org.au	9354 8244
Villa Maria	Felicia Cousins, Manager Disability Residential	cousins@villamaria.com.au	9854 5111

LIST OF REFERENCES

- Australian Bureau of Statistics Census Data* (1996 and 2001)
- CentreLink Data* (June 2000)
- Community Health Plan Datasets*, Department of Human Services (January 2002)
- Community Profile*, Draft Municipal Health Plan 2002-4, City of Yarra
- Community Profile*, Draft Mental Health Plan: 2002-4, City of Yarra
- Community Profile 2001*, City of Yarra (2003)
- Department of Human Services Northern Metropolitan Region and Western Metropolitan Region Public Housing Estates in Yarra*, ISIP (2002)
- Department of Immigration and Multicultural Affairs Settlement Database* (1996 – 2001)
- Disability Estimates for LGAs and Regions in Victoria*, Performance, Planning and Research Section, DisAbility Services, Department of Human Services (2001)
- DisAbility Services Client Profile*, Planning and Budget Strategy Unit, Northern Metropolitan Region Department of Human Services (2001)
- HACC Data*, City Of Yarra (2003)
- Forecasting in the City of Yarra: Presentation* - i.d Consulting (2004)
- Population Projections*, Department of Infrastructure (2000)
- Socio-Economic Disadvantage & the Prevalence of Disability*, Social Research Centre, UNSW (2001)
- Summary of Data for HACC Funding Round 2001/03*, Northern Metropolitan Region Department of Human Services
- Survey of Disability Ageing and Carers*, Australian Bureau of Statistics (1998)
- The Burden of Disease in LGAs in Victoria, Department of Human Services Public Health Division (1999)
- Yarra's Affordable Housing Needs and Trends*, City of Yarra Council Document (2003)
- Victorian Population Bulletin Census 2001 Edition*, Department of Infrastructure (2002)