VACCHO

Mr Michael Masson
Chief Executive Officer
Infrastructure Victoria
Level 34, 121 Exhibition Street
Melbourne, VIC, 3000

17th June 2016

Dear Mr Masson

The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) and Aboriginal Housing Victoria (AHV) are pleased to have the opportunity to provide this submission with our views and comments on the "All things considered – Exploring options for Victoria's 30-year Infrastructure strategy".

You will see in our submission that both AHV and VACCHO believe this 30 year strategy is an opportunity for Victoria to:

- ensure it continues to incorporate / embed Victoria's rich Aboriginal cultural heritage into the thinking, planning and decision making around infrastructure developments/ projects;
- address the critical physical and ITC infrastructure needs of Aboriginal Community Controlled organisations who are a fundamental pillar of both State and National Aboriginal health and wellbeing policies and frameworks; and
- ensure housing policy and development meets the needs of a rapidly growing Victorian Aboriginal population and takes account of the demographic diversity and needs of the Aboriginal community.

We would also like to extend an invitation to you, Board members and staff to attend a meeting with both VACCHO and AHV and other interested Aboriginal community controlled peak/statewide organisations to further discuss our suggestions for the strategy.

Yours sincerely

Jill Gallagher AO   **Jenny Samms**
CEO   **CEO**
VACCHO   **Aboriginal Housing Victoria**

1.   Introduction

Aboriginal Housing Victoria (AHV) and the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) welcome the opportunity to make a submission to Infrastructure Victoria's *All things Considered* – Exploring options for Victoria's 30-year infrastructure strategy.

The information provided below reflects the key issues from the perspectives of AHV and VACCHO as key statewide and peak Aboriginal[1] organisations in Victoria representing, advocating on behalf of, and supporting Aboriginal community controlled organisations and community members.

This submission sets out a view on the broader vision for the strategy, recommends a set of principles to be incorporated to reflect the goals of key Aboriginal organisations, and provides specific responses on the options put forward in the options paper.

2.   Summary of our position

Overall, AHV and VACCHO support the vision laid out in *Consider the Options* but believe it could be strengthened to be more inclusive and positively portray Victoria's Aboriginal culture and history. There is an opportunity through the design an delivery of Victoria's infrastructure development to directly and indirectly contribute to overcoming the inequality an disadvantage of Victoria's Aboriginal people.

While the overwhelming disparity in outcomes for Victoria's Aboriginal people with respect to the general Victorian population is the driver for concerted government and community effort, the starting point for action is the recognition of the strengths of the Aboriginal community. Aboriginal people have the oldest living culture on earth and Aboriginal culture makes a unique contribution to Victorian society. This contribution distinguishes and differentiates Australia and Victoria from other nations. The resilience and continuing survival of Victoria's Aboriginal peoples and culture is a cause for celebration and acknowledgment. No greater acknowledgment can be made by society than by embedding Aboriginal culture, values and symbolism in the built environment and infrastructure. This sends a strong message of inclusion to all Victorians and all national and international visitors. This message of inclusion contributes to addressing social and economic exclusion which is a factor underpinning contemporary Aboriginal disadvantage.

When considering the future needs of Aboriginal Victorians the unique position of disadvantage that is the current lived reality of Aboriginal people must be considered. The current disadvantage is the result of a history of practices and policies that dispossessed Aboriginal Victorians of land, degraded culture, exerted excessive controls over the lives of Aboriginal people and forcibly separated families.

Put simply, it is difficult to have a discussion about the future when the legacy of the past remains undealt with.

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[1] *Throughout this paper "Aboriginal" is used to refer to both Aboriginal and Torres Strait Islander people*.

Any discussion of future needs must be placed within an understanding that an enormous gap exists between Aboriginal Victorians and the broader community. Future strategies must recognise the work that still needs to be done to bring Aboriginal Victorians in line with current norms and standards of living for the rest of the community.

For Aboriginal people, self-determination is central to improving outcomes and is the difference between policies and approaches that work and those that don't. Time and time again it has been proven that the most effective approach to Aboriginal service delivery is for Aboriginal people to be in control of their own destinies and decision-making.

A fundamental consideration in the planning for infrastructure needs of the Aboriginal community is population growth. The Aboriginal population has grown faster than the general population and is driving the demand for our services and placing Aboriginal organisations under intense pressures.

That growth is showing no signs of slowing.

A long term infrastructure strategy should take into account the importance of adequate infrastructure to support service delivery to meet the wave of demand being driven by population growth.

Recognition of Aboriginal cultural heritage and its incorporation into the built environment will ensure that Victoria's oldest surviving culture is acknowledged as part of the fabric of Victorian society. Aboriginal culture and its symbols need to be reflected in the building of new infrastructure – including roads, airports and office towers, to hospitals, schools, community buildings, community spaces, sport and recreation facilities and public housing.

There is also enormous scope, as we look to and plan for the future, to connect infrastructure outcomes to greater participation in the economy through the creation of employment for Indigenous people, particularly those that involve government investment.

This submission addresses these issues as well as provides specific comment on several of the "options" which will have a direct impact on our communities.

3.   About AHV

AHV is a not-for-profit registered community housing organisation and is the largest Aboriginal housing organisation in Victoria.

Our vision is that:

> *"Aboriginal and Torres Strait Islander Victorians are able to secure safe and affordable housing as a pathway to better lives and stronger communities."*

Aboriginal Victorians are the most disadvantaged in society and those struggling most are likely to be living in public and social housing. Access to integrated support services is often fundamental to the achievement of successful, ongoing tenancies, Unfortunately, all too often these services are unavailable, piecemeal or do not offer the cultural safety required by Aboriginal people.

Without, stable secure and appropriate housing it is difficult for children to participate in education, for people to find and retain work, to live a healthy life and to avoid negative contact with the criminal justice system. Serious social issues such as child neglect and abuse are almost impossible to address in the absence of adequate housing. Family reunification, particularly where children are in out of home care is dependent on secure, appropriate housing.

AHV's housing services are targeted to those most in need of support. AHV's tenants typically have low incomes relative to the general population and most are wholly or partly dependant on income security payments from Centrelink or relatively low incomes from employment.

AHV provides housing to approximately 4,000 low income Aboriginal and Torres Strait Islander Victorians in 1,525 properties, representing at least 8% of the Victorian Aboriginal population. AHV manages tenancies across metropolitan and regional Victoria with the largest number in the Loddon Mallee (302), Gippsland (219), Hume (198) and the northern (187) and southern (167) Melbourne metropolitan areas.[2]

AHV recognises that the need of Victoria's Aboriginal people for social and affordable housing is going to continue to grow with the continuing high Aboriginal population growth. It creates an onus on AHV to consider how AHV can contribute to increasing supply and maximising the utility of existing housing properties. It also creates an onus on the public and social housing system to contribute to meeting future projected demand.

At the forefront of AHV's business sits a comprehensive Strategic Plan and an Asset Management Strategy. Through these plans robust asset management which includes asset recycling and culturally sensitive tenancy management will afford AHV future growth opportunities. Through the rejuvenation of an ageing and deteriorating housing stock AHV will at low risk incrementally grow housing supply for Aboriginal Victorians. It also provides the practical means of realigning housing stock to better meet housing demand and need and for optimising the utilisation of AHV properties.

AHV's approach to asset management has broader relevance to how the public and social housing systems contribute to meeting future projected demand for affordable housing for Aboriginal people. The provision of housing assets is directly linked to the delivery of housing services and the holistic support that Aboriginal tenants require.

Indigenous design principles in Aboriginal housing
AHV is currently developing principles to incorporate Aboriginal cultural factors into house design which is more broadly relevant to the sector. The new design principles are being developed by Aboriginal architect Jefa Greenaway, of Indigenous Architecture and Design Victoria. The move has arisen out of recognition that in the past, housing design was about a simple solution to the basic need of shelter and homes were not designed and built with regard for cultural needs. Beyond practical improvements in design such as making houses stronger and more adaptable to changing family and kin sizes, the new design principles seek to embed an Indigenous sensitivity. This involves an understanding that Aboriginal people are connected to country and to caring for country. Practically, this could mean building resilience and environmental sustainability into designs, better connecting outside spaces to the inside, and incorporating bush landscapes.

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[2] *It should be noted that in addition to housing stock managed by AHV, ACCOs also manage 383 properties across the State providing housing for an additional (approximate) 1500 Aboriginal people and their families.*

4.   About VACCHO

VACCHO vision is for:

"Healthy, vibrant, self-determining Aboriginal communities".

VACCHO is both a member based organisation and a peak body for Aboriginal Health in Victoria. We represent 27 member organisations advocating and negotiating on their behalf. Our members are community controlled organisations delivering health services as well as a broad range of other family and community programs, including 15 ACCOS delivering housing programs.

VACCHO works with both ACCOs and mainstream health providers to improve access, pathways, quality and cultural safety of health care for Aboriginal people, wherever it is provided. VACCHO helps ACCOs build their capacity to deliver effective holistic models and services focused on the combination of the social, emotional, physical and spiritual well-being of their clients, families and communities. VACCHO also has an important role in advocating and supporting mainstream services to be more accountable for Aboriginal health outcomes.

ACCOs in Victoria deliver a range of services to their communities including health, housing, family and children's services, child care, advocacy, education, employment and many others. Buildings used to house and deliver these services perform a number of functions including offices, medical/ health facilities, community meeting spaces, training and meeting rooms and shop fronts.

Fifteen of VACCHO's Member ACCOs run housing programs, collectively managing 383 properties and providing housing for over 1500 people across the State.

As ACCOs age, new services and programs are developed and delivered under new Government initiatives, the population grows and changes, and the Aboriginal health workforce expands, the need for new and/or upgraded infrastructure is becoming a critical need of many ACCOs.

Currently, opportunities for funding to meet ACCOs needs for infrastructure development are limited. Currently, neither the State nor Commonwealth Government are investing in infrastructure improvements in ways that will meet these growing needs. There has been a lack of investment despite government sponsored studies which have clearly identified need.

Limitations due to lack of capacity and infrastructure have resulted in an inability in some ACCOs to take on new programs, provide additional services or partner with other organisations for health service delivery to meet growing demand now, and in response to population growth and changing and emerging health and wellbeing needs.

5. Vision and Principles Guiding the 30-year Strategy

Overall, AHV and VACCHO support the vision laid out in *All Things Considered* but we believe the vision for the strategy should be bold, recognising the valuable contribution Aboriginal culture has and will continue to make to our State. Our suggested amendment is:

"By 2046, we see a Victoria where everyone can access good jobs, education and services regardless of where they live, where communities are held together by strong bonds, where industries and businesses thrive and where Aboriginal cultural heritage and the environment are valued and protected."

To ensure this vision is realised, planners, decision makers and "builders" need to:

- Recognise and value Aboriginal culture and history as a fundamental part of the fabric of contemporary Victorian society

- Acknowledge that self-determination is a right of Aboriginal people, and autonomy in Aboriginal organisations and enterprises must be actively facilitated

- Incorporate Aboriginal culture, values and symbolism in the design of the built environment and all infrastructure developments

- Appreciate that the social determinants of Aboriginal health and wellbeing that can be addressed through culturally inclusive infrastructure developments can make a positive contribution to the achievement of health equality between Aboriginal and non-Aboriginal people and the reduction of overall disadvantage

- Enable greater Aboriginal workforce participation through employment targets in state infrastructure contracts backed up by skills and training

6. Key issues

Cultural inclusion and Aboriginal cultural heritage

Victoria has a rich and valued Aboriginal cultural heritage, part of the longest surviving culture in the world.

There is symbolic importance in embedding Aboriginal culture and values in all infrastructure developments, starting from the premise that all land is Aboriginal land.

When Aboriginal culture is invisible while other cultural expressions are reflected in the fabric of society, it diminishes and dismisses the importance and relevance of Aboriginal culture.

We believe the infrastructure vision should incorporate principles that make Victoria's cultural heritage visible in the building of new infrastructure and revitalisation of existing infrastructure.

On a practical level this would see the use of Aboriginal place names, and consideration of cultural overlays for buildings and all public spaces.

Buildings should include elements of and references to local Aboriginal culture including sustainability as emblematic of caring for country. Landscape layout and the choice of materials can also contribute to cultural continuity and connection to country. Architectural references can also be made to stories and totems from the area. Discussions should be

held with Aboriginal architects and local community members to develop and reflect local cultural elements in the building, placement and layout.

Aboriginal people's participation in society is directly linked to culture and the notion of cultural safety. When Aboriginal feel comfortable and safe in an environment they are more likely to be engaged with a service or community.

AHV and VACCHO support practices that embed cultural values in new and refreshed developments, and for Aboriginal voices and people to be recognised and valued through engagement in planning and design.

Self determination

In the recent Victorian budget the State government provided funding to recognise, celebrate and protect the heritage and culture of Victoria's Aboriginal community. Alongside this commitment the Government continues to work with the community to progress self-determination.

At the heart of self-determination is the principle that Aboriginal people know what they need. Aboriginal self-determination is seen as a right of Aboriginal people to make decisions about their own cultural, social, political and economic organisations, including ownership over Aboriginal lands, free of external interference or imposition.

The evidence is clear that Aboriginal owned and controlled organisations are best placed to provide services for Aboriginal people and in most cases achieve better outcomes than when services are provided by Government or non-Aboriginal service agencies alone.

AHV achieves above community housing sector standard for maintaining tenancies (89 per cent in 2014-15). This is an even more remarkable achievement given the unique and complex issues experienced by its tenants.

Consistent with the Victorian government's intent, AHV and VACCHO recommends the adoption of principles of Aboriginal self-determination in a future infrastructure strategy for Victoria, recognising the importance of an Aboriginal voice in the design of infrastructure to support service delivery.

Population growth

Victoria's Aboriginal population is young and growing fast.

In 2016 Victoria's Aboriginal population is estimated to be 53,663[3], slightly less than 1 percent of the State's total population.

Between the 2006 and 2011 censuses, the Victorian Aboriginal population grew by 26 percent with an average annual growth rate of 4.7 percent compared to only 1.7 percent for the general community. By 2022, the ABS predicts the Victorian Aboriginal population will be over 71,000. Areas of high levels of population growth in metropolitan Melbourne include Darebin and Casey, whilst in regional and rural areas significant increases in the Aboriginal population can be expected in Shepparton, Mildura, East Gippsland and Bendigo.

The median age of Aboriginal people in Victoria is 21 years compared to 38 years for the general population. Almost 60 percent of Victoria's Aboriginal population is aged 25 years or younger, compared to 32 percent of Victoria's non-Aboriginal population[4].

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[3] *ABS Aboriginal and Torres Strait Islander Population projections*

[4] *Victorian Government, 2015, Victorian Government Aboriginal Affairs Report 2014/2015, December 2015, Melbourne, pg 23.*

Three factors drive this population growth:

- a far higher than average birth rate;

- interstate immigration, and

- an increasing number of people identifying as Aboriginal or Torres Strait Islander in the ABS census and service provider systems.

Demand for health, community and family related services and social housing will continue to increase.

Existing ACCOs providing a range of these services will need to respond to this increasing demand through expansion and/or development of new facilities, particularly in areas of high growth.

The sheer increase in growth of the Aboriginal population and the associated housing need suggest that Aboriginal homelessness and housing outcomes are likely to deteriorate or at least not improve and more Aboriginal people will make their way into social and public housing.

Aboriginal Victorians already are far more likely to rent and to be housed in social housing. Currently 22 percent of Victorian Aboriginal households are in social or public housing. This is likely to represent greater than 22 percent of the Aboriginal population because the housing stock is oriented more to families than singles.

The implication is that the Aboriginal Victorians with the lowest incomes and the greatest levels of disadvantage are likely to be concentrated in social housing tenancies and this concentration is likely to increase over time. This is particularly the case in AHV's tenancies.

Inequality

The Aboriginal population is significantly more disadvantaged than the broader Victorian population. Education and economic outcomes for Aboriginal people are far lower than for the general population and Aboriginal people do not enjoy the same levels of good health and wellbeing as non-Aboriginal people.

On average, Aboriginal people have lower levels of formal education attainment, higher rates of unemployment, lower rates of economic participation and proportionally lower incomes. Aboriginal people are six times more likely to live in social housing[5].

They are also more likely to be Commonwealth Rent Assistance (CRA) recipients. Almost one quarter of Aboriginal households were estimated to receive CRA at 14 June 2013, compared with 15% of other households[6].

Victorian Aboriginal households have much lower rates of home ownership than those of the broader Victorian population, and as a result have less opportunity to enjoy the wealth creation benefits that home ownership can provide.

Rates of contact with the child protection and the criminal justice systems are much higher all the way through both systems for Aboriginal children and adults, from first contact to child removal and incarceration respectively. The incidence of family violence in the Victorian Aboriginal community is also understood to be roughly ten times higher than the general community although this data was not available in preparing this report.

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5 *Australian Institute of Health and Welfare, Indigenous Observatory*

6 *Australian Institute of Health and Welfare, Indigenous Observatory*

Primary causes of poor health in Aboriginal and Torres Strait Islanders can be attributed to:

- Social and economic exclusion
- Unemployment
- Low income
- Inadequate housing
- Deprived education
- Poor nutrition

The disadvantage and inequality experienced by Aboriginal Victorians across the full range of social determinants of health and wellbeing is also reflected in housing outcomes. A greater proportion of Aboriginal people are homeless and rates of home ownership are far lower.

Aboriginal employment opportunities

Employment is directly connected to infrastructure policies and it is important that outcomes targeting employment are embedded into infrastructure strategies.

There is a very real opportunity to make significant inroads into reducing Aboriginal unemployment and lifting productivity by tying new activity to Indigenous employment and training, targeting skilled gaps across sectors.

AHV manages a property portfolio of around 1500 dwellings while 15 ACCOs collectively manage nearly 400 properties. AHV uses its assets to achieve employment outcomes for Aboriginal people as sub-contractors in the building industry. Future plans to increase AHV's housing stock and grow the capacity of the organisation will create opportunities to build property maintenance teams made up of qualified skilled Indigenous tradespeople.

Similarly, the 30-year infrastructure strategy provides an opportunity for State Government managed developments can specifically target Indigenous employment and skills gaps in state contracts.

By setting an Aboriginal employment target and committing to the skills and training required to sustain employment, we believe it is possible to come close to eradicating Indigenous unemployment in Victoria.

7. Responses to the Options Presented

7.1 Respond to increasing pressure on health care, particularly due to ageing population		
In any consideration of the infrastructure needs relating to an ageing population, due consideration needs to be given to the fact that the prevalence of chronic disease amongst the Aboriginal population often means community members experience aged related illness and incapacity at a younger age than non-Aboriginal people. This is generally accepted and acknowledged in government policy and programs e.g. the Home and Community Care Program (Commonwealth Home Support Program) where Aboriginal people can access support from the age of 50 and in eligibility for public housing. In any modelling of future need this variation in relation to the Aboriginal and Torres Strait Islander population needs to be factored in.		
Changing Behaviour, Managing Demand	Health care patient subsidised travel program extension (HCP) – to assist people in regional communities to enable them to access health services that cannot be efficiently provided in their local community	Support this option. Community members often have to travel to have their chronic/ acute conditions treated including to VAHS or other health services with visiting specialists outside of their region.
	Health education programs (HEP) – deliver preventative health education programs targeted to the 15-25 years old age group to reduce future demand for health care	While health inequality continues to exist between Aboriginal and non-Aboriginal people, preventative programs need to continue to be provided for Aboriginal people of all ages. Prevention programs should be targeted at families, young parents, youth, and Elders. Evidence to date shows that prevention programs targeted at all of all these groups have a significant positive impact for individuals, families and communities.
	Preventative health care awareness (PHC) – invest in technology that supports preventative health, e.g. remote health monitoring and self-monitoring equipment	Support this option. Where promoted into Aboriginal communities take up will be optimised if individuals are supported by Aboriginal Health Workers and other culturally competent health workers.
Better use of existing infrastructure	Aged care and mental health residential care investment (ACM) – respond to growing need for residential aged care and mental health facilities by support people to remain in their own homes and where this is not possible, providing new purpose-built facilities	Support this option. Remaining in the home with family support is always preferable in Aboriginal communities. A pre-requisite for ensuring health related support is effective is decent housing and culturally safe health services. Where outside the home care is required, health and wellbeing related infrastructure should be Aboriginal specific and "on country" e.g. retirement village, nursing home and palliative care facilities. Connection to culture and community is a known protective factor and has a positive impact on overall social and emotional well-being. There are currently only 2

| | | Aboriginal specific aged care facilities in Victoria catering for the specific needs of elderly Aboriginal people – one at Rumbalara (Shepparton) and Aboriginal Community Elders Service (Parkville). At present there is evidence of pressing need – for example ACES requires approx. $450 000 capital works to refurbish its current 25 bed facility to an appropriate standard for its residents, however detailed planning undertaken by ACES some six years ago supports the need for a new facility with an additional 35 beds. This need is clearly a high priority for our Aboriginal Elders.

Indeed, the increasing number of older Victorian Aboriginal people would suggest additional facilities of this nature will be needed in many communities. The Rumbalara Aged Care facility is a good example of an integrated residential facility incorporating independent living and supported / nursing home care.

In geographic areas where the level of demand is not sufficient to make infrastructure developments of this nature financially viable consideration needs to be given to partnerships between mainstream organisations and ACCOs and where possible specific "wings" of facilities built to accommodate Aboriginal patients/ clients. In all cases, it is important to ensure alternative, mainstream facilities are culturally safe. |
| | Health care delivery role change (HCD) – shift some health service delivery from traditional sources to nurses, pharmacists and allied health professionals to reduce the demand on hospitals | Support this option. The Aboriginal health workforce already provides a broad range of health related services within Aboriginal community controlled health organisations. There is potential to review the current scope of practice of Aboriginal Health Workers, upskill the existing workforce as well as plan for increasing the number of Aboriginal people in a broad range of health related careers. There is clear evidence that Aboriginal health outcomes are enhanced when Aboriginal people can access qualified Aboriginal health workers. In pursuing this strategy in Aboriginal health settings, consideration must be given to the issues of access to relevant training, career pathways and wage parity. |

| Health infrastructure coordinated planning (HIC) – develop a 30 year health infrastructure strategy that responds to forecast population growth and supports all components of the health system. | Support this option. This strategy must address the health infrastructure needs of Aboriginal communities, particularly the Aboriginal Community Controlled Health Organisations. There are currently 27 of these organisations providing health services to their communities, the majority of which are accredited medical services. Many of these organisations were built in the 1980s and 1990s. As these facilities age, the population grows and changes, new services and programs are developed and delivered under changing government initiatives and policies, and the Aboriginal workforce expands, the need for new and/or upgraded infrastructure is becoming a critical need for many ACCOs. A most recent example is the expansion of programs to ACCOs for Aboriginal children and families who are involved in the child protection system. The transfer of the care and case management of Aboriginal Children in out of home care to the ACCOs will see a significant need for investment in capital works and other infrastructure requirements.

Currently, opportunities for funding to meet ACCO needs for infrastructure development are severely limited. A study in 2012 indicated infrastructure needs of around $120m. Since that time only a small number of ACCOs have managed to secure support for addressing their infrastructure needs. We also anticipate the need, over the next 30 years, for new ACCOs particularly in areas experiencing rapid population growth both in metropolitan and outer Metropolitan areas as well as in some regional and rural areas.

Infrastructure Strategy development also needs to take into account current planning efforts within the Aboriginal health sector around future needs. For example, the Loddon Mallee Aboriginal Regional Group is already scoping the residential needs of Aboriginal Elders now and into the future and their work taken into consideration in scoping infrastructure development in the health sector in this region. |

| New and Expanded Assets | Health and aged care repurposing of facilities (HAC) – relocate service points of care to meet demand for these services using new or existing facilities | Support this option. We understand that currently, and certainly within the life of this strategy, existing health facilities will age to a point where they are no longer fit for purpose and where upgrading to make them so will not be financially viable. It is important to consider alternative uses for these sites, particularly where they can meet a health related need. For example, within Aboriginal communities, there is a desperate need for Drug and Alcohol and Mental Health Treatment Services, yet a lack of capital/ infrastructure funding has proven to be a significant barrier in developing appropriate models of care. Suitable facilities for youth focused activities generally are generally limited in many Victorian towns. This is keenly felt in Aboriginal communities where "there is nothing for the young people to do". Community consultations in recent years have highlighted the need to support youth activities, particularly those that connect young people to culture, strengthen identity, reinforce the role of Elders in communities, support the re-engagement of young people into education, training and employment and provide positive alternatives to drug and alcohol use.

There is also an acknowledged need for Aboriginal Healing Centres to support Aboriginal community members and families to deal with issues such as family violence and other forms of trauma and transgenerational trauma.

While it is clear not all facilities would be suitable for these purposes, being open to the possibilities and being prepared to "have the conversation" with members of the Aboriginal community to explore options should be considered. |
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| | Health care smart facilities (HCS) – invest in the renewal of health infrastructure to remain fit for purpose and be flexible to respond to innovations in technology and models of care | Support this option. ACCHOs are significant partners and innovators in the provision of health and human services to the Aboriginal community and are essential to the achievement of State and National Health Strategies. Despite this critical role in improving Aboriginal health outcomes and "closing the gap" there has been little investment in ICT infrastructure over the last 15 years or so. As such, the majority of these health services are now significantly lagging behind mainstream health services in relation to their digital health technology capability. |

They need urgent investment to "catch up" with mainstream services and ensure they can:

- Manage health information in real-time
- Provide improved holistic patient centred care
- Improve workflow management
- Receive feedback and better manage patient experiences
- Achieve enterprise integration between IT, medical, communication and building technologies
- Improve clinical management
- Enhance communication across medical equipment
- Participate in mobile and e-health networks through enhanced connectivity with other health services and practitioners

7.2 Provide better access to housing for the most vulnerable Victorians		
Changing Behaviour, Managing Demand	Affordable housing sector regulatory amendment (SHS1) – use the Victoria Planning Provisions to provide affordable housing in strategic urban renewal precincts and other areas of significant change	Support this option. Further research is needed to determine where the future areas of demand will exist for the Victorian Aboriginal community. Within urban Victoria we are currently seeing increasing numbers of Aboriginal people moving into the West, North-West and Eastern suburbs of Melbourne.
Better use	Affordable and social housing targeted development (AHR) – introduce inclusionary zoning, or the mandatory provision of more affordable housing through amendments to the State Planning Policy Framework and appropriate legislation	Support this option. Consideration should also be given to include encouragement and/or inducements to local councils to identify and make available land or air-space, specifically for affordable housing for the Victorian Aboriginal community, especially in forecast areas of high demand.
	Public high rise housing estate renovation (PHR) – undertake a comprehensive refurbishment of existing high rise public housing tower estates to provide more functional and fit for purpose public housing stock	Support this option. Whilst high rise accommodation is less likely to meet the needs of the Victorian Aboriginal community (except perhaps in the case of crisis or transition housing) any increase in its availability and fit for purpose will alleviate demands more broadly. Within this option we would like to see this coupled with the strategies on physical activity and community spaces and in some areas e.g. Fitzroy and Collingwood Aboriginal community spaces (indoor and outdoor) are incorporated.

	Social housing "Social Rental" model (SHS2) – shift the government's role to focus on providing a sufficient supply of social housing and as a broker rather than as a provider and property manager	Support this option but acknowledge that the direct provision of public housing is a relatively cost effective and appropriate delivery mechanism of government which also facilitates diversity of housing options and competition. We are unclear about whether to support government's role as a broker until we know more about potential options. This role also has the potential to impact community housing providers.
	Social housing tenant transfer model (SHS3) – transfer some of the buildings and land titles of existing public housing assets to the private sector or community housing organisations to enable the non-government sector to operate and manage the facilities	Support this option. Increasing the portfolios of community housing organisations, with facilities or homes would enable leverage currently unavailable to the Director of Housing. Many Aboriginal community members currently reside in Victorian public housing and would also benefit from having a culturally sensitive landlord who has undertaken relevant cultural safety training.
	Social housing tenant transfer within a community (SHT) – Enable existing tenants to move into different housing within the community that meets their needs, to maintain the continuity of service.	Support this option. The more housing options available to Aboriginal people will contribute better outcomes as community members can access the type of housing that is the "best fit" for their needs.
New and Expanded Assets	Social housing asset rationalisation and refresh – refresh suitable assets and invest in better purpose-built accommodation dwellings through the sale of old unsuitable assets	Support this option. This is already a key component of Aboriginal Housing Victoria's Asset Management Strategy (Asset recycling). This option could be enhanced through access to favourable finance arrangements to offset any lag times between sales and construction projects.
Concepts Requiring Further Development	Affordable housing community land trusts (AHC) – promote the formation of community land trusts (CLTs) through funding further research to determine a sustainable model for Victorians and through subsidised provision of land	Support this option. We strongly support a strategy that offsets land banking and price controls by the corporate sector.
	Government owned and managed social housing provision to increase stock (GOM) – provide additional government-funded, built and managed public housing stock.	Support this option on the grounds of greater diversity of accommodation and management options and competition.

	Housing rental assistance program extension (HRA) – extend and introduce new rental subsidies to support households to be able to rent in the private rental market	Support this option. The current level of CRA assistance has not kept pace with rising rents. In this respect a more practical option would be to review adjust the CRA maximum rent caps annually.
	Social housing infrastructure investment framework (SCP) – develop and publish a 30-year infrastructure strategy for social housing, that responds to forecast population growth and demographic change	Strongly support this option.
	Social housing private provision to increase stock (SHP1) – increase levels of non-government provision of social housing stock, through the use of non-government organisations to create and operate affordable permanent and transition housing	Strongly support this option.
7.3 Improve accessibility for people with mobility challenges		
Better Use	Community health facility access (SCC) – implement regulatory amendments to ensure accessibility is incorporated into the planning for new developments, using principles of universal design	Support this option. This should also apply in any refurbishment, upgrades and extension of existing facilities in ACCOs. The application of inclusive design principles should be paramount and will ensure the mobility needs of the disabled and elderly are met.
New and Expanded Assets	Public transport accessibility (PTV) – upgrade public transport across all modes (trains, trams, buses) to provide accessibility for all Victorians. This would include, for example, full roll-out of low floor buses across the network.	Support this option. Ensure this is inclusive of regional and rural transport modes.
7.4 Improve access to jobs and services for people in regional and rural areas		
Changing Behaviour, Managing Demand	Health care patient subsidised travel program extension (HCP) – provide subsidised transport to people in regional communities to enable them to access health services that cannot efficiently be provided in their local community.	Support this option in conjunction with the Plan addressing infrastructure needs of ACCOs to ensure wherever feasible, health services and programs can be delivered by ACCOs either locally or regionally.

7.5 Other Issues

Address infrastructure demands in areas with high population growth

New and Expanded Assets	Northern Metropolitan corridor health service expansion (NHE) – provide health facilities to the Melbourne growth corridor to provide access to health services in this high growth region	Support this option. The Aboriginal population in this region is growing rapidly. Consideration to be given the new or expansion of Aboriginal health services including the Victorian Aboriginal Health Service.

Address infrastructure challenges in areas with low or negative growth

Concepts requiring further development	Health care alternative delivery options (HCA) – Deliver a mobile and e-health network throughout Victoria, enabling people to be treated in a coordinated and controlled way, by multiple practitioners across the health services.	Support this option. As significant users of technology (mobile phones, internet, social media), particularly younger Aboriginal people, digital technology such as mobile and e-health networks are likely to be well accepted and can be expected to play an important role in overcoming social as disadvantage and improve health outcomes. E-health services are potentially a powerful way to support Aboriginal people take more control of their health and well-being. VACCHO is already working with its Members to investigate and implement tele-health services. Promotion of this type of technology to Aboriginal people needs to be culturally appropriate. Take-up will be optimised if supported by Aboriginal health workers and/or culturally competent health sector workers. Issues of security and control over health information will be key to ensuring the success of this strategy.

Address expanded demand on the justice system

Better use	Justice and human services co-location (JCS) – co-locate services delivered by the justice sector to provide clients with all necessary services in one location	Some reservations about this. This will not necessarily be welcomed by Aboriginal people many of whom have had negative associations with the Justice system. A potential negative consequence could be the disenfranchisement of Aboriginal people from using human services within these locations. It would be preferable to explore options to co-locate these services with ACCOs.