



INTERFACE
COUNCILS

Creating liveable communities in Melbourne's outer suburbs

INTERFACE COUNCILS

BUDGET SUBMISSION 2021-22

Submitted 1 February 2021



@InterfaceVic

Interface Councils comprises Cardinia Shire Council, City of Casey, Hume City Council, Melton City Council, Mitchell Shire Council, Mornington Peninsula Shire Council, Nillumbik Shire Council, City of Whittlesea, Wyndham City Council and Yarra Ranges Shire Council.

Contents

EXECUTIVE SUMMARY	2
INTRODUCTION	3
KEY REQUEST 1: A one-off investment of \$333 million for the Interface Councils Stimulus Package to deliver \$1 billion in economic stimulus for local communities	8
KEY REQUEST 2: An annual and consistent funding commitment of \$75 million to the Growing Suburbs Fund to provide certainty for a significant pipeline of priority projects	15
KEY REQUEST 3: A long-term commitment of \$5 million for the Services Innovation Fund to trial innovative service delivery models in the Interface Councils Region	17
KEY REQUEST 4: A long-term funding commitment of \$2 million for the Live4Life youth engagement program to improve mental health outcomes for young people and surrounding communities	19
KEY REQUEST 5: A funding commitment of \$50 million per annum to maintain undeclared Arterial Roads	21
Appendix 1	23
Appendix 2	24

EXECUTIVE SUMMARY

The Interface Councils group requires significant support to cater for substantial population growth, unique and changing demographics as well as the impact of historic underfunding. This evolving need has been highlighted in the following inquiries and reports:

- *Parliamentary Inquiry into Local Economic Developing in Outer Suburban Melbourne* (2008)
- *Parliamentary Inquiry on Growing the Suburbs: Infrastructure and Business Development in Outer Suburban Melbourne* (2012)
- *Parliamentary Inquiry into Liveability Options in the Outer Suburbs* (2012)
- *Developing Transport Infrastructure and Services for Population Growth Areas*, Victorian Auditor General's Office (VAGO) (2013)
- *One Melbourne or Two: Implications of Population Growth for Infrastructure and Services in Interface areas*, Essential Economics (2013)
- *Supporting Interface Families*, 42 Consulting (2016)
- *Human Services Gap Analysis*, 42 Consulting (2017)
- *Effectively Planning for Population Growth*, Victorian Auditor General's Office (VAGO) (2017)
- *Interface Councils Liveability Snapshot*, Interface Councils (2017)
- *Interface Councils Liveability Policy*, Interface Councils (2018)
- *Interface Councils COVID-19 Socio-Economic Assessment*, Ethos Urban (2020)

The following priority funding requests will deliver immediate benefits to local communities, State Government and the state of Victoria:

Key Request 1: A one-off investment of \$333 million for the Interface Councils Stimulus Package to deliver \$1 billion in economic stimulus for local communities.

Key Request 2: An annual and consistent funding commitment of \$75 million for the Growing Suburbs Fund that will provide certainty for a significant pipeline of priority projects.

Key Request 3: A \$5 million commitment to establish the Services Innovation Fund to trial innovative service delivery models in the Interface Councils Region (ICR).

Key Request 4: A long-term funding commitment of \$2 million for the Live4Life youth engagement program to improve mental health outcomes for young people and surrounding communities.

Key Request 5: A funding commitment of \$50 million per annum to maintain undeclared Arterial Roads.

INTRODUCTION

The Interface Councils Region¹ (ICR) is home to over 1.6 million people, including over 410 thousand families. The ten municipalities within this region continue to face significant issues associated with unprecedented population growth², changing demographics such as a rapidly expanding ageing population, and the impact of historic underfunding. However, the most urgent consideration now is the ongoing management and recovery from the impacts of the coronavirus pandemic (COVID-19). The pandemic has emphasised the growing disparity of essential services and infrastructure between the Interface Councils Region and its inner Melbourne and rural counterparts. Although the group's priorities remain the same as they were prior to COVID-19, the scale and urgency of these priorities has changed.

Funding commitments for essential infrastructure and services have not kept pace with the needs of the region. This has created an environment of inequity, where local jobs are scarce, dependence on cars is high, access to quality education is compromised and community facilities and services are deficient in comparison to inner and more established areas of Melbourne. During the past five years, population growth in the ICR has significantly exceeded the state average, accounting for 49 per cent of growth in Melbourne and 44 per cent of the entire state's growth. While this growth has slowed recently and different migration patterns are emerging, there are sustained pressures that remain in relation to servicing both rural and urban communities, in addition to the critical need to address the lack of access that residents have to jobs, infrastructure and services.

The ICR is home to communities and residents who are proud of where they live. Interface Councils looks forward to working with the State Government to provide our communities with better access to critical health and human services, economic certainty and sustainable lifestyles during this challenging time.

This submission outlines the guiding principles behind Interface Councils' key requests.

Current Funding Context

The Interface Councils group was encouraged by the State Government's sixth investment into the Growing Suburbs Fund (GSF) in the 2020-21 Victorian State Budget in November 2021. To date, the State Government has invested \$275 million into the fund, including \$25 million in June 2020. The GSF will continue to assist the development of essential multi-purpose facilities, community centres, playgrounds and other infrastructure and spaces that are essential to outer suburban communities.

Stage 1 of 2020-21 funding (\$25 million) has already been allocated, with Stage 2 providing approximately \$50.2 million for new projects for the remainder of the financial year.

In addition to the GSF, the following investments in the 2020-21 State Budget that will help significantly to strengthen the social and economic fabric of the outer suburbs are as follows:

- \$364 million (TEI) for **school and special school projects** (new and upgrades)
- \$147.3 million (TEI) for **land acquisition for future schools** in the LGAs of Cardinia, Casey, Hume, Melton and Wyndham
- \$75 million (TEI) to **purchase land and undertake detailed planning and early works** for a new Melton hospital
- \$66 million (TEI) to continue planning for **ten community hospitals** and to acquire land in Cranbourne, Pakenham, Whittlesea, Eltham and Point Cook
- \$117 million (TEI) to **upgrade metropolitan roads and intersections**, including the following in the Interface region:
 - Cardinia Road and Henry Road intersection in Pakenham
 - Melton Highway, Sunshine Avenue and Old Calder Highway intersection in Melton

¹ Interface Councils is a group of ten municipalities that form a ring around metropolitan Melbourne, comprising Cardinia Shire Council, City of Casey, Hume City Council, Melton City Council, Mitchell Shire Council, Mornington Peninsula Shire Council, Nillumbik Shire Council, City of Whittlesea, Wyndham City Council and Yarra Ranges Shire Council.

² Interface Councils includes the seven Growth Area Councils: Cardinia Shire Council, City of Casey, Hume City Council, Melton City Council, Mitchell Shire Council, City of Whittlesea and Wyndham City Council.

- Mickleham Road and Aitken College intersection in Greenvale
- Point Cook Road and Sneydes Road intersection in Point Cook
- Ryans Road and Wattletree Road, and Ryans Road and Wallowa Road intersection in Eltham North
- \$4.2 million (TEI) to address critical safety issues, accelerate the delivery of a **new bus service** connecting Mernda and Craigieburn, network reform and service upgrades on the Mornington Peninsula
- \$272 million (TEI) for the new **Wyndham Law Court**, headquarters and associated buildings and services
- \$20 million (TEI) to support **new revitalisation projects** (improved public spaces) in Lilydale, Tarneit and Melton, among other areas.
- \$52 million (TEI) for **upgrades at parks** and other locations including in the Dandenong Ranges, Mornington Peninsula, Plenty Gorge and Point Cook, among other areas.

At a state-wide level, Interface Councils will also receive positive benefits from the \$605 million (TEI) allocated for implementing the Royal Commission into Victoria's Mental Health System's interim report findings and recommendations with the investment of \$492 million to deliver 120 mental health beds in Geelong, Epping, Sunshine and Melbourne.

Interface Councils acknowledges the benefit of state-wide investments to the region, such as the \$5.3 billion social housing commitment, in addition to investments in health, mental health and education.

However, the areas of public transport, early childhood and a specific outer suburban stimulus package were underfunded in the 2020-21 budget, which may result in a shortage of required infrastructure if unallocated state funds and federal contributions are not secured.

Further, Regional Victoria has been allocated approximately four times the funding for health infrastructure projects compared with the Interface Councils Region. This includes \$495.4 million (TEI) allocated to specific capital health projects and an additional \$120 million (TEI) for the Regional Health Infrastructure Fund. In regard to road and intersection upgrades, Regional Victoria was allocated \$827.4 million (TEI) to repair regional and rural roads.

The group acknowledges there have been funding improvements delivered by State Government regarding infrastructure provision that are more closely aligned with the region's share of population growth, which have delivered benefits for communities.

However, it is important to emphasise that the Interface Councils Region accommodates approximately 27 per cent of Victoria's population and 35 per cent of metropolitan Melbourne's population³ and that historically the region grapples with considerable under-investment. This has resulted in significant deficits of essential infrastructure and services that continue to have a lasting impact. Non-Interface Metropolitan and Regional Council areas continue to receive a higher level of funding according to their population levels and growth rates. The pattern of disproportionate investment based on population growth remains entrenched in Victorian State Budgets and Interface Councils recommends this approach be urgently revisited, especially in the context of Melbourne's outer suburbs suffering socially and economically from the pandemic.

Interface Councils understands the current fiscal situation for all levels of government is currently under extreme pressure and revenue streams are challenged with many competing investment priorities each year. Ultimately, the group eagerly awaits the *Budget Paper 4: State Capital Program* to be released in the 2021-22 State Budget, which is projected to contain detailed information relating to infrastructure investment at an Interface level.

Future investment

Amid the pandemic and its ongoing social and economic challenges, investment in the region is urgently needed to improve social outcomes and build up essential infrastructure, which will attract new investments and jobs to the region. Historic state underfunding combined with rate capping, the Federal Assistance Grant freeze, changes

³ ABS Estimated Resident Population (provisional), 2018

to developer contributions and limited revenue streams exemplify the critical need for increased, timely and consistent state funding that is proportional to population distribution and revenue contributions.

Interface Councils appreciates the current State Government's concerted effort to understand the challenges residents of the ICR face and its commitment to start bridging the gap in essential services and infrastructure. Yet the group emphasises the importance of the Government continuing this commitment and providing long-term funding certainty to afford communities in the ICR the same standard of liveability as their inner Melbourne counterparts now and into the future.

Liveability

Liveability definitions are plentiful among thought leaders, professionals and experts. Sue West and Marnie Badham provide a comprehensive definition of liveability in their *Victoria Growth Areas Authority* report:

*"Being related to the attractiveness and particular amenities a community offers. This means things like fully grown trees, well designed open spaces and walking paths, environmentally sustainable public transport and access to education, recreation and health services. Liveability describes a place where people feel safe, connected to their community, and want to participate in the local economy through investment in business. Also, important to liveability is the unique identity of a community defined by cultural development, landmarks, urban design, the developing local economy and the existing natural landscape."*⁴

When you consider this definition in the context of the ICR, communities in these areas are facing serious liveability challenges. These challenges have not only been highlighted by Interface Councils' research,⁵ but have been identified and confirmed in several Parliamentary reports and notably also by the Victorian Auditor General.

The Parliamentary Inquiry on Growing the Suburbs: Infrastructure and Business Development in Outer Suburban Melbourne (2012) found that Melbourne's outer suburban residents face a shortage of local 'knowledge industry' jobs and a decline in those industries, such as manufacturing and retail, that have traditionally provided a large proportion of local jobs.

The Victorian Auditor General's Report⁶ notes that, over a long period of time, the state has failed to deliver the transport infrastructure and services needed to support rapidly growing communities. A subsequent Victorian Auditor General's Report⁷ states that "rapid growth is creating unprecedented challenges for infrastructure and service delivery, especially in the growth areas, where infrastructure and services of all types are limited and generally lag behind population settlement." This is adversely impacting accessibility to services and infrastructure, and risks the future liveability of metropolitan Melbourne, if not addressed.

Despite more recent and significant investment by this government, infrastructure and service deficits continue to impact the liveability of communities in the ICR including, in some instances, contributing to significant pockets of social isolation and disadvantage.

In 2017, Interface Councils released its Liveability Snapshot⁸ which confirmed that communities living in Melbourne's outer suburbs don't enjoy the same standard of liveability as other Victorians across a significant number of indicators. Since then, Interface Councils has been working closely with policy makers to discuss solutions that would raise the liveability standards in Melbourne's outer suburbs to be more aligned with those in the rest of Victoria. Interface Councils looks forward to continuing its work with government to address the following liveability issues revealed in the Liveability Snapshot:

- More than 40 per cent of residents in the outer suburbs do not live near public transport.

⁴ *A Strategic Framework for Creating Liveable New Communities*, Victorian Growth Areas Authority, 2008

⁵ *One Melbourne or Two?* (Report Update, 2017), *Fairer Funding report* (2014), *Human Services Gap Analysis* (2017) and the annual Interface Councils Budget Scorecards (2012-2017)

⁶ *Developing Transport Infrastructure and Services for Population Growth Areas*, Victorian Auditor General's Office (VAGO), 2013

⁷ *Effectively Planning for Population Growth*, Victorian Auditor General's Office (VAGO), 2017

⁸ *Interface Councils Liveability Snapshot*, 2017

- Unemployment in the outer suburbs is the highest in the state, sitting at 6.9 per cent, it is 1.1 per cent above the state average.
- Local job provision in the outer suburbs is the lowest in Victoria with a self-sufficiency rate of 62.5 per cent, which is 30 per cent less than the state average.
- Almost one in five people travel more than two hours each day for work and the number of people who travel to work by car is almost three out of four workers, again the highest in the state.
- Residents in the outer suburbs are reporting the highest levels of psychological stress and mortgage stress in the state, yet have access to the lowest levels of GPs and allied health services per 1000 per people.
- The Walk Score® for grocery shopping is 33 per cent compared to all other areas in Melbourne, which score higher than 50 per cent.
- While the outer suburbs offer the highest levels of open space in the state, their access to these parks and reserves by foot is significantly limited.
 - The Walk Score® for parks in the outer suburbs is 17 per cent, almost three times less than the Walk Score® for parks in middle Melbourne.

Healthy Communities

The *Interface Councils Liveability Policy*⁹ states that “unprecedented growth in the ICR has increased pressure on essential services and infrastructure. Access to pharmacies, dental services, general practitioners and allied health services remain below the rest of Melbourne and the state average. As a result, the health and wellbeing of residents is significantly impacted and will likely have long-term consequences for the State Government, local communities and the region if not addressed adequately.”

Residents in the region also report higher levels of psychological distress and family violence incidents than residents living in other parts of Melbourne, both of which have surged throughout the pandemic.

Interface Councils welcomes the opportunity to continue working with State Government to further close the gaps for essential social services and infrastructure that will have an impact on the region in order to stave off the continuing divide between the ICR and the rest of Victoria.

⁹ *Interface Councils Liveability Policy*, 2018

The Opportunity

Residents of the ICR love where they live and the community that surrounds them. The priorities of the group have not changed. Rather, the pandemic has brought them into sharp focus and emphasised the important role of Local Governments in the recovery effort.

The results of Ethos Urban's COVID-19 Socio-Economic Impact Analysis¹⁰ show that outer suburban areas have been disproportionately impacted in measurable data in terms of employment, wages and salaries, economic output and value-added output. Financial and psychological stress, family violence incidents and youth mental health concerns are significantly higher in the region than anywhere else in Victoria. While each municipality has been impacted, the nature and of the impact and Councils' ability to respond varies. The group is calling for State Government support to manage these ongoing issues in a timely way.

In addition, there are several indicators in the 2015 DHHS LGA profiles that remain relevant and demonstrate the prevalence of disadvantage and inequity in the region, particularly when compared to other parts of metropolitan Melbourne. Notably, the area has a lower index of relative socio-economic disadvantage (IRSD). Other key indicators show Interface Councils residents:

- Have access to just 0.51 jobs per labor force participant
- Experience high degrees of psychological distress, which could be due to longer commute times, higher rates of mortgage and rental stress and a lack of access to support services
- Have higher levels of poor dental health
- Have significantly lower access to public transport close to home
- Have high dependence on motor vehicles, which creates subsequent financial pressures due to daily commutes and petrol costs
- Have low levels of access to allied health support services

The above indicators provide a glimpse of the challenges facing residents living in Melbourne's outer suburbs, where gaps in infrastructure, a lack of local jobs and lagging service provision are lowering the state of liveability in local communities.

However, Interface Councils has experienced first-hand how Victoria's policy-makers have contributed to a positive change in these communities. For example, the establishment of the Growing Suburbs Fund has improved the lives of children and families living in Melbourne's outer suburbs. There are numerous other examples of Australian programs and policies that have effectively ameliorated many of the causes and effects of community disadvantage (for examples, see: Soriano, Clark, & Wise, 2008).

The group looks forward to continuing to work with government to create real, enduring and positive change for people living in the Interface Councils Region, in a time when it has never been more important.

¹⁰ Interface Councils COVID-19 Socio-Economic Assessment, July 2020: <https://bit.ly/3oHDWdq>

KEY REQUEST 1: A one-off investment of \$333 million for the Interface Councils Stimulus Package to deliver \$1 billion in economic stimulus for local communities

Interface Councils' *Supporting Local Communities* stimulus will directly assist local communities recover from the economic devastation caused by the coronavirus pandemic (COVID-19) and the ongoing associated disruption.

The objective of the stimulus is to provide funding for local jobs and businesses in the Interface Councils Region and generate support for residents in the outer suburban region. It would deliver projects and results in the next three to 24 months. Interface Councils believes it would support other ongoing Victorian Government initiatives such as the Building Victoria's Recovery Taskforce and the Working for Victoria fund.

The group recognises all levels of government will need to support the economic and social recovery of the region as a result of COVID-19. All levels of government are faced with the need to provide increased support, albeit from reduced revenue streams. It is important to note that not all Interface Councils are in a financial position to participate equally and this stimulus may need to be adapted to suit the financial situation of individual Councils.

This one-off stimulus support will see a minimum of three primary funding sources:

- State Government (1/3 of the funding)
- Local Government cash reserves (1/3 of the funding)
- Local Government borrowings or cash reserves (1/3 of the funding)

There may be additional funding that can be secured from other private and Federal Government sources.

If a Council does not have the capacity to borrow additional funds due to their current level of debt and does not have the cash reserves to make up two thirds of the cost, then IFC would expect the ratio to be based on a 50 per cent contribution rather than a two thirds contribution (i.e. "dollar for dollar.")

IFC has developed a range of initiatives that will support local communities and stimulate local economies in this request. The implementation of these initiatives will be funded using the funding model outlined above, which will involve Local Councils using cash reserves and borrowings, coupled with State Government contributions.

If the State Government was prepared to invest \$333 million, this package would deliver a \$1 billion stimulus for local communities via the co-contributions model. Moreover, these initiatives can be rapidly executed to maximise community benefit.

This investment would deliver a huge support to struggling local economies. For example, the direct addition of \$1 billion into the construction sector would result in the addition of 6,536 local jobs per municipality. In addition, the combined effect of economic multipliers in the City of Casey alone, and the wider economy is estimated to be an addition of 11,915 jobs.

This joint stimulus package with the Interface Councils should be considered in recognition of:

- The proven ability of IFC to deliver the Growing Suburbs Fund and maximise the returns to the State Government and the benefits to communities.
- The Interface Councils Region's prominence of already vulnerable communities. This means the current and ongoing impact of COVID-19 is and will continue to be disproportionate to the rest of Victoria and necessitates priority funding.
- The attractive multiplier effect of investment and job creation in geographic areas where there are not enough local jobs per workforce participant, and where localised unemployment rates will be higher than the Victorian average given the employment dependence on Growth Area Council sectors that will be hardest hit by the economic shock - retail trade, manufacturing and construction (.id, 2019). Job losses in these industries will put an additional burden on already stretched services. In addition to these, agricultural businesses, arts and cultural businesses and accommodation have also been significantly disrupted and will continue to be challenged.
- Approximately 28 per cent of the Greater Melbourne population currently lives in the seven Growth Area Councils and by 2041 this will increase to 34 per cent. Up to half of Melbourne's total population growth in the period to 2041 will be in the Interface Council growth areas.
- Two Interface Councils (Mornington Peninsula Shire and Yarra Ranges Shire) have a significant role in Victoria's tourism visitor economy. Because travel has been limited, it is impacting on these Councils disproportionately.
- Historically, Interface Councils have scored lower on the Socio-Economic Indexes For Areas Index (SEIFA Index) than Greater Melbourne or Regional Victoria. This index is prepared every five years from the Australian Bureau of Statistics (ABS) data with the next round due in 2021. The SEIFA Index has 16 input variables, the most significant include the proportions of:
 - Low household incomes
 - Jobless parents of dependent children
 - Dwellings without internet access (*One Melbourne or Two?*, 2018)
- The Vulnerability Assessment for Mortgage, Petroleum, and Inflation Risks and Expenditure Index (VAMPIRE Index) developed by Griffiths University assesses household vulnerability to key socio-economic risk factors, based on ABS data. The latest VAMPIRE data shows that the Interface Councils Region has high and very high vulnerability levels. This data emphasises the difficulties facing IFC residents associated with lack of access to public transport, car dependency and high housing costs compared to non-Interface areas. (*One Melbourne or Two?*, 2018)
- There are a number of complex social challenges in the ICR that have been exacerbated by the pandemic. Notably there is a high incidence rate of family violence, which is particularly prevalent in the Growth Area Councils. Evidence shows that isolation and an increasing lack of access to services heightens instances of family violence and puts more individuals and families at risk. This issue is compounded by historical underfunding and under-provision of critical social support services.
- The significant deficits in access to transport, education, health and recreational infrastructure, created by long-term underinvestment in outer suburban areas during the recent period of unprecedented population growth.

- Despite the short to medium term effect of a lack of migration, the higher Total Fertility Rate of the Interface Councils Region would most likely result in a higher comparative growth rate than prior to COVID-19.

PROPOSED FUNDING MODEL:

If State Government is prepared to invest \$333 million over three years (\$111 million per annum), this package will be valued at a \$1 billion return via a co-contributions funding model. Financial commitments would be based on a one-off or capital expenditure and not a recurrent request.

Existing funding streams could be utilised in this package such as the Working for Victoria fund, Local Government contributions, Local Government borrowings, State and Federal Government contributions.

It is important to acknowledge that Local Government revenue may decline in the next financial year due to lost revenue from a range of sources such as deferred rate payments. In addition to this, there will be a compounding need in the future to provide additional services to assist the community to deal with the evolving stages of the pandemic.

SCOPE:

The Interface Councils group is seeking to work with the Victorian Government on a number of outcome-driven initiatives in the Interface Councils Region. Some projects are ready for an immediate start and all projects would be completed within four years.

Just as the Growing Suburbs Fund (GSF) has proven to be an effective mechanism for the delivery of timely essential community infrastructure and improved social wellbeing, the Supporting Local Communities stimulus package would bring forward essential funding for IFC residents and improve economic, health and wellbeing outcomes for residents. However, in direct comparison to the GSF, this support would be drawn from a one-off capital fund.

PRIORITY PROJECT AREAS AND SAMPLE PROJECTS:

If funded, the projects below would improve people's lives and bring support to some of the most vulnerable members of the Victorian community.

These projects are examples of the type of projects the Interface Councils will implement as part of the stimulus package:

1. SERVICING OUR MOST VULNERABLE

Health care and social services employ the largest number of Council staff. The funding would assist Councils, and health and human services agencies, to employ additional staff to meet current demand.

This funding would also bring forward the construction of multipurpose spaces and expand the use of existing sites such as community centres, sporting and other recreation facilities to encourage maximum use of space.

SAMPLE PROJECT: Revising the Home and Community Care Program for Younger People (HACC-PYP)

Implementing changes to the HACC-PYP such as flexibility to reallocate existing funds in 2019/20 and 2020/21 across service types, including to/from Flexible Service Response (FSR.)

Many Interface Councils are experiencing significant demands on its HACC-PYP services while simultaneously grappling with serious impacts on its funding model in the COVID-19 environment.

In addition to these no cost measures, funding would ensure appropriate continuity of care for some of Victoria's most marginalised and vulnerable residents and would boost service delivery at this challenging time.

This funding will:

- Provide ongoing local jobs
- Ensure residents can get the care they need closer to home
- Promote community cohesion and engagement
- Contribute to better mental health outcomes
- Support Councils to be agile in their response to current and emerging community needs
- Enable Councils to provide recovery support to ease pressure on local service providers

SAMPLE PROJECT: Kilmore Integrated Community Hub (Mitchell Shire Council)

The Kilmore Integrated Community Hub would provide key services for the local community. It is being undertaken to revitalise the site currently occupied by the Kilmore Library, Memorial Hall and John Taylor Room.

The masterplan and concept plan have been developed and indicate the potential of this site to deliver beneficial outcomes for all ages and groups within Kilmore.

This funding will:

- Revitalise a key piece of community infrastructure
- Provide vital community spaces which support a range of activities including education and community development
- Improve local wellbeing and liveability

2. SUPPORTING LOCAL ECONOMIES

Many Interface Councils are not eligible for the State Government's Tourism Industry Development Fund yet businesses are. Providing targeted support would fill a particular gap for Councils to support local tourism and hospitality businesses with the practical business model transformations necessary in the current environment. If delivered to Interface Councils, this funding would also assist to stimulate private investment.

SAMPLE PROJECT: Briars Master Plan [\$25M] (Mornington Peninsula Shire Council)

The Briars is one of the oldest heritage homesteads and one of the most visited destinations on the Mornington Peninsula.

There are many opportunities to further improve the Briars, which is a 230-hectare site, and enhance the wellbeing of the community, build community capacity and contribute to the prosperity of the region. The Master Plan project includes:

- Replanting some of the broad acres with indigenous plants, extending the walking trails and reintroducing animals that once lived here. This will become an ideal place for telling stories from the Traditional Owners.
- Creation of children's gardens to connect children to nature through exploration and play. One, the Tichin-Gorourke Children's Garden, will celebrate the site's original name (Tichin-Gorourke is the Boon Wurrung word for voice of many frogs) and focus on wetlands and frogs.
- The restoration of the heritage precinct to bring the Homestead back to life, including the return of the Napoleon collection. The Homestead is one of the oldest European homes on the Peninsula, with the first section built in the 1850's. Visitors will be transported back to when the Balcombe family lived here and discover their link to Napoleon.

This project will deliver:

- Local jobs during and after construction has completed
- Restoration of a heritage precinct
- An opportunity to connect with the local environment
- Support local environmental and agricultural efforts
- Promote social cohesion
- Encourage an increase in tourism to the area

3. ADDRESSING INFRASTRUCTURE PROJECT SHORTFALLS

Funding would bring forward projects that increase local jobs and amenity planned for 2021 and beyond. These would target shortfalls in Developer Contribution Plan capital projects and employ local residents. In addition, Councils will bring forward its maintenance plans and employ more people to complete the maintenance work.

SAMPLE PROJECT: Wollert East Community Centre (City of Whittlesea)

This project is at the maturity to be delivered in the allocated timeframe, in up to 24 months.

Direct economic stimulus/project value:	\$8.55M
Funding required to fast-track:	\$2.2M
No. of jobs (construction):	37
No. of jobs (ongoing)	22

This project will deliver:

- Support construction of this multi-purpose facility for three-year old kindergarten, maternal and child health and community spaces
- Enable it to be fast-tracked and to be open by the 2022 school year

4. BACKING UP STATE POLICY

IFC would support State Government policy schemes in targetted ways with this additional funding. State priorities such as overhauling the recycling system and improving the transport network are significant at both a state and local level. Additional funding would in many cases assist Councils to employ local residents to carry out dedicated work that would be in the state's interest.

SAMPLE PROJECT: Changing the rubbish bin lids

As part of the rollout of four colour-coded bins across the state, households need to have their bin lids changed. In Hume City Council this work is in high demand. This work would be ideally matched to people who have recently become unemployed. It could also facilitate special arrangements for remote households to ensure everyone gets their bin lid changed in the required timeframe.

This funding will:

- Create local jobs for low-skilled residents currently unemployed
- Support the Victorian Government in the 10-year plan to transform the state's recycling and waste sector
- Employ Working for Victoria participants for a further 18 months

SAMPLE PROJECT: Road construction work

The focus of this funding area would be to bring forward key state infrastructure projects, for example critical road construction work.

Road construction – Berwick-Cranbourne Road and Hardys Road intersection (City of Casey)			
State agency	Budget	Local jobs created	Electorate
Department of Transport	\$9,600,000	22 (construction)	Bass/Cranbourne

Road construction – Kilmore Bypass (Mitchell Shire Council)			
State agency	Budget	Local jobs created	Electorate
Department of Transport	\$164,000,000	480 (construction) 1,340 (state-wide)	Euroa

This project will deliver:

- Local construction jobs
- Expedite priority local road projects
- Fast track the delivery of local jobs
- Secure construction supply
- Increase community amenity

KEY REQUEST 2: An annual and consistent funding commitment of \$75 million to the Growing Suburbs Fund to provide certainty for a significant pipeline of priority projects

Investment in community infrastructure via the Growing Suburbs Fund (GSF), in the 2015/16, 2016/17, 2017/18, 2018/19 and 2020/21 State Budgets was welcomed by Interface Councils.

The Growing Suburbs Fund is a proven funding mechanism that must be expanded to assist with meeting the needs of existing and future communities. Proper levels of investment in the ICR will contribute to significantly enhanced liveability, including economic development, and avoid long-term social problems and more extensive and expensive intervention in the future.

For the first time, in June 2021 the six Peri-Urban growth LGAs also had access to the Growing Suburbs Fund Stage 1 announcement. As a result, the Interface Councils received approximately \$19.1 million in funding (or 76 per cent) and the Peri-Urban Councils received \$5.9 million in funding (or 24 per cent).

In November 2021, an additional \$50 million for the GSF was announced. to be shared between the ten Interface Councils and six Peri-Urban Councils. The fund is now providing more limited support to an additional 200,000 residents of the Peri-Urban Group of Councils and there have been major changes announced to the project criteria. While the group is grateful for this funding, there is concern that the region's more than 1.6 million residents will fail to receive the critical community infrastructure they need at a time when it is needed most, especially when Interface municipalities have been severely impacted by the coronavirus pandemic.

Interface Councils is calling for a minimum commitment of \$75 million per annum, as well as a longer-term commitment in the form of appropriate forward estimates, in order to properly address persistent liveability gaps in Melbourne's outer suburban communities.

To ensure the GSF remains an effective funding tool for building urgently needed infrastructure, the fund should be indexed on inflation and the population growth rate across the Interface Councils. It must be emphasised that there have been no concerted efforts to increase indexation for funding. This has a direct impact on the quantity and quality of projects able to be delivered because preparation of applications is resource-intensive and often time-constrained. This key request takes into account the inclusion of the six Peri-Urban LGAs and applies an average 2 per cent CPI rate since the start of the fund, as per Table 3a below. This is compared with a 5 per cent increase in Table 3b, which is the annual increase according to the Victorian Cordell Building Indices – Cordell Housing Index Price (CHIPS) as of December 2017.

Table 3a.

2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
\$50,000,000	\$51,000,000	\$52,020,000	\$53,060,400	\$54,121,608	\$55,204,040

Table 3b.

2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
\$50,000,000	\$52,500,000	\$55,125,000	\$57,881,250	\$60,775,312	\$63,814,077

For Interface Councils to keep contributing and delivering positive community outcomes, appropriate increases to the fund need to be committed to. A consistent envelope of funding would allow for improvements to the annual application regime and for Councils to be able to build the requirements into their budget profiles. For Councils to produce "shovel-ready" projects, a certain level of certainty is needed at a local level.

The \$325 million investment made to date has and will continue to boost economic development and provide infrastructure that addresses four key areas of social disadvantage experienced by communities in ICRs: fragile

families, poor health outcomes, at risk youth and isolated ageing. To demonstrate the importance of the GSF, Interface Councils commissioned the Interface Benefits Report¹¹, which indicated that the projects deliver:

- Improved mental health outcomes;
- Improved community engagement among youth;
- Increased physical activity and improved preventative health outcomes; and
- Improved local employment outcomes through the creation of jobs.

In addition, it is important to note the opportunities and services that have and will become available for communities through these infrastructure projects. These will enhance the liveability of the ICR and attract new business prospects, investments and jobs.

Historically, there exists a significant backlog of projects that Interface Councils still need to deliver to bridge the community infrastructure deficit that continues to exist.

For example, the annual allocations of \$50 million in the 2015/16 and 2016/17 State Budgets funded more than 75 projects and exhausted all available funds. In both the 2017/18 and 2018/19 application process, more than 170 projects were submitted, with just 41 and 39 of these receiving funding respectively.

Continued investments in the GSF reflect crucial steps forward in a long journey. This is further demonstrated by Interface Councils' list of unfunded infrastructure required to support the delivery of approved Precinct Structure Plans (PSPs) during the next four years, which totals more than \$1 billion dollars.

In addition to the list of unfunded PSP infrastructure projects, Interface Councils has updated its list of priority community infrastructure projects. This includes both current applications and pipeline projects critical to outer suburban communities. *The compilation list of projects (compiled in 2018) is available on request.*

¹¹ *Interface Benefits Report, 2016*

KEY REQUEST 3: A long-term commitment of \$5 million for the Services Innovation Fund to trial innovative service delivery models in the Interface Councils Region

Interface Councils is encouraged by the recommendations of the Victorian Royal Commission into Mental Health and believes there is an opportunity to capitalise on them to deliver services in a way that will change the lives of people in Melbourne's outer suburbs and improve critical parts of the health and human services system.

The findings of the Royal Commission corroborate evidence from external and Interface Councils-led research and align with Local Government experience. As such, they have the potential to deliver integrated care, improve equity and invest in the future of a healthier Victoria for all its residents.

Service levels in the Interface Councils Region (ICR) are at a significantly lower level than the average for the rest of metropolitan Melbourne.¹² Before the coronavirus pandemic, the gap in local service provision equates to more than a quarter of a billion dollars, which is demonstrated in the following statistics for the region:

- There are 52% fewer psychologists, representing an estimated \$57 million funding gap
- There is 49% less family violence support, representing a \$17 million funding gap
- There is 22% less mental health support, representing an estimated \$7 million funding gap
- There is 13% less alcohol and other drugs support, representing an estimated funding gap of more than \$1 million

People living in the ICR experience a higher degree of social isolation and loneliness, the ripple effect of family violence, alcohol and other drug misuse, homelessness, youth disengagement and poor education outcomes. Compounding these problems is a demonstrable lack of public transport servicing and access for residents, which means it is harder for people to access the services they need in a timely way before they escalate.

Often the social issues that emerge cannot be met in time by traditional delivery models administered by the State Government or Councils themselves. In many cases, these problems, such as a spike in family violence or youth crime, generally require urgent local action by multiple agencies.

Unique Capabilities

The Interface Councils group is the State Government's "early warning system" for emerging social problems in local municipalities. As the tier of government closest to the community, Councils become aware of local issues via multiple channels, including Maternal and Child Health services, preschools, youth services, transport engineers, open space workers and others.

Innovation and agility have become increasingly intrinsic to Councils in their role as the "people's government." Therefore, there is a unique capability within the group to observe, intervene and act on emerging problems early and deliver a new suite of interventions to the people who need them most. Further, residents of the ICR exist simultaneously as a microcosm for the greater population, where successful pilot projects could be rolled out in future. There is a capacity to trial new approaches and partnerships in the region that is not available in other parts of Melbourne. This appetite should be capitalised on by State Government, because investment now will bring significant long-term returns which will mean improved quality of life for people in outer suburban communities and Victoria as a whole.

Interface Councils recommends a new approach to service delivery by providing a long-term commitment to a group of pilot projects targetting major service gaps. The projects have been developed using innovative methods of planning and delivering services, together with infrastructure that improve efficiencies and access to local services that expanding communities need.

¹² *Human Services Gap Analysis, 2017; One Melbourne or Two, 2018*

The New Approach

Interface Councils proposes a new approach that relies on person-centred care and partnerships with non-government service providers. This approach builds on the successful partnership in Cardinia Shire Council (outlined in Appendix 1) and directly addresses findings from the Victorian Royal Commission into Mental Health.

Four pilot projects have been developed to redress four critical service gaps in the region. Detailed evaluation criteria including a value matrix would be established to track and quantify the impact of the new approach and its benefit to the community and the State Budget. These projects will deliver pre-emptive service delivery solutions that produce positive social outcomes and long-term economic return for the State Government.

The following guiding principles were developed to demonstrate those benefits. Each of the pilot projects:

- ✓ Addresses one of these key service gaps in the ICR: mental health, family violence, alcohol and other drugs misuse, homelessness, Aboriginal health, CALD support, LGBTQI, youth initiatives, shortage in allied health such as occupational therapy, physio, psychologists, access to GPs or pharmacists,
- ✓ Is not an ongoing program (i.e., 12 months only)
- ✓ Is able to be completed in in one to three years
- ✓ Delivers economic benefits or reduce costs to Government in the long-term
- ✓ Is able to demonstrate positive social and community outputs that improve the status quo
- ✓ Is able to be implemented in other LGAs
- ✓ Reflects early intervention and prevention of long-term issues
- ✓ Addresses specific issues across a number of local government areas
- ✓ Adopts a collective or partnership approach to addressing the issues
- ✓ Does not operate in the sphere of Federal Government funding

It is beneficial if the project proposed has been trialled elsewhere.

Pilot Projects

The four pilot projects that have been developed to target particular service gaps are outlined in Appendix 2.

Reporting Framework

It is Interface Councils' recommendation the Department of Premier and Cabinet takes responsibility of this funding request as the governing body.

The reporting framework would include a comprehensive progress report, which would be delivered to the relevant Minister at the end of the 12-month duration period.

Preliminary discussions have occurred and the State Government, through the Office of Suburban Development, is already systematically engaging with Local Government, industry and local leaders to develop long-term plans to attract investment, create jobs, improve liveability and community resilience.

KEY REQUEST 4: A long-term funding commitment of \$2 million for the Live4Life youth engagement program to improve mental health outcomes for young people and surrounding communities

Communities in the Interface Councils Region have limited access to appropriate local health and human services. This means residents experience, or are at risk of experiencing, increasing rates of youth mental health issues including psychological distress, disengagement with education, anxiety and depression, substance abuse and suicide at greater propensity than their inner Melbourne counterparts.

As a result, already vulnerable people must seek appointments further away from home, often outside their municipality, which means longer travel times and longer wait lists to get assistance and treatment. Delays in treatment mean symptoms, costs and comorbidities escalate and that it is more difficult for people to recover and live healthy lives.

Interface Councils is requesting a long-term two year investment of \$2 million for the Live4Life program, which includes the employment of Council staff across ten municipalities.

What is Live4Life?

Live4Life is an [evidence-based community youth health model](#) to prevent youth suicide. The program aims to ensure young people, teachers, parents and the surrounding community are better informed about mental ill health and take proactive measures to identify the signs and symptoms of an emerging mental health issue before a crisis occurs.

Live4Life has already delivered social and environmental benefits for local communities and economic benefits for State Government. The model commenced in 2009 as a response to a reported increase in anxiety, depression, self-harm and suicide among young people in rural communities of the Macedon Ranges.

There is evidence that young people approach friends and family before presenting to a mental health service. Therefore, the program's objective is to focus on this "upstream" method and build resilient young people via mental health education and suicide prevention awareness. This is done by increasing protective factors such as supportive relationships, positive peer role models, fostering help-seeking attitudes and connections to family, school and community.

There are four components to the program:

- 1. School and Community**

Local Government, schools and services to partner to implement the project.

- 2. Mental Health Training**

Teens and young people to undertake [mental health first aid \(MHFA\)](#) instructor courses, which would be rolled out across schools and community settings. Resources and support from [Youth Live4Life](#) would be utilised.

- 3. Youth Leadership**

A youth leadership group or 'Crew' to be established. Teens and young people to deliver MHFA to high school students, teachers and carry out health promotion activities.

4. Organisational Support

Local school and community partnerships to be established. Lead agencies such as Mental Health First Aid Australia and Headspace to be utilised and key community members to be identified. Evaluation tools currently in place with Youth Live4Life would be used, and there would be support to ultimately transition to a self-sufficient model in forthcoming years.

Service discrepancies related to family violence, mental health, psychologists, pharmacists and alcohol and other drugs in Melbourne's outer suburbs equate to approximately \$85 million¹³. To fill this gap, immediate funding commitments need to be made. Interface Councils recommends this youth engagement program as part of the solution to provide a strong network of locally-delivered services for more liveable communities.

Any improvements in alleviating the demand on existing service providers will have significant social, environmental and economic benefits, not only for the local community but for the broader Victorian economy.

Moreover, better utilisation of schools, community leaders and successful existing programs will return significant advantages to the state and the local community in the long term.

¹³ *Human Services Gap Analysis, 2017*

KEY REQUEST 5: A funding commitment of \$50 million per annum to maintain undeclared Arterial Roads

The ten Interface Councils carry a significant burden with respect to local road management costs due to the current Arterial Road declaration process led by the Department of Transport.

The current decision making process creates huge financial impacts for Local Council budgets because of the delays to road declarations embedded in the current system. The burden this places on Councils has intensified recently due to the pandemic and the group is requesting urgent financial support, and policy changes, to redress it.

Historically, there has not been an integrated approach to planning and delivering transport infrastructure in the Interface Councils Region. Therefore, the group proposes a revised funding commitment, and renewed process, to work in collaboration with Councils to achieve greater clarity and transparency regarding the declaration of arterial roads.¹⁴

This maintenance work will create significant local employment opportunities.

To this end, the Interface Councils group is seeking the following:

1. An annual commitment of \$50 million to maintain undeclared Arterial Roads

An alternative to providing ongoing funding is to implement a revised process to identify, manage and appropriately finance roads that are initially local roads but will in time become arterial roads. This includes:

2. A review of the *Guidelines for Declaration of Arterial Roads Under the Road Management Act 2004*

- The process and staging need to be revised, especially to recognise the delivery of Arterial Roads in accordance with Precinct Structure Plans (PSPs) in growth areas.
- The criteria need to be clearer and further guidance given to Councils as to how the criteria should be interpreted.

3. Revision of the appeals process

- A transparent process is needed for Councils to appeal to the Minister on any VicRoads decision.

4. Revision of the handover process

- Drawn-out handovers have a big impact on Council budgeting and pose difficulties in Capital Works planning.

5. Updates to the timing of declarations

- Councils require more certainty from VicRoads regarding the timing of declarations when a road that is earmarked for declaration and meets the arterial road declaration criteria.

6. Roads to be declared in future

- Referral process (and VicRoads requirements) should ensure that Council is not “out of pocket” on ultimate design.

¹⁴ Interface Councils recognises that this process will need to be expanded to include the Municipal Association of Victoria (MAV) at some point, particularly in regard to impacts on other urban and rural areas.

The future arterial network is also impacted, which is a priority for Growth Area Councils in particular.

VicRoads has no statutory or referral authority so financial responsibility is left with Council. As future arterial roads in the ICR are projected to accommodate higher traffic volumes than in metropolitan Melbourne, it is likely IFC will shoulder a larger portion of this financial burden. Therefore, consideration needs to be given now as to how VicRoads and the Department of Transport can be more active and also take greater responsibility in delivering the future network as a matter of priority.

A list of roads that the group recommends should be declared is available upon request. This includes the timing for future declarations.

Appendix 1

The Cardinia Model

Agile approaches to service delivery have given positive results recently in the case of Cardinia Shire Council. Cardinia partnered with the community and a range of government and non-government partners to locally commission services where they are most needed. This model was based on extensive consultation and research and is producing significant results for residents.

The program has been running from My Place Youth Hub since January 2017, with the objective of improving youth mental health. It is focussed on providing a service that is tailored to the needs of young people, their families and community access. Windermere and Cardinia Shire Council have worked positively in partnership to provide this service and maintained evidence of the effectiveness and improvements.

The program is currently supporting young people in a way that is not currently available to the community for a number of reasons:

1. *Enabling access*: the program has broadened age range for eligibility to 10-21 years of age
2. *Holistic service delivery*: as a Family Services provider, Windermere understands the benefits of working with the whole family therefore they work specifically with young people in the context of the family, the family home and the family dynamics
3. *Outreach*: Windermere understands that learning, development and outcomes are improved when applied in the family home and in the young person's community/social/educational settings; therefore they provide the service through an outreach approach. Windermere are also able to support young people from both regional and rural areas with capacity of outreach service delivery
4. *Eliminating long waiting periods*: positive engagement is built when young people and their families receive support when they need it most and without long waiting periods at ChildFIRST, Therapeutic Services and others.

Some of the key findings for the young people referred so far are:

- 35% have a formal diagnosis of a mental health condition
- 22% are rarely or not attending at school, work, or any other community engagement opportunities
- 51% are suffering anxiety and depression
- 9% require support due to self-harm and suicidal ideation risk management and safety planning
- 92% engaged their families in their support planning, either in conjunction with the Youth Outreach Worker or with an additional Family Services Worker
- Young people remained engaged in the program for an average of five and a half months

Appendix 2

SERVICES INNOVATION FUND

PROJECT: BEYOND BOUNDARIES

Project overview

There is growing evidence to suggest that the mainstreaming of technological solutions to improve public health and health service delivery creates beneficial outcomes for both the individual and community.

This project will target people in Melbourne's Southern Eastern Suburbs. Technological developments will transform community engagement in relation to health services. eHealth-enabled health services are uniquely placed to help reach those people who are currently limited from accessing services by overcoming issues of distance, cost and stigma.

Interface Councils would like to trial an alternative delivery model using electronic information and telecommunication technologies to improve alcohol & other drugs (AOD) service availability and accessibility in the Casey, Cardinia and Mornington Peninsula regions.

The pilot will provide services such as virtual clinics, remote monitoring, improved access for people in rural or hard-to-reach areas, internet-delivered treatment for mental health disorders. Where required, the program will fund appointments with other health practitioners so all services can be coordinated centrally.

The project allows for tailored eHealth plans to meet local needs, while remaining consistent with state-wide health goals. The reach and extent of AOD services can be significantly expanded within the youth market through the use of technology, without an increase in cost.

A needs-based analysis of the proposed areas has been provided in more detail in the 'Additional Information' section below.

Timing and stage of development

The pilot project would run over an 18 month period. During this time, the number and quality of consultations will be carefully monitored. Pre- and post-trial research will be conducted to quantify the improvements in AOD treatment.

The first six months would focus on establishing the service, with activities for the project lead and project officer to include:

- formation of eHealth working group
- developing training program for eHealth clinicians and all staff and delivery of training
- designing policies and procedures
- outlining clinical governance framework
- development of marketing campaigns
- developing triage system for determining client's eligibility for eHealth
- identifying client-end sites across the catchment at convenient locations (these would be telehealth hubs at GP practices, community health services, TAFES, etc) for clients to access if they do not have the technology at home to access eHealth.
- purchase of infrastructure for eHealth hubs and for service/clinician-end sites
- establishing telehealth platform
- confirm scheduling processes
- develop evaluation framework

- develop position description and commence recruitment processes (with SECADA and SURE)
- confirm ongoing systems for clinical supervision
- finalise process for claiming transportation costs for clients

Once service preparation tasks are complete, the clinicians would be recruited, and the service provision could commence across sites for a 12-month trial period.

Benefits for State Government

A key aim is to reduce homelessness, violence and injury associated with AOD use, and increase productivity and youth engagement. The trial will monitor the demand for services within the traditional service delivery model to determine if more people can be treated for the same cost.

Social and community benefits

eHealth initiatives reduce the need to establish the infrastructure that would normally be associated with the traditional service delivery model. The trial will increase the availability and accessibility of AOD services in areas with poor public transport options and a shortage of service delivery agencies.

This approach recognises and nurtures the central role and capacity of individuals in their own health and wellbeing. The benefits of this model include increased safety, efficacy, available treatment options and variable delivery modes, which contribute to an individual's ability to manage their own health and that of their community.

Partnership organisations

The service provision will work in partnership with existing primary care or local general practice systems. The South Eastern Consortium of Alcohol and other Drug Agencies (SECADA) and [Substance Use and Recovery \(SURE\)](#) delivery AOD services in Melbourne's south east have been identified as critical partners.

They worked with enliven (an independent ACNC registered organisation) in 2018 to undertake a catchment-based planning process which identified that large portions of the population remain un- or underserved in this area. Their mission is to promote the prevention and control of diseases in human beings with a focus on the social determinants of health.

Costs

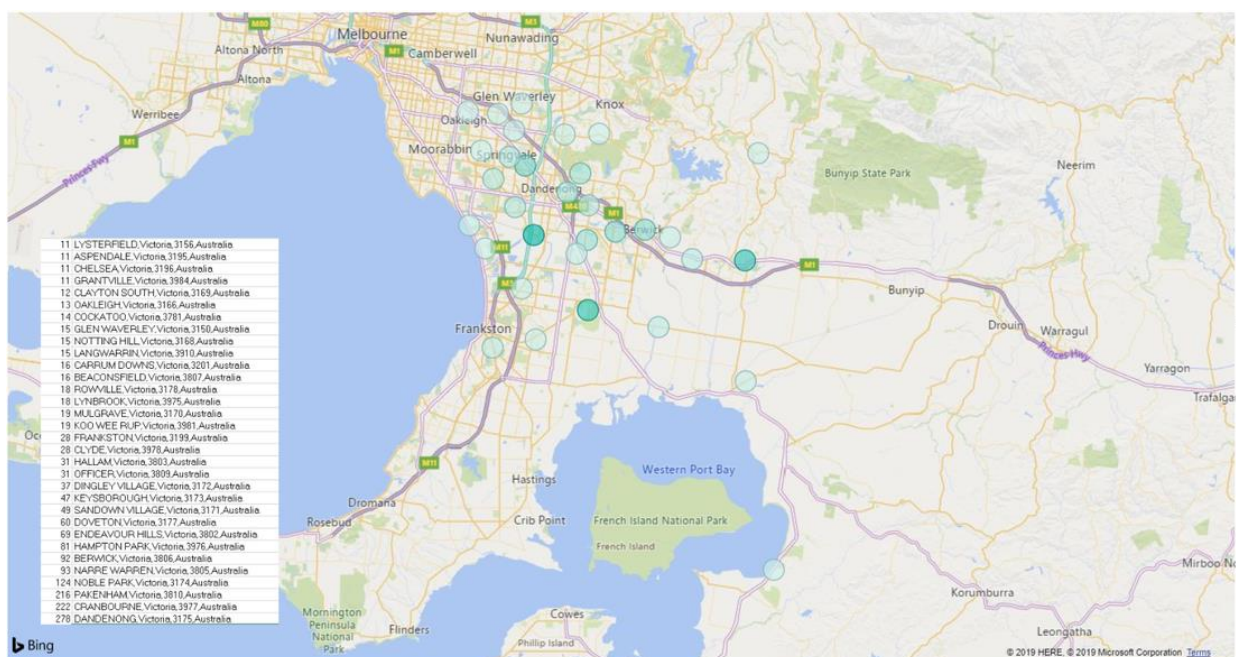
The total costs for the trial will be approximately \$800,000. This will include the appointment of three eHealth clinicians for a twelve month period, one in each municipality identified. In addition to the salary expenses, there will be costs associated with operations, project management and supervision. The pilot project costs will also cover referral fees for practitioners on an as needed basis, and transport costs if required.

Additional Information for Beyond Boundaries pilot project

A component of the AOD catchment-based planning consultation undertaken with service providers and stakeholders in the catchment focussed on the geographic distribution of AOD services compared to data around AOD client postcode of residence.

This helped to create a picture about who is currently accessing service, the geographic distribution of expressed need, and where it is that there might be AOD service needs that our treatment system in the south east is not currently meeting. This analysis showed a concentration of services in the Dandenong area with some limited services provided in Casey and less in the Cardinia area.

An analysis of SECADA client data showed that a large proportion of current AOD clients live within the Pakenham postcode area (8 per cent) but have to travel large distances to access services. Very few clients from Cardinia Shire, beyond Pakenham, are currently accessing our services. The map below shows a snapshot of origin of SECADA clients who were assessed within the last 6 month period Jan – Jun 2019. The majority of clients originate in the postcode areas of Greater Dandenong where services are plentiful. A significant number live in the Berwick, Narre Warren, Pakenham and Cranbourne areas where service access is limited.



Of more concern is the unknown unmet need in these areas, namely clients who are not accessing services due to geographic constraints and limited access to public transport. Participants of the consultation process commented that : - “AOD services are not geographically diverse” - “Cardinia is potentially not receiving the service it needs” - “We need to improve access for clients in Cardinia” - “We need closer links with Casey and Cardinia’s community services”

In order to improve our understanding of unmet need in Casey and Cardinia, data in relation to life complexity analysis as well as hospital and ambulance attendances can be of value. Data analysis was conducted during the planning phase and further updated in July 2019.

Life complexity analysis shown below demonstrates that City of Casey has populations experiencing high levels of life complexities including financial issues, dependence on government assistance, accommodation issues, homelessness, poor self-assessed health, and high rates of family violence and unemployment. Data for Cardinia Shire also demonstrates a high level of life complexity factors which may influence mental health and substance misuse within a community.

Priority Area	Issues	LGA			Comments / data source
		Casey	Cardinia	Vic	
Life complexity factors	High rates of unemployment (% unemployed)	8.0%	7.0%	5.9%	PHIDU – data for 2016 accessed 24 June 2019 http://phidu.torrens.edu.au/social-health-atlases/data#social-health-atlases-of-australia-local-government-areas
	Low income, welfare dependent families	10.3%	9.8%	8.4%	Public Health Information Development Unit (PHIDU). Social Health Atlas of Australia. Data for 2016/2017 - accessed 24 June 2019 http://phidu.torrens.edu.au/social-health-atlases/data#social-health-atlases-of-australia-local-government-areas
	Rate of homelessness (per 10,000)	42.8	23.4	41.9 (24817)	Data presented is for 2016. CGD experienced an increase of 14% since the data was last reported in 2011, Cardinia Shire rates increased by 20% and City of Casey saw an increase of 16%. In contrast, Victoria reported an increase of only 1%. https://asdfresearch.com.au/wp-content/uploads/2018/03/H

Priority Area	Issues	LGA			Comments / data source
		Casey	Cardinia	Vic	
					omelessness-by-LGA-2016.xlsx based on ABS statistics https://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/2049.0Main+Features12016?OpenDocument
	High rates of family violence (per 100,000)	1284.4	990.4	1176.7	The data covers the period from 1 July 2017 to 30 June 2018. This data was extracted from the Victoria Police Law Enforcement Assistance Program on 26 July 2016 CGD and CoC are amongst the highest in the state. https://www.crimestatistics.vic.gov.au/family-violence-data-portal/family-violence-data-dashboard/victoria-police
	High mortgage or rental stress	31.9%	29.5%	27.8%	Low income households (households in bottom 40% of income distribution under financial stress from mortgage or rent) PHIDU – data for 2016 accessed 24 June 2019 http://phidu.torrens.edu.au/social-health-atlases/data#social-health-atlases-of-australia-local-government-areas
	Care givers providing unpaid childcare to own child	24.6%	25.5%	19.8%	Women are twice as likely to be caregivers as men. Women who are full time carers of children may find it more difficult to access and comply with treatment programs that are generally

Priority Area	Issues	LGA			Comments / data source
		Casey	Cardinia	Vic	
					only available during the day. <i>ABS Regional Summaries 2016</i>
	Relative socio-economic disadvantage	1004	1021	1010	PHIDU June 2017. Index score based on Australian score of 1000 - accessed 24 June 2019. Index for CGD is second lowest in the state. http://phidu.torrens.edu.au/social-health-atlases/data#social-health-atlases-of-australia-local-government-areas
	Poor self-assessed health	16.3	14.3	15.6	Estimated number of people aged 15 years and over with fair or poor self-assessed health (modelled estimates) in 2014/15 financial year PHIDU accessed 24 June 2019 http://phidu.torrens.edu.au/social-health-atlases/data#social-health-atlases-of-australia-local-government-areas
	Early school leavers	66264 (30.7 ASR)	23438 (33.8 ASR)	26 ASR	People who left school at Year 10 or below, or did not go to school ASR = indirectly age-standardised rate per 100 PHIDU – data for 2016 accessed 24 June 2019 http://phidu.torrens.edu.au/social-health-atlases/data#social-health-atlases-of-australia-local-government-areas

The following data also show high levels of alcohol, pharmaceutical, cannabis and illicit drug use requiring ambulance attendance and/or hospitalisation in Casey and Cardinia.

Priority Area	Issues	LGA			Comments / data source
		Casey	Cardinia	Vic	
Ambulance attendance rates	Ambulance attendance rates (per 10,000 population) for alcohol	26.4	34.5	41.2	Turning Point AOD Stats 2017/18. Rates remain fairly steady from previous years. Accessed 26 June 2019 http://aodstats.org.au/VicLGA/
	Ambulance attendance rates for illicit drugs (per 10,000 of population)	13.5	12.5	20.7	Turning Point AOD Ambulance Stats 2017/18. Accessed 26 June 2019 http://amboadstats.org.au/VicLGA/
	Ambulance attendance rates for pharmaceuticals (per 10,000 of population)	16.2	18.2	17.8	Turning Point AOD Ambulance Stats 2017/18. Accessed 26 June 2019 http://amboadstats.org.au/VicLGA/
Hospitalisation rates	Hospitalisation rates for illicit drugs (per 10,000 of population)	26.4	30.0	30.8	Turning Point AOD Stats 2017/18. Rates are steadily increasing from previous years with CGD rates amongst the highest in the southern region - Accessed 26 June 2019 http://aodstats.org.au/VicLGA/
	Hospitalisation rate for alcohol (per 10,000 population)	51.7	58.1	59.8	Turning Point AOD Stats 2017/18. Accessed 26 June 2019 http://aodstats.org.au/VicLGA/
	Hospitalisation rates for cannabis (per 10,000 population)	8.6	13.4	10.8	Turning Point AOD Stats 2017/18. Rates have increased significantly from previous years (rates of 3.2 - 6.3 per 10,000 population were reported 3 years ago). Accessed 26 June 2019 http://aodstats.org.au/VicLGA/
	Hospitalisation rates for use of	12.5	11	11.5	Turning Point AOD Stats 2017/18. Rates have increased significantly from

Priority Area	Issues	LGA			Comments / data source
		Casey	Cardinia	Vic	
	other stimulants (per 10,000 population)				previous years (rates of 3 - 6.1 per 10,000 population were reported 3 years ago). Accessed 26 June 2019 http://aodstats.org.au/VicLGA/
	Hospitalisation rate for pharmaceuticals (per 10,000 population)	17.5	14.2	18.2	Turning Point AOD Stats 2017/18. Accessed 26 June 2019 http://aodstats.org.au/VicLGA/
	Hospitalisation rate for opioids (per 10,000 population)	5.8	5.5	7.6	Turning Point AOD Stats 2017/18. Accessed 26 June 2019 http://aodstats.org.au/VicLGA/
	Hospitalisation rate for heroine (per 10,000 population)	0.4	-	0.5	Turning Point AOD Stats 2017/18. Accessed 26 June 2019 http://aodstats.org.au/VicLGA/

As a result of the AOD Catchment Based Plan consultation and development, it was identified that there are areas of unmet need in the delivery of the treatment streams of the AOD program, due to poor access to services, especially in the outer regions of the Casey/Cardinia catchment. Telehealth technology was proposed as a solution to improve the service delivery reach for the AOD treatment streams and therefore client access within these catchments.

The table below outlines the local issues identified and how a Telehealth service can address these .

Purpose	Telehealth is proposed as a solution to improve consumer access to the current AOD treatment stream services. The aim is to: <ul style="list-style-type: none"> • Extend the existing service capacity • Improve the flexibility (and therefore efficiency) of service delivery • Increase reach and client engagement (improve access and fill a service gap) 	
Aim	Issue	Telehealth Solution
Develop the capacity of existing services	Difficulty in attaining sites evenly distributed across the Greater Dandenong, Casey and Cardinia catchments. Some outreach services are provided from centrally located staff.	Enables senior or specialist clinicians, to be located centrally, but to deliver counselling services located in the Casey / Cardinia sites. It also allows for staff

		and peer worker supervision to be delivered remotely and therefore greater team cohesion and efficiency.
Improve the efficiency of delivery	When clinicians travel to an outreach site (e.g., once a week) they have limited times they are available and often this creates long wait times especially if a client misses an appointment and must wait until the next visit.	Telehealth provides increased appointment timeliness and flexibility. Can also consider providing access to after-hours appointments as a viable offering.
	Travelling between sites to address access needs reduces the time available for income producing service delivery plus additional travel costs are incurred.	Clinicians can make better use of their capacity to meet demand for the service, using the travel time for consultations / paperwork/or follow up/care coordination.
Increase reach and client engagement	There is a lack of existing sites or shortage of consulting rooms in outer Casey and Cardinia for delivering face to face services.	Telehealth provides flexible delivery options where client end services can be delivered from clients' homes or Telehealth hubs located in GP clinics, community health sites or education facilities such as TAFEs. Flexible appointment scheduling promotes recovery by allowing clients to fit around work or other commitments
	Often clients are unable to travel to appointments due to cost resulting in higher DNA or discontinuing with the service.	Generally, clients feel more comfortable in a familiar environment. Family friends are more likely to attend. They do not need to take as much time off work. Telehealth offers opportunity for more flexible appointment scheduling to promote engagement.

A pilot program will require investment in change management that includes public education, workforce education and role realignment, all things that are not quickly achieved or easily reversed. Therefore, any commitment to pilot Telehealth as part of the AOD catchment based service model will be underpinned by the long term goal of introducing Telehealth into the service offerings of SECADA and SURE.

The following table details the critical success factors to consider when implementing Telehealth service

Critical success factors	Organisational Strategies
Strong leadership and dedicated ongoing co-ordination	Strong leadership and executive support, including champions are essential to build an organisational culture that has capacity for change and improvement. Most services introduce a role of "Telehealth co-ordinator". This role is mostly administrative and involves help desk technical troubleshooting and pre-testing call quality prior to appointments. However, it may also involve a clinical component of managing the transfer of health information, selection of suitable clients, education

Critical success factors	Organisational Strategies
	of health providers, onboarding new sites, clinical governance, incident reporting, quality improvement and providing general “go-to” expertise.
Key stakeholders and consumers that recognise the benefits and are engaged	<p>Creating a clear and compelling narrative that describes the way Telehealth can help transform service delivery.</p> <p>Clinicians delivering services using Telehealth need to understand the benefits as the service will depend on the clinician’s confidence in the technology, their belief that Telehealth will not add to their workload and understanding that a Telehealth consult will provide the same or better value and quality service to a consumer.</p> <p>Ensuring consumer engagement during the project is also important.</p>
Project planning and a readiness assessment that informs the implementation process	Testing for readiness prior to implementation of a Telehealth service saves time, money and energy. It can identify which clinicians, organisations and consumer groups are able to support successful implementation.
Matching Technology and clinical service needs	<p>The technological products or services required can be broadly categorised as:</p> <ul style="list-style-type: none"> • Infrastructure: Broadband service quality in the service areas is important as its difficult to operate if the image keeps freezing or pixilating • Videoconferencing solutions e.g., Health direct videocall platform, provided by the Commonwealth government, is currently offering free access licences via a PHN Pilot scheme. Early scoping indicates this project would meet the requirements. • Devices: generally, a plug-in camera and microphone and internet connection via ethernet (not wireless) can be added to a fixed computer or laptop at a cost of about \$600. Mobile phone and tablet can be used by the client end service. • Support technologies: include software and record keeping integration and timely troubleshooting support so consultations are not cancelled due to technology issues that can be fixed e.g., muted microphones
A sustainable workforce model	<p>Underestimating the additional resourcing required to support implementation, particularly in the establishment phase, has been identified as a common cause of Telehealth failure, in particular, the under-estimation of personnel requirements.</p> <p>Administrative and technical skills to support a dedicated clinical workforce delivering services via Telehealth must be considered,</p> <p>Another consideration is the support required by clients who are receiving care remotely. An appropriately skilled workforce must be available at both ends of a Telehealth service.</p>
A focus on change management	The importance of continuing change management cannot be underestimated. Implementation of Telehealth can confront staff with unfamiliar and unpredictable technologies and the need to develop new skills, new protocols and workplace practices. Support for behavioural change and sustainable ongoing training for current and new staff is required.
Clearly defining and articulating clinical responsibility and governance protocols	Protocols that identify roles and responsibilities of different organisations and how interactions between sites are managed are required to manage risk and reassure consumers and clinicians. Clinical risk and escalating this to access support at the client end, in case of distress, also needs to be considered.

Critical success factors	Organisational Strategies
A sustainable funding model is in place	Services interested in establishing Telehealth programs are encouraged to undertake a cost benefit analysis to assist in understanding new costs and potential cost savings. Many Telehealth initiatives require seed funding until a sufficient level of maturity for sustainability and integration is reached. We believe that post establishment and pilot funding the model would be sustainable utilising existing activity based funding.
Services are consumer-centred, and consumers are supported in adopting Telehealth	Success will depend on the uptake and acceptance by the consumers who need to be reassured that the use of technology enhances the ease of use, the service quality and the reliability. Different levels of IT help desk support and education will need to be provided for different groups of consumers. In the pilot phase, careful selection of eligible clients to receive this service would be required.
There is ongoing review and evaluation	Evaluation is required to assess the effectiveness, appropriateness and cost of a Telehealth service. Success and failure of an initiative needs to consider the goals of the program over the short, medium and long terms, including desired outcomes for clients.
Involvement and collaboration across the sector	Success of a Telehealth initiative hinges on collaboration and support across the local service sector to ensure Telehealth is seen as an acceptable alternative to, and enhancement of, the current service models.

SERVICES INNOVATION FUND

PROJECT: SKILLS2SHARE

Project overview

Unemployment, boredom and mental health are inextricably linked. Within our communities, there are people who are prepared to share their enormous passion and skillsets with others who would benefit greatly from the contact and learnings.

Sharing the skills of people within the community to assist youth and other individuals looking for employment opportunities is at the heart of this pilot. Skills2Share is a program to assist unemployed people with their professional and personal skills development.

Participants will be able to participate for up to three months in the program on a full or part-time basis and able to develop skills in the following areas:

- Construction and property maintenance
- Health care and social assistance
- Market gardening
- Environmental management

Examples of the variety of programs likely to be incorporated into Skills2Share have been outlined below.

Timing and stage of development

The pilot project will run for a 12 month period. The first stage will be the establishment of the working group, recruitment of staff and volunteers and partnership agreements with suppliers. During the first stage, participants will also be sought through Councils' own network and through CentreLink.

The remaining nine months will be the implementation phase. During this time, the number of participants who secure ongoing employment will be monitored. Other health and wellbeing factors will also be carefully monitored and reported on.

Benefits for State Government

The ultimate aim is to reduce the level of unemployment. However, the health and wellbeing of participants and volunteers is also an important factor. Increasing their health and wellbeing reduces demand on other services in the areas. In addition, there will be possible flow-on benefits such as a reduction in domestic violence rates and improved community participation and engagement.

Social and community benefits

This pilot will improve community connectedness and engagement, recognising these as two critical elements of a healthy community. In a healthy community there are significantly fewer social issues and associated property and personal harm.

Partnership organisations

- Councils
- Council contract providers
- Buildings
- Health care providers

- Market gardeners
- Landcare Groups
- Other volunteer organisations

Costs

The cost for the pilot project will be \$800,000. This will include the appointment of three coordinators, one supervisor and administrative support to run the project. In addition, the budget will cover transport costs, hand tools for the environmental and agricultural work and the hire of some machinery (e.g., machine hoe) for initial cultivation of the land.

Skills2Share initiatives

The following initiatives will be part of the Skills2Share program:

a. Food Network – Urban Food Gardens

Creating urban food gardens and community markets in unused land in the Interface Councils Region that will link new migrants and other participants who have horticultural experience with positions in the delivery of gardens and market.

Healthy and fresh produce from gardens (and other local farmers and suppliers) to be sold direct to locals through a community market.

Older people within the community will be asked to participate in this program to share their knowledge and skills.

b. Up the Creek

The project will rehabilitate Council-selected and Council-controlled public land and creek sides. The primary activities will be bush regeneration through weed treatment, natural regeneration and revegetation.

It will provide young people and other participants the opportunity to gain work experience in environmental works area and will help build the relationship between youth, environmental groups and Local Government.

Older people within the community will be asked to participate in this program to share their knowledge and skills.

c. Garden Gnomes

The Garden Gnomes program aims to increase social connectedness, experience, knowledge and understanding of younger people in regard to supporting older people. It also aims to increase health and mental wellbeing for older people as their garden will be maintained.

Further, it will reduce social isolation in line with the Royal Commission into Aged Care and Commonwealth Aged Care Reforms.

d. Home Support

Home Support is a voluntary home visiting service, which offers practical support and friendship to families with children under the age of five years.

Any family with young children who may be experiencing difficulties, such as mothers or fathers who are exhausted and lonely, will be able to participate. Single parents, or those with new babies/toddlers will

be able to participate. Some families may also be involved with other support services such as Mental Health, Family Services, etc.

The aim is to find suitable supporters to assist the parent who can provide a mutually beneficial service. It will assist volunteers to develop their confidence and work-life skills while supporting other community members. The recipient of the support must be prepared to act as a reference for the volunteer.

e. Give Back

Giving Back is about utilising the contract service providers that are currently working for Councils and asking them to offer paid internships for people who are participating in any of the programs above or who have been identified as a suitable fit for the organisation.

Councils will ask contractors to support the project, without making it mandatory. However, tender documents will make it clear that there will be a weighting benefit for business who elect to participate in the project.

SERVICES INNOVATION FUND

PROJECT: HOME AS A HAVEN

Project overview

The Home as a Haven pilot is an assertive outreach program helping those experiencing, or at risk of, homelessness by providing housing support and specialist homelessness services.

This project will use early intervention techniques and targeted responses to support individuals get back on their feet and into secure housing. It will provide assessment, referral, casework & case management, assistance to access emergency & supported accommodation, access to laundry, bathroom and cooking facilities, early & crisis intervention, ongoing support, assistance to access health & community services, emergency supplies & food packages.

Yarra Ranges Shire Council and Nillumbik Shire Council have been identified as ideal areas to trial this new approach because there is a significant need to address this issue from both a social and public health perspective. In total more than 1000 people are sleeping rough every night in these municipalities. Of this number, over 100 are women living alone and aged 55 and over, and 240 are people receiving the Disability Support Pension.

Yarra Ranges does not have any crisis housing, while Nillumbik has some of the lowest levels in the region. Low income, mortgage stress and high rental costs increase the potential for a person to become homeless. According to 2016 Census data, both Yarra Ranges and Nillumbik have above average levels of households affected by mortgage stress, despite below average housing costs. The number of households affected by either rental or mortgage stress is typically highest in the most disadvantaged areas.

Timing and stage of development

The pilot project would run over a 12-month period. During this time the quantity and quality of outreach efforts will be monitored to determine improvements in individuals' health and wellbeing with the intention of reducing the number of homeless persons.

Benefits for State Government

Ensuring access to affordable housing and health services is a growing concern for the most vulnerable in society. This evidence-based approach aims to drive housing reform in Victoria to deliver long-term, sustainable outcomes across the sector. Research by consulting firm SGS Economics and Planning (2017) estimates that the benefit of providing housing to a person who is experiencing homelessness in Australia equates to \$25,615 per person per year, through health cost savings, reduced crime and improved human and social capital. This benefit supports the cost involved of providing outreach services, crisis housing and social housing.

This project would provide the following benefits:

- Reduce the demand on existing homelessness services through improving the overall health of individuals
- Contribute to reducing the number of individuals experiencing homelessness
- Generate greater understanding of the available services
- Reduce the cost to government services of approximately \$2,000,000 per annum

Social and community benefits

It is widely acknowledged that adequate housing, including the prevention of precarious housing, is a key component of health promotion or disease prevention.¹⁵ A safe and secure home is the basis on which strong individuals, healthy families and resilient communities are built.

This project seeks to improve health and wellbeing through assertive outreach and intensive case management support services designed to engage with individuals at risk or currently experiencing homelessness. It will provide individuals with increased capability for holding onto accommodation and to seek employment opportunities by promoting the recovery model. This is a person-centred approach focused on inclusivity to empower individuals, with a strong evidence base.

It is estimated that this project will reduce the number of homeless people by 60 per cent in the region through specific measures to improve physical health, mental health, social connectedness and overall wellbeing. When people are physically and mentally healthy, they are more likely to stay in accommodation.

Partnership organisations

Anchor Housing and Support Services is the key partner to Yarra Ranges Shire Council. Anchor would work in conjunction with other health services, such as [Inspiro](#) and [UnitingCare Australia](#) to continue to deliver this program.

In Nillumbik, Melbourne Youth Support Service (MYSS), [Frontyard](#) or [Vicky's Place](#) (Melbourne City Mission) may be appropriate partners to consider.

Costs

The total cost of the trial will be approximately \$800,000. This will include the appointment of four homeless assertive outreach officers for a 12-month period per municipality. In addition to the salary expenses, there will be operating expense costs, supplies & on-ground costs, project management and supervision expenses.

¹⁵ VicHealth, 2011

PROJECT: Y.E.S (Youth Engagement through Sport)

Project overview

This pilot project is designed to target disengaged youth through participation in sport. The project has three components which will contribute to better mental health as well as improve social and community outcomes for young people and their families in the municipalities of Mitchell Shire Council, Hume City Council and City of Whittlesea.

The components are as follows:

1. *Provision of monetary assistance vouchers* – to fund sporting opportunities for young people in local clubs
2. *Alcohol & other drugs education workshops* – available to all young people and families to increase capacity to make responsible and informed decisions and handle challenging situations
3. *Engagement and referral opportunities* – to form partnerships to support participating children and their families.

This pilot project addresses the following major service gaps in the above three municipalities: mental ill health, family violence, alcohol and other drug misuse, homelessness and youth disengagement.

In the Interface Councils Region, a growing number of young people are seeking support for complex issues including depression, anxiety, borderline personality disorder, substance abuse, financial hardship and poor general health. Mitchell Shire Council is one of the most disadvantaged areas in Victoria¹⁶, taking into account housing stress, education outcomes, long-term unemployment and family violence rates.

Timing and stage of development

The duration of the pilot project is 12 months. Formal monitoring and reporting processes will be in place during this time. The health and wellbeing of children and families will be measured and tracked against previous qualitative and quantitative statistics over time.

Benefits for State Government

Investment in the early years of new and emerging communities has significant and positive impacts on health, wellbeing, education and employment outcomes and financial prospects in the short, medium and long term. This project utilises a strategic partnership alliance and improved communication through partnership support models.

A major consequence arising from the absence of the necessary human services in the region is the high presentation of young people at public hospitals, which are not easily accessible by public transport. The cost impact on public health could be redressed by the delivery of primary health services at the local level.

The best chance of preventing mental ill health or providing early intervention to minimise the impact is during childhood and adolescence. Untreated disorders during this time significantly increase the social and economic costs to the individual and community later in life including through the Victorian criminal justice system.

The effectiveness of early intervention is inadequately recognised in the current system and schools are generally not equipped to identify problems and intervene effectively. In addition, the youth mental health services that currently exist in the Interface Councils Region are struggling to bridge the gaps between health, the education system and recreational activities.

¹⁶ *Dropping off the Edge*, 2015

For adolescents, mental illness is a significant risk factor for not completing secondary school and subsequent study or employment. It is also a major factor for longer term mental and physical health outcomes as well as impacting their families and communities around them. This initiative will deliver positive mental health outcomes and contribute to healthier individuals and communities by improving education levels and employment prospects.

The absence of coordinated state planning for health and community services has resulted in a significant under provision of essential services to support healthy young people, adults and families who have chosen these areas as their home. This initiative will help to rectify some of these arising issues.

Social and community benefits

Based on the successful [Icelandic model](#), this initiative will increase protective factors for young people through family and community connections. The presence or absence of the following protective factors contribute specifically to mental health of young people:

- Social and emotional competence
- Knowledge of parenting and child development
- Social connections
- Concrete support
- Resilience

Participation in regular sporting activities helps to nurture these factors and also develops new abilities such as self-esteem, a sense of belonging, safe risk taking, goal setting, leadership, social cohesion, confidence and a sense of purpose and identity.

This pilot project is an opportunity to adapt existing evidence-based initiatives that have been successful in Iceland (and soon to be rolled out in New South Wales) to the Interface Councils Region, where the benefits of addressing current service gaps would be significant. This would contribute to a revised service planning model that allows for physical, social and community infrastructure and associated activation measures that are required to sustain vibrant and healthy communities.

This pilot would specifically address the following areas of disadvantage to increase the standard of liveability for the municipality and state as a whole:

- Anti-social behaviour
- Substance abuse
- Family violence
- Crime
- Housing issues

Partnership organisations

A partnership approach will be adopted to deliver this pilot and address the priority issues that have been outlined. Partnerships with the organisations below could be called upon to undertake the pilot:

- Sporting associations
- Youth services (local organisations working with people aged 12-25 and their families; willing to administer and support this initiative)

Costs

The total cost of the pilot project to be trialled in the three areas outlined will be approximately \$600,000. This includes the provision of monetary assistance vouchers for 100 individuals, fortnightly alcohol & other drugs education workshops and outreach officer salaries to carry out engagement and referrals with participants.