



**Promoting opportunities. Protecting rights. For older Victorians.**

## **COTA Victoria & Seniors Rights Victoria**

### ***Submission on the State Disability Plan and Victorian Autism Plan 2027-2031***

**To:**

Office for Disability  
Victorian Government Department of Families, Fairness and Housing  
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## 1 About us

[Council on the Ageing \(COTA\) Victoria](#) is the leading not-for-profit organisation representing the interests and rights of people aged over 50 in Victoria. Celebrating 75 years of service in 2026, we have led government, corporate and community thinking about the positive aspects of ageing in the state.

Today, our focus is on promoting opportunities for and protecting the rights of people 50+. We value ageing and embrace its opportunities for personal growth, contribution, and self-expression. This belief brings benefits to the nation and its states alongside communities, families, and individuals.

[Seniors Rights Victoria \(SRV\)](#) is the key state-wide service dedicated to advancing the rights of older people and the early intervention into, or prevention of, elder abuse in our community. It is the only Community Legal Centre dedicated to preventing and responding to elder abuse within Victoria.

SRV has a team of experienced advocates, lawyers, and social workers who provide free information, advice, referral, legal advice, legal casework, and support to older people who are either at risk of or are experiencing elder abuse. SRV supports and empowers older people through the provision of legal advice directly to the older person.

## 2 About this submission

COTA Victoria and Seniors Rights Victoria strongly support the State Disability Plan (SDP) and the Victorian Autism Plan (VAP) as important drivers of practical action to improve inclusion, accessibility and equity for Victorians with disability. This aligns closely with our mission to promote positive ageing and uphold the rights of older people for two key reasons:

1. Older people are substantially more likely than the general population to live with disability, particularly severe or profound disability.
2. There is significant overlap between the impacts of ageing and disability, creating opportunities for policies and initiatives that improve outcomes across both.

We note that this refresh occurs at a critical point for disability policy, with reforms to the National Disability Insurance Scheme (NDIS) heightening the importance of state programs and complementary action to enhance access and inclusion across mainstream services and environments.

Our leading recommendation is to incorporate a whole-of-life course framework that supports better responses to disability inclusion challenges at for those of all ages. This has been a missing element in previous plans, and this gap has contributed to the limited scope of actions targeted towards meeting the needs of older Victorians. Our concept for such a framework is set out at [Attachment 1](#).

The body of this submission sets out key contextual information about ageing and disability, what we have heard from older Victorians, and broad recommendations about critical aspects of the plan. Suggested actions across the focus areas of the SDP are provided at [Attachment 2](#).

We note that the SDP and VAP both incorporate broad commitments on specialist support services, including the state's support for the NDIS. In this regard, we bring to your attention to COTA Victoria's [Agenda for Action for Older Victorians with a Disability \(June 2025\)](#) which was developed in consultation with a range of partner statewide organisations and input from older Victorians, and previously submitted to government.<sup>1</sup>

### 3 Key perspectives on ageing and disability

Older Australians are significantly more likely to live with disability than younger age groups. However, their voices and views are not consistently sought after and barriers to their participation not consistently addressed, to ensure their representation in conversations that pertain to their wellbeing. For example, only 4% of respondents to *the DFFH State Disability Plan Survey* (as of 15 June 2026) were aged 65+<sup>2</sup>. This creates a significant gap in the representation of those with disability, noting that the Australian Bureau of Statistics' *Survey of Disability, Ageing and Carers* (2022) found that 52.3% of people aged 65 years and over had a disability, compared with 21.4% of those aged under 65. Both figures represent a marked increase since the previous survey in 2018.

Disability among older Australians is also more likely to be severe or profound — around 2.5 times more likely than among younger people — and is more commonly associated with multiple forms of disability. Some conditions, including dementia, occur predominantly in older age. The survey also found that disability is even more common among older carers, with 59.6% of carers aged 65 years and over reporting a disability.<sup>3</sup>

Autism tends to be regarded as a condition of young people leaving it underdiagnosed and under-supported in older people. This is partly a cohort effect, with those born before the 1980s sometimes seen as a “lost generation” in terms of autism awareness. For this reason, available prevalence data does not provide an accurate picture. Official statistics often do not include figures for those in older age groups despite increasing recognition that people with autism live well into old age.<sup>4</sup>

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<sup>1</sup> <https://cotavic.org.au/policy/publication/disability-supports-for-older-victorians-agenda-for-action/>

<sup>2</sup> <https://engage.vic.gov.au/disabilityplan>

<sup>3</sup> <https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/2022>

<sup>4</sup> <https://www.abs.gov.au/articles/autism-australia-2022>

In addition to lower levels of diagnosis and awareness, we note that adults with autism face many more health and social challenges as they move into older age, including a heightened risk of dementia; autism itself leads to distinct experiences of ageing and associated support needs. We would like to see the next VAP explicitly address the need for older adults with autism to be better acknowledged and supported.

The relationship between ageing and disability is complex, both for individuals and within the systems that support them. As outlined in our *Agenda for Action*, it is useful to recognise three broad pathways through which people experience ageing and disability:

- People with lifelong functional impairments who continue to live with disability into older age, with ageing potentially exacerbating their impairment.
- People with pre-existing health conditions that result in functional impairment emerging later in life, such as post-polio syndrome.
- People who acquire disability in older age as a result of injury or chronic health conditions, which may or may not be directly related to the ageing process.

Ageing often brings additional health conditions and increasing support needs, including frailty, reduced mobility, sensory loss, and cognitive impairment. For many people, these challenges are compounded by digital exclusion and social isolation. Older people with disability also tend to rely on different care and support systems, information sources, and transport options than younger people with disability.

An important aspect of the relationship between ageing and disability is the complexity of the service systems that older Victorians with disability, and older carers, may need to navigate. While recent reforms have strengthened aged care, health, and disability services, the overall system remains fragmented and difficult to access, with significant inequities and barriers arising from differing eligibility criteria across programs. This includes the NDIS, which currently supports around 11,000 Victorian participants aged 65 years and over and a further 19,000 aged 55–64. In total, this represents around 15% of Victorian participants. As the population ages, this cohort is expected to continue growing.<sup>5</sup>

We are pleased to see intersectionality adopted as an explicit principle in the SDP and VAP. Unfortunately, age and ageism have not been called out in this context. The experience of older Victorians is that ageism and ableism are often closely intertwined. Having a disability may lead to false perceptions about a person's age and age-related capacity, while being older can foster false perceptions about disability and impairment. The result in both cases is an elevation of marginalisation and exclusion.

The other critical issue for COTA Victoria and SRV is the abuse and mistreatment of older

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<sup>5</sup> As at Q2 2025-26 see: <https://dataresearch.ndis.gov.au/explore-data>

people with a disability. Those with a disability are often marginalised or neglected within systems designed to protect older adults from harm, including within care services, while guardianship and related processes are sometimes used to further control and exclude individuals from decision-making. In this context, we urge the SDP to take up key elements of the implementation of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, and the new National Plan to End the Abuse and Mistreatment of Older People, including exploring the potential to strengthen Victoria’s adult safeguarding system.

## 4 Feedback from older Victorians

We regularly hear from older Victorians about disability-related issues through our advice line and consultations on a broad range of topics, including access to voting, digital inclusion and the design of public spaces and infrastructure. To better understand these experiences, we conducted an online community survey in late 2024 exploring the disability support needs and experiences of older Victorians.

In addition to identifying gaps and concerns relating to specialist disability services summarised in our *Agenda for Action*, the survey sought respondents' views on broader disability access and inclusion priorities. Respondents identified a range of opportunities to improve accessibility and inclusion, including:

- More local social engagement opportunities for older people with disability (especially cognitive disabilities) and their carers, distinct from typical seniors’ style programs.
- Expanded access to aids and equipment (assistive technology), including in relation to digital communications.
- Car and driver licensing options and supports to help older people with a disability to keep driving longer.
- Improved local bus services with accessible stops and shelters to assist older people with a disability, as well as upgrading of non-accessible tram stops.
- Initiatives to combat the combined impact of ageism and ableism in the workforce, and to support older people with a disability to obtain and retain permanent and casual work opportunities.
- Government support or regulation for a more comprehensive upgrading of accessibility of buildings and spaces in the commercial sector.
- Attitude and behaviour change campaigns to address the “invisibility” of older people with a disability in the community and promote inclusion.
- Wider access to allied health services that are tailored to the needs to older people with a disability outside of aged care and the NDIS.
- More affordable housing, social housing, and supported independent living developments that are suitable for older people with a disability including those with psychosocial disabilities.

## 5 General recommendations

To ensure equitable access to a system designed to supports the needs of those with disability at all ages, we recommend the following actions:

1. Incorporate a Whole of Life Course Framework as a key overarching feature of the SDP and use this to apply a consistent ageing lens across all elements of the plan (see further detail at [Attachment 1](#)).
2. Set out broad directions for the future development of foundational supports incorporating commitment to address the needs of older people not eligible for NDIS individualised support — and whose disability related needs cannot be adequately met within the aged care system — including tailored information and cross-system navigation support.
3. Cross-reference intersectionality with life stage and ageing issues so that the SDP reflects the way in which age, disability and other aspects of diversity all impact on an individual's inclusion and participation.
4. Ensure the meaningful participation of older Victorians with a disability, and ageing carers of those with disability, in the ongoing implementation and review of the SDP, VAP, and supporting plans such as Disability Action Plans. This should include representation of ageing interests on the Disability Advisory Council.
5. Expand the VAP to explicitly address the needs of people with autism in older age, including late diagnosis, interaction with dementia, support in hospitals and aged care, and impact of autism on social inclusion activities for older people.
6. Address mistreatment and abuse of older people with disabilities in family and service settings. This includes the full implementation of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability and the National Plan to End the Abuse and Mistreatment of Older People. In particular, we support exploring the potential to strengthen Victoria's adult safeguarding system, provided any new system can respect and centre the agency of older people and understand the nuance in this space, as well as expanding specialist elder abuse prevention and response services.
7. Support a stronger, reformed NDIS including enhanced focus on the needs of the growing numbers of participants aged over 50 and over 65 in the scheme.
8. Enhance the monitoring and review of the SDP and VAP through incorporation of an ageing lens and age breakdown of data collected and presented. This should be aligned with an outcome's framework and measurement strategy for the Ageing Well in Victoria Plan.

Further recommendations relating to specific domains and topic areas within the SDP and VAP are provided at [Attachment 2](#).

## Attachment 1: Proposed life course framework for the state disability plan

### 1 Purpose

The aim of the framework is to help make the SDP relevant to, and inclusive of, people with a disability at all ages. This is consistent with a social model of disability in which stage of life is a key part of understanding how disability related barriers are constructed and addressed. It also aligns with the universal design principle by linking with mainstream settings and services relevant to people at different ages.

This paper presents suggested key features of the framework and outlines how such a framework might particularly support better inclusion of older Victorians in the SDP.

### 2 Key features

Elements to be captured in the framework could include:

1. **A population based epidemiological perspective:** Identifying the age segments in which disability is most prevalent, including at different levels of severity. This would help ensure that the SDP reflects issues relevant to large cohorts of people.
2. **The age at which disability is acquired:** Recognising this can impact on the adaptive needs and inclusion barriers for individuals (for example, the distinction between a person who has been deaf from birth, as opposed to a person who loses hearing gradually in older age).
3. **The impact of key life transitions on inclusion challenges:** Noting that having a disability may itself impact on the nature and timing of transitions like completing school, parenthood, retirement or move to supported living.
4. **Intersecting drivers of discrimination and marginalisation at different stages of life:** Including the cumulative impact of ageism and ableism, and the way both combine with cultural, economic, gender, and sexuality-based drivers as people age.
5. **Identification of key services and institutions:** Together, they will need to work to ensure disability inclusion for people at different life stages, recognising that many of these are age-group or life stage specific.

### 3 Key life stages

There is no objectively right way to split life stages or ages for this purpose. The most useful approach may combine consideration of key transitions, the ways in which a person's disability related inclusion is affected by ageing (across the life span), and to the age limits that determine engagement with different service systems.

None of this is to diminish the importance of universal design responses to disability exclusion that apply across the life course, nor to ignore the fact that disability may be acquired, and the impact of the disability changing at any age.

A suggested breakdown, including select factors relevant to disability inclusion, is as follows:

- **Childhood and adolescence:** Early developmental needs, initial diagnosis of conditions and early intervention, early childhood and school education, support for young families, engagement in sport and recreation
- **Young adulthood:** Tertiary education, workforce entry, move away from family living, relationship formation and sexuality issues, early engagement with justice system, independent transport use, youth mental health concerns
- **Midlife:** Workforce participation, wealth accumulation, parenthood, reliance on increasingly ageing family carers, critical age for preventive healthcare, heaviest period for mobility needs
- **Early older age:** Accelerated ageing associated with some disabilities, onset of many chronic health conditions, retirement and loss of economic independence, shift to dependence on children or siblings as family carers
- **Later older age:** Age-related frailty combines with greater impairment from progressive disabilities, transition from NDIS to aged care, social isolation, loss of partner, ageism and elder abuse, digital exclusion, move to supported living.

It is important to note that certain backgrounds and life experiences cause people to age earlier, as reflected in the earlier eligibility for aged care services of 50 rather than 65 for Indigenous Australians and people with a history of homelessness. Disability too can further accelerate ageing.

## 4 How the framework could be used

The framework could be used to identify priority actions for the SDP that are specific to different age groups, and to ensure that more universal actions are inclusive of people at different life stages. Ideally a life course analysis of actions should be done when the SDP is first developed and considered in mid-term and end of plan reviews.

A life stage framework should sit alongside and work in conjunction with an intersectional framework ensuring that issues of gender, sexuality, cultural background, First Nations, and rurality are all considered.

Adding a life stage dimension to the current focus on diversity/intersectionality and First Nations self-determination would provide a more complete picture of what drives disability inclusion outcomes. The central concern with ableism as a barrier to inclusion would be augmented by a focus on ageism.

The life stage framework should also guide the SDP's outcomes framework and measurement strategy, with consistent age breakdowns of data and cross-cutting analysis of inclusion/exclusion impacts for people with a disability at different life stages.

## 5 Relevance to older Victorians

Older age has a particularly strong claim to attention within a disability inclusion plan for a number of reasons including:

- The high prevalence of disability in the older population – 52% of Victorians over 65 have a disability compared to 21% across the whole population, with this disability being 2.5 times more likely to be severe in the older group.
- The strong overlap between the practical impacts of, and effective responses to, age related frailty and cognitive decline on one hand, and disability related impairments on the other.
- The overlap between community perception of the impacts of ageing and that of disability, driven heavily by ageism and ableism respectively (often in combination).
- A range of common problems that are elevated when ageing and disability overlap, such as digital exclusion, social isolation, and risk of family and systems-based abuse.

The way in which this overlap plays out in the support and care system is explored in COTA Victoria's *Agenda for Action on Disability Supports for Older Victorians*.

In terms of practical actions to be incorporated into the SDP, focusing on older Victorians with a disability within a life stage framework should lead to consideration of:

- Actions to support older people living with life-long disabilities to remain active, safe and healthy for as long as possible into older age.
- Actions to address dementia including application of dementia friendly environments frameworks in community settings.
- Actions to support older people with a disability to play leadership roles in systemic disability advocacy.
- Actions to create greater seamlessness between the disability, health and aged care systems.
- Actions that more explicitly combine ageing and disability perspectives into accessibility initiatives and programs.

## Attachment 2: Gaps and suggested responses in SDP focus areas from an ageing perspective

| Section of the SDP                            | Gaps and suggested responses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| <b>Systemic reform</b>                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Leadership and codesign                       | The next plan should include a commitment to ensuring all SDP governance, advisory bodies, and co-design processes have representation of older people with disability. Similarly, the Victorian Disability Advisory Council should require ongoing representation of older Victorians.                                                                                                                                                                                                                                                                                   |
| Aboriginal self-determination                 | The link between disability and the Closing the Gap target to increase life expectancy should be noted in the plan, as well as the fact that self-determination may involve solutions that approach disability and ageing in a more integrated manner.                                                                                                                                                                                                                                                                                                                    |
| Intersectionality                             | We recommend that the SDP presents ageing as an intersectional characteristic, and that older people be referenced in relation to key points - consistent with the inclusion of Youth in the current plan. This should be linked with incorporation of a life course framework cross every outcome area (see <a href="#">Attachment 1</a> ).                                                                                                                                                                                                                              |
| Accessible communications                     | <p>The SDP should recognise older people with disability as a priority cohort for accessible communications, including accessible digital services, assistive technology, and non-digital communication options.</p> <p>We recommend that the SDP include an action to develop accessible, non-digital service pathways, improve digital inclusion for older people with disability, and ensure assistive technology is incorporated into communication standards. (see also 1.3 below).</p>                                                                              |
| Disability-confident and inclusive workforces | <p>The SDP should include an action to train aged care, health, and community care workforces in disability competence, including acquired disability in later life.</p> <p>Additionally, as the number of people working into their late 60s and 70s increase, older people with a disability will increasingly need specific support with workforce inclusion and protection from discrimination based on age and disability. An action to mitigate the prevalence, and support those experiencing discrimination, on this basis should be adopted by the next SDP.</p> |
| <b>Inclusive communities</b>                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 1.1 Community attitudes                       | <p>The SDP should require that disability awareness campaigns include meaningful representation of older people with disability across campaign design, imagery, messaging and evaluation.</p> <p>Specifically, we recommend that all Victorian disability awareness campaigns include visible representation of older people with disability and that campaign evaluation measures age diversity.</p>                                                                                                                                                                    |

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| 1.2 Transport                         | We recommend the inclusion of measurable actions such as improving bus stop accessibility, seating, shelter, lighting and wayfinding, acknowledging that buses are the most used public transport mode for many older people.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 1.3 Digital inclusion                 | <p>We recommend a dedicated action to reduce digital exclusion among older Victorians with disability through training, affordable devices, accessible services and non-digital alternatives.</p> <p>It is important to note that part of this issue is about the emerging cohort of “non digital natives” who may struggle with information and communications technology as they age and acquire disabilities, therefore raising the need for tailored support efforts.</p>                                                                                                                                                                                                                                                                                                                                                                                       |
| 1.5 Sport and recreation              | The SDP should ensure that all initiatives to improve accessible sport and recreation explicitly address the participation needs of older people with disability through age-inclusive program design and accessible facilities. Efforts to make sports facilities and programs accessible and attractive to people with disability must consider the needs and preferences of older people as an integral part of good universal design.                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Health, housing, and wellbeing</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 2.1 Health                            | <p>As people with lifelong disability are living longer in older age, healthcare needs related to ageing and to disability need to be more integrated, including the health needs of ageing carers of those with disability.</p> <p>We recommend that a Disability Liaison Officer (DLO) program in hospitals includes a commitment to expanding the role of DLOs to meet system navigation needs, noting existing gaps in system navigation support and its importance for older people.</p> <p>The Victorian Aids and Equipment program is a valued source of assistive technology for individuals whose needs may be related to ageing and/or disability, especially for those outside aged care or the NDIS. The program should be enhanced to provide stronger wrap-around support and be expanded to provide more aids related to digital communications.</p> |
| 2.2 Mental health                     | <p>We are concerned at the potential loss of focus on older people with psychosocial disability. It is vital that community-based adult and older adult mental health services incorporate geriatric competence and tailored programs for older people. The historic underinvestment in older people’s mental health treatment is matched by gaps in psychosocial disability support that have widened since the NDIS has excluded new entrants over 65 (see 2.4).</p> <p>We strongly recommend that the SDP explicit actions to ensure older people with psychosocial disability remain a priority cohort, including age-appropriate housing and psychosocial supports.</p>                                                                                                                                                                                        |
| 2.3 Housing                           | The SDP should commit to supporting older people with disability to age in place through accessible housing, home modifications, assistive technology, and coordinated support when care arrangements change.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

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|                               | <p>Furthermore, the loss of older person specific public housing units (partly through the towers redevelopment) must be accompanied by new public units with a higher standard of accessibility and accountability for allocations going to older people with disabilities.</p> <p>To achieve these outcomes, we recommend that all public housing redevelopment meets liveable housing design standards and prioritises accessible dwellings for older people with disability.</p>                                                                                                                                                                                                                                                                                                                                                                 |
| 2.4 Supporting a quality NDIS | <p>We suggest that this section of the SDP will need significant updating in light of the NDIS review and forthcoming reforms. We recommend that the Victorian Government advocate for:</p> <ul style="list-style-type: none"> <li>• Foundational Supports to include basic assistance to those over 65.</li> <li>• Equity of disability support - including assistive technology - between the NDIS and aged care systems.</li> <li>• A fair deal for those who remain on the Disability Support for Older Australians (DSOA) program.</li> <li>• A review of the adequacy of supports provided to the growing numbers of NDIS participants who stay in the scheme beyond 65, including further consideration of rules or protocols relating to the ability of NDIS participants to also receive some support from the aged care system.</li> </ul> |
| <b>Fairness and safety</b>    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 3.1 Safety in emergencies     | <p>While progress has been made in involving people with disabilities in emergency response planning, this needs to be extended to consider the needs of, involve, and support older people (especially those with disability), who face the highest risk of serious harm and death in natural emergencies.</p> <p>We recommend that emergency planning explicitly identifies older people with disability as a priority cohort, adopts the Age-Inclusive Emergency Preparedness Guideline<sup>6</sup> developed by COTA Victoria, and includes them in planning exercises.</p>                                                                                                                                                                                                                                                                      |
| 3.2 Disability advocacy       | <p>We recommend that Victorian Disability Advocacy Program funding criteria require services to demonstrate engagement with older people with disability or provide dedicated funding for specialist advocacy.. Better links could be usefully encouraged with older persons advocacy services such as Elder Rights Australia.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 3.3 Preventing abuse          | <p>We would like to see the next SDP call out elder abuse as a specific issue</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

<sup>6</sup> <https://cotavic.org.au/policy/publication/age-inclusive-emergency-preparedness-guidelines/>

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| and neglect<br><br>3.4 Family and sexual violence | <p>that overlaps with both disability abuse and family violence. There are several key elements of this that warrant attention in the life of the next plan including:</p> <ul style="list-style-type: none"> <li>• Serious consideration of an adult safeguarding system that reaches across disability and ageing (such as pertains in NSW).</li> <li>• Supporting the aged care system to minimise or eradicate use of restrictive practices consistent with the disability and mental health sectors.</li> <li>• Building capacity of Orange Doors to address disability, elder abuse, and gendered violence in an integrated way.</li> <li>• Strengthening capability of the primary prevention, family violence, disability and aged care workforces in disability-inclusive elder abuse prevention.</li> </ul> |
| <b>Opportunity and pride</b>                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 4.2 Employment and economic participation         | <p>We would like to see the next SDP include an action to address the combined effects of ageism and ableism in recruitment, retention, and workplace adjustment, including programs targeting workers aged 55+.</p> <p>COTA Victoria has been involved in several successful employment support programs and would urge resourcing of further tailored programs that focus on older people with disabilities.</p>                                                                                                                                                                                                                                                                                                                                                                                                    |
| 4.3 Voice and leadership                          | <p>We recognise the current plan's focus on young people in the space of voice and leadership, and strongly urge a complementary focus on supporting older people with disability to take leadership and systemic advocacy roles. Specifically, we recommend measurable commitments within the SDP to support older people with disability to participate on government advisory groups, boards, lived-experience panels, and leadership development programs.</p> <p>COTA Victoria and leadership development agencies have expertise and experience in engaging older people and helping them exercise peer education and policy development roles. This includes working with local government to create local leadership and voice opportunities.</p>                                                             |