April 2025

Investing in Aboriginal health and wellbeing infrastructure

Securing safe and sustainable Community-controlled care

INFRASTRUCTURE VICTORIA

About us

Infrastructure Victoria is an independent advisory body with 3 functions:

- preparing a 30-year infrastructure strategy for Victoria, which we review and update every 3 to 5 years
- advising the government on specific infrastructure matters
- publishing research on infrastructure-related issues.

Infrastructure Victoria also helps government departments and agencies develop sectoral infrastructure plans.

Infrastructure Victoria aims to take a long-term, evidence-based view of infrastructure planning, and we inform community discussion about infrastructure provision. Infrastructure Victoria does not directly oversee or fund infrastructure projects.

The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) is the peak Aboriginal and Torres Strait Islander health body representing 33 Aboriginal Community Controlled Organisations (ACCOs) in Victoria. The role of VACCHO is to build the capacity of its Membership and to advocate for issues on their behalf. VACCHO's aim is to ensure Aboriginal and Torres Strait Islander people have access to high-quality, culturally safe health, wellbeing, and social services – wherever they are in Victoria.

VACCHO's vision is that Aboriginal and Torres Strait Islander people will have a high quality of health and wellbeing, enabling individuals and communities to reach their full potential in life. This will be achieved through the philosophy of Community control.

Acknowledgement

Infrastructure Victoria acknowledges the Traditional Owners of Country in Victoria and pays respect to their Elders past and present, as well as Elders of other First Peoples' communities. We recognise that Victoria's infrastructure is built on land that has been managed by Aboriginal people for millennia.

The Victorian Aboriginal Community Controlled Health Organisation acknowledges Traditional Owners of Country throughout Australia and recognises their continuing connection to lands, waters and communities. We pay our respects to Aboriginal and Torres Strait Islander cultures, and to Elders both past and present.

Infrastructure Victoria and the Victorian Aboriginal Community Controlled Health Organisation would like to advise Aboriginal and Torres Strait Islander people that this publication may contain images, voices, and discussions of those who have returned to the dreaming.

Daborra menut

‘The path beyond’

About the artist - Bayadherra

Bayadherra is founded by proud Aboriginal Yorta Yorta brother and sister Luke and Siena Tieri. As descendants of the James Family, Luke and Siena's cultural origins are embedded in Yorta Yorta Country, Shepparton Victoria.

Bayadherra in Yorta Yorta language means 'turtle', the spiritual animal totem of the Yorta Yorta clan: a name reflective of Luke and Siena's Aboriginal identity and connection to Community and Country.

About the artwork

Daborra menut represents cultural connection, engagement and the ongoing journey towards reconciliation. This artwork was developed as part of Infrastructure Victoria’s *Reflect Reconciliation Action Plan*. To find out more visit www.infrastructurevictoria.com.au.

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Glossary and acronyms

This report makes specific writing style choices. When we use the term ‘Aboriginal’ we intend this to mean ‘Aboriginal and Torres Strait Islander’. We also use the term ‘Community’ to mean a local Aboriginal community.

ACCO is an Aboriginal Community Controlled Organisation. For the purposes of this report, we use this term to refer to health and wellbeing ACCOs, specifically the 33 member organisations of VACCHO (see Figure 1).

The Victorian ACCO Model refers to the holistic, integrated wrap-around model of health and wellbeing services (see Figure 2).

Other acronyms used in this report include:

ACES: Aboriginal Community Elders Services

AusHFG: Australasian Health Facility Guidelines

BDAC: Bendigo and District Aboriginal Co-operative

DDACL: Dandenong and District Aborigines Co-operative Ltd

HVAC: Heating Ventilation and Air Conditioning

VAAF: Victorian Aboriginal Affairs Framework

VACCHO: Victorian Aboriginal Community Controlled Health Organisation

Victorian Aboriginal Health Service – health clinic on Nicholson St, Fitzroy

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Summary

On virtually every measure, health and wellbeing outcomes for Aboriginal and Torres Strait Islander people in Victoria are worse than for non-Indigenous people. Aboriginal and Torres Strait Islander people experience 2.3 times the burden of disease than other Australians.[1]

The Victorian Government regularly publishes data on outcomes for Aboriginal and Torres Strait Islander people in Victoria on its Victorian Aboriginal Affairs Framework data dashboard. Of these, we identified 57 measures that relate to Aboriginal health and wellbeing services or outcomes. The majority (29) show worsening outcomes or a widening gap with other Victorians. Only 21 show an improvement or a closing gap, and this is often only marginal.[2] Other measures show no change or are not published.

For example, for Aboriginal and Torres Strait Islander people in Victoria:

- babies are 70% more likely to be born prematurely
- young people are 5 times more likely to present to hospital emergency for self-harm
- people report being in 'excellent or very good' health at only 63% of the rate of the rest of the Victorian population.[3]

In 2020–21, preventable hospitalisations for Aboriginal and Torres Strait Islander people were double those of other Victorians.[4] Many were for conditions that can be treated in a community health setting, such as chronic disease management, infections, health education and other primary care support.

Victorian health and wellbeing Aboriginal Community Controlled Organisations (ACCOs) provide Community health and wellbeing services to local Aboriginal and Torres Strait Islander communities. They have developed a unique model of care: The Victorian ACCO Model. The model uses a holistic health and wellbeing approach and provides a 'one stop shop' for health and wellbeing services. These services are informed by Aboriginal philosophies and cultures of care, which encompass the wellbeing of individuals, families and Community.[5] The services offered go well beyond the scope of mainstream health services.[6]

Evidence shows that health and wellbeing ACCOs are efficient, effective, and help close the gap in Aboriginal health and wellbeing outcomes. Health and wellbeing ACCOs deliver similar outcomes to mainstream primary health services, despite having more complex caseloads.[7] Aboriginal and Torres Strait Islander people are more likely to engage with healthcare services provided by ACCOs (73%) than mainstream GP services (60%).[8] The level of impact from services delivered by ACCOs is 50% greater than if those same interventions were delivered through mainstream health services.[9] This results in significant reductions in communicable diseases, greater detection and management of chronic diseases and a reduction in premature births for Aboriginal and Torres Strait Islander people.[10]

But many health and wellbeing ACCO buildings are deteriorating or wholly unfit for purpose. Recent assessments find that 52% of this ACCO infrastructure is at the end of its economic life.[11] In the 200 ACCO buildings assessed, 42% of the gross floor area was in buildings in critical condition.[12] This includes buildings with high-risk structural integrity problems, such as imminent failure of their foundations, walls or roofs.

Many ACCO buildings are inefficient and expensive to operate. For example, recent building energy audits find ACCOs could collectively save $3 million a year in utility and maintenance costs from energy upgrades.[13] This includes installing rooftop solar panels, upgrading lighting or shading and tinting external windows. The investments would recover their costs in 6 years. This means that individual ACCOs could save between $16,000 and $385,000 annually, depending on their size and number of buildings.[14] These funds can be reinvested into providing further services for the Community, rather than paying for electricity and maintenance.

Health and wellbeing ACCOs provide efficient, effective and culturally safe services with measurable benefits for Aboriginal and Torres Strait Islander people. But recent cultural safety building design assessments also

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find they are forced to deliver their services from buildings that are not suitable or culturally appropriate for the task.

Many of these infrastructure problems have resulted from a long-term underfunding of ACCOs. ACCOs rely on many different funding sources from the Australian and state governments. Most of these funds are for services, but few directly fund infrastructure. These infrastructure grants are oversubscribed and create overwhelming administrative demands for ACCOs. They also restrict what ACCOs can use the funding for and often do not allow for major refurbishments or upgrades. Many of these funding sources are short-term and non-recurrent, which creates uncertainty for ACCOs. This means ACCOs cannot plan long-term for their service delivery or infrastructure needs.

This report specifically investigates infrastructure owned and used by members of the Victorian Aboriginal Community Controlled Health Organisation (VACCHO). VACCHO is the peak body for health and wellbeing ACCOs in Victoria and includes 33 member organisations. ACCOs that deliver services other than health and wellbeing, such as housing, are not included in this report. It does not include infrastructure owned by Traditional Owner corporations, such as for economic development, cultural practice and caring for Country purposes. This report also does not examine infrastructure for mainstream services that Aboriginal and Torres Strait Islander people use. But we recognise that this infrastructure also contributes to the health and wellbeing of Aboriginal and Torres Strait Islander people. For instance, 40% of Aboriginal and Torres Strait Islander people in Victoria live in social or supported housing or are on a waiting list to receive supported housing.[15] The availability, quality and cultural safety of housing also affects the health and wellbeing outcomes of Aboriginal and Torres Strait Islander people.

Recommendations

This report makes 3 recommendations to the Victorian Government. They are informed by evidence gathered and generated by VACCHO and Infrastructure Victoria. These recommendations can be pursued alongside the ongoing Treaty negotiations. Those negotiations may also consider powers and resources required to build and maintain health and wellbeing infrastructure for Aboriginal and Torres Strait Islander people in Victoria.

The Victorian Government can act now, especially because that investment responds to an urgent need and will benefit Aboriginal and Torres Strait Islander people in Victoria immediately and in the future. This investment should respect and enable Aboriginal and Torres Strait Islander communities to self-determine their health and wellbeing infrastructure.

Recommendation

Provide additional annual funding to further develop the skills and capacity of health and wellbeing ACCOs to plan, develop and deliver new and upgraded infrastructure in a self-determined way.

Governments typically do not fund health and wellbeing ACCOs to develop and maintain the capability to effectively manage, carefully plan, and efficiently target their infrastructure investments. One reason is that Victorian health and wellbeing ACCOs have no dedicated government infrastructure group to support them across their varied services.

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The *Victorian Aboriginal Health and Wellbeing Partnership Agreement Action Plan 2023–25* contains an action to develop a framework for an ACCO perpetual infrastructure fund. The fund would provide long-term ongoing minor capital, maintenance, planning and management resources for ACCOs.[16] This might be a future mechanism to provide ACCOs with the capacity to manage and plan their infrastructure. Until the perpetual infrastructure fund is established, health and wellbeing ACCOs need funding or other support mechanisms in the meantime. Infrastructure Victoria estimates that between $4 million and $6 million each year is needed for staff and consultants to plan and support the delivery of infrastructure projects and funding.[17]

VACCHO has the skills and capabilities to work with health and wellbeing ACCOs to place them at the centre of infrastructure planning, development and delivery. This ensures that upgraded and new infrastructure meets each ACCO's self-determined needs. It provides a pathway towards self-determined ACCO infrastructure governance and delivery. The government should fund this work until the perpetual infrastructure fund is established.

Recommendation

Establish an interim fund for minor works and repairs until a self-determined perpetual infrastructure fund is introduced.

Many of the buildings and facilities owned by Victorian health and wellbeing ACCOs are in critical condition and in urgent need of repair and maintenance. In some cases, this may pose imminent risks to the health and safety of ACCO staff and clients. Some buildings are also expensive to operate because they are not energy efficient or are rapidly deteriorating and require frequent repairs. Other sites may be culturally unsafe due to their location or the building itself.

While a framework and business case for a perpetual infrastructure fund for ACCOs is developed, health and wellbeing ACCOs still need funding to maintain their ageing assets.[18] The current funding system does not provide anywhere near enough funds to fix them. The small amounts of funding ACCOs can access are difficult and time-consuming to apply for, are difficult to predict success, and might be decided too late to fix urgent issues.

The Victorian Government should immediately fund urgent repairs and minor works to make the buildings safe, operational, and improve their energy efficiency and cultural safety. Infrastructure Victoria estimates that this will cost $30 million a year for the next 5 years.[19] This will provide funding certainty to health and wellbeing ACCOs until the proposed perpetual infrastructure fund is established.

Oonah Health and Community Services Aboriginal Corporation – main building

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Recommendation

Fund and start health and wellbeing infrastructure projects for ACCOs.

Many ACCO buildings are reaching the end of their useful life.[20] ACCOs have been forced to accrue often surplus or low-cost buildings since their inception in the 1970s, which are now rapidly deteriorating and need replacing. VACCHO and the Department of Health's asset assessments have found that 82% of Victorian health and wellbeing ACCO buildings will need a partial or full replacement within the next 15 years.[21]

Using a prioritisation model developed by VACCHO, in collaboration with the Department of Health, health and wellbeing ACCOs have identified priority locations that need immediate attention over the next 5 years. Some of the buildings at these locations are beyond repair and need complete replacement.

The projects are too large to be funded by small minor works or maintenance funding grants. Infrastructure Victoria estimates that these most urgent projects will collectively cost approximately $100 million to $150 million. To replace the buildings before they fail completely, these projects need to be underway by 2030.[22] Working with ACCOs in a self-determined way, the Victorian Government should fund and start these projects over the next 5 years.

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ACCOs improve the health and wellbeing of Aboriginal and Torres Strait Islander people

> ACCOs have a history in this state that is more than 50 years strong. They are trusted and respected, safe providers of the social and emotional wellbeing health supports that First Peoples need.

Mary-Anne Thomas, Minister for Health, Yoorrook Justice Commission public hearing, 21 June 2024.

Health and wellbeing ACCOs support Aboriginal and Torres Strait Islander people to thrive. They are Community-led organisations that Aboriginal and Torres Strait Islander people can trust. They deliver health and wellbeing services developed for the unique needs of Aboriginal and Torres Strait Islander people.

ACCOs are a self-determined response to improve health and wellbeing

Colonisation has direct health impacts on Aboriginal and Torres Strait Islander people. They experienced violence, had their lands dispossessed, their traditional way of life disrupted, and were subject to assimilation policies. Aboriginal and Torres Strait Islander people still experience racism and discrimination.[23] This affects the treatment Aboriginal and Torres Strait Islander people experience in mainstream health services.[24] Together, these factors have contributed to a broad decline in the health and wellbeing of Aboriginal and Torres Strait Islander people over generations.[25]

Aboriginal and Torres Strait Islander people in Australia formed ACCOs to help combat this disadvantage.[26] They began forming cooperatives in the early 1970s to directly provide their Community with health and care services.[27] Some began with only Community support and no other funding.[28] Small Australian Government grants helped start others. ACCO funds are directly spent on delivering services because they are all not-for-profit organisations.

The first health and wellbeing ACCOs in Victoria were founded in the early 1970s. One of them was the Victorian Aboriginal Health Service, founded in Fitzroy in 1973.[29] After only 3 years, it had begun providing a wide array of health and social services for the Victorian Aboriginal Community. These services included medical and dental services, workshops and education programs, a halfway house, social events and sports teams.[30] But this success was only possible because Community were determined and committed. For example, Victorian Aboriginal Health Service staff worked without pay multiple times during their first 10 years, so that the Community could still access health and wellbeing services.[31]

Over the next 50 years, many other Aboriginal and Torres Strait Islander Communities in Victoria also set up health and wellbeing ACCOs. They aim to strengthen the health and wellbeing, Community and cultural connections, and economic self-reliance of Aboriginal and Torres Strait Islander people in Victoria.[32] Health and wellbeing ACCOs are an example of self-determination, because they are institutions exclusively owned and controlled by Aboriginal and Torres Strait Islander people and can independently decide the needs and services they will provide their Community.

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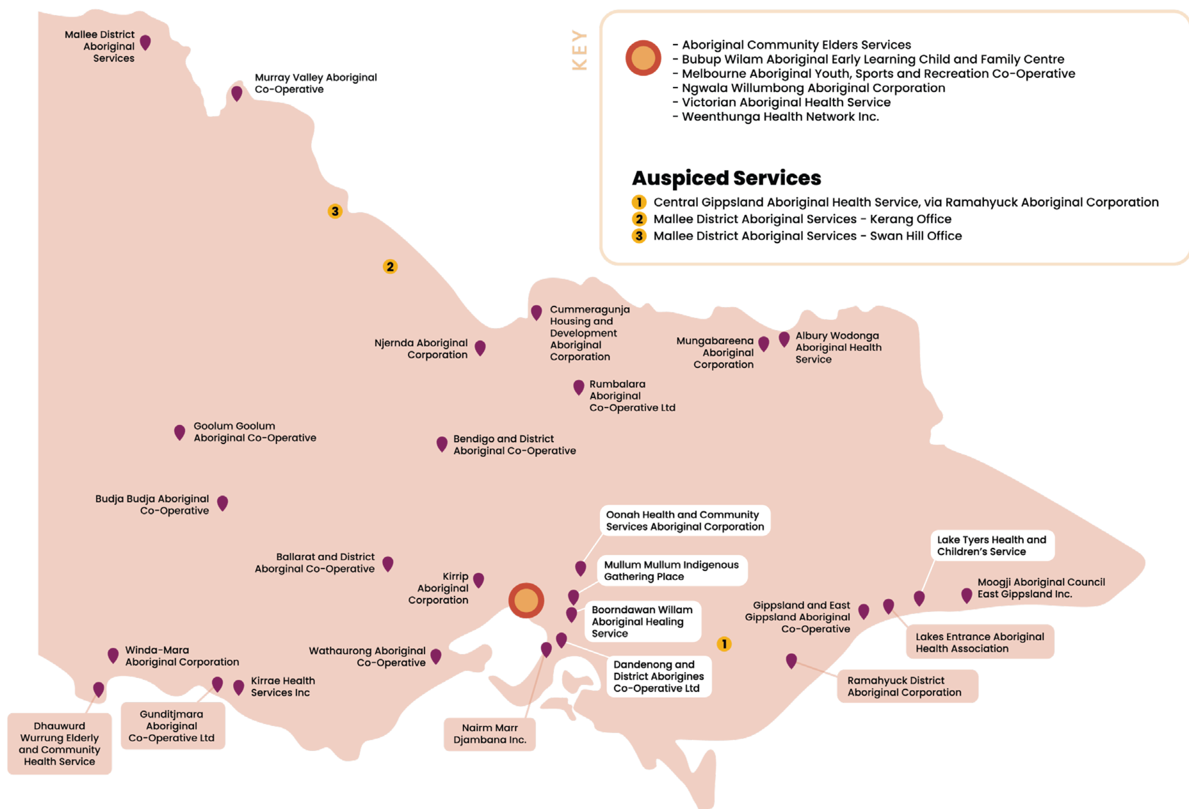
For generations, the decision-making power over the lives of Aboriginal people lay outside the Community. It has been governments and bureaucrats that have dictated the lives of Aboriginal people. Community control is a movement to take that power back.

Katrina Hodgson, *Barefoot Doctors: Our health, our way – an oral history of VACCHO's 20 years in Aboriginal health*, Victorian Aboriginal Community Controlled Health Organisation, 2016, p 9.

Each health and wellbeing ACCO is an independent organisation. They are all members of the Victorian Aboriginal Community Controlled Health Organisation (VACCHO).[a]

VACCHO was founded in 1996 and is the peak body for Aboriginal health and wellbeing in Victoria. It aims for Aboriginal and Torres Strait Islander people to have access to high-quality culturally safe health and wellbeing services. VACCHO builds the capacity of its member organisations and advocates for issues on their behalf. It currently has 33 member organisations.[33]

Figure 1: Map of VACCHO members



Source: Victorian Aboriginal Community Controlled Health Organisation.

[a] All Victorian health and wellbeing ACCOs are members of VACCHO. There is one additional non-ACCO (a health and wellbeing organisation that is not Community controlled) that VACCHO has supported as part of the development of its infrastructure assessments, however because it is not Community controlled it is currently ineligible for membership to VACCHO.

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The Victorian ACCO Model pursues a holistic view of health and wellbeing

Victorian health and wellbeing ACCOs have designed their own model of health and wellbeing service delivery. They refer to this as the Victorian ACCO Model. It is a holistic health and wellbeing service model. This means it seeks to identify the issues affecting the wellbeing of individuals and Community, and design an array of services, programs and interventions to address those problems. These solutions may extend far beyond the traditional scope of healthcare.

The Victorian ACCO Model adopts Aboriginal philosophies of health and wellbeing. These philosophies conceive of health and wellbeing as encompassing the physical, social, emotional, and cultural wellbeing of individuals, families, and Communities.[34] Health and wellbeing ACCOs typically combine their funding sources to generate an interconnected service offering that treats the whole person. This also avoids people having to navigate multiple, fragmented providers. This contrasts with traditional mainstream healthcare services, which primarily diagnose a single, specific disease or illness, and then prescribe a single course of treatment for it. The mainstream system also often delivers care in disjointed, fee-for-service models. This can mean people struggle to find the right provider for the service they need.

The Victorian ACCO Model has 3 foundational principles:

- **Practice self-determination and Community control**

  Health and wellbeing ACCOs are independent, not-for-profit organisations. Community members run them. They decide which services to provide in direct response to Community needs and design them in consultation with their members and communities.

- **Act to address the determinants of health**

  Many factors affect the health of individuals and the Community, including social, cultural, historical and political factors. ACCOs respond to these factors by delivering social services alongside healthcare. For example, they might provide employment, education, or housing services, or offer social experiences.

- **Foster connectedness and belonging**

  ACCOs celebrate and support Aboriginal culture to create a supportive and healing environment for Community.[35]

This means Victorian health and wellbeing ACCOs extend their range of focus far beyond the scope of traditional health services.[36] Beyond immediate healthcare, ACCOs provide multiple social and recreational services that help improve the wellbeing of individuals and Community. These are sometimes called 'wrap-around' services, because they wrap around individuals and Communities to provide multiple avenues of support to improve wellbeing. These wrap-around services also extend the development, design and delivery of services beyond the individual person seeking help to support their extended family and Community.

Because they use this holistic wellbeing model, Victorian health and wellbeing ACCOs collectively deliver more than 130 different programs and services.[37] Victorian health and wellbeing ACCOs typically provide many more types of services than Aboriginal health services in other parts of Australia. This also makes them a 'one stop shop' for Community needs. ACCOs also extend their services to non-Indigenous members of the local community in some rural and regional areas, where no other health service is available. For example, in the Gariwerd/Grampians area in regional Victoria, the Budja Budja Aboriginal Cooperative provides services to the local non-Indigenous population and visitors to the area.

Figure 2 shows more elements of the Victorian ACCO Model.

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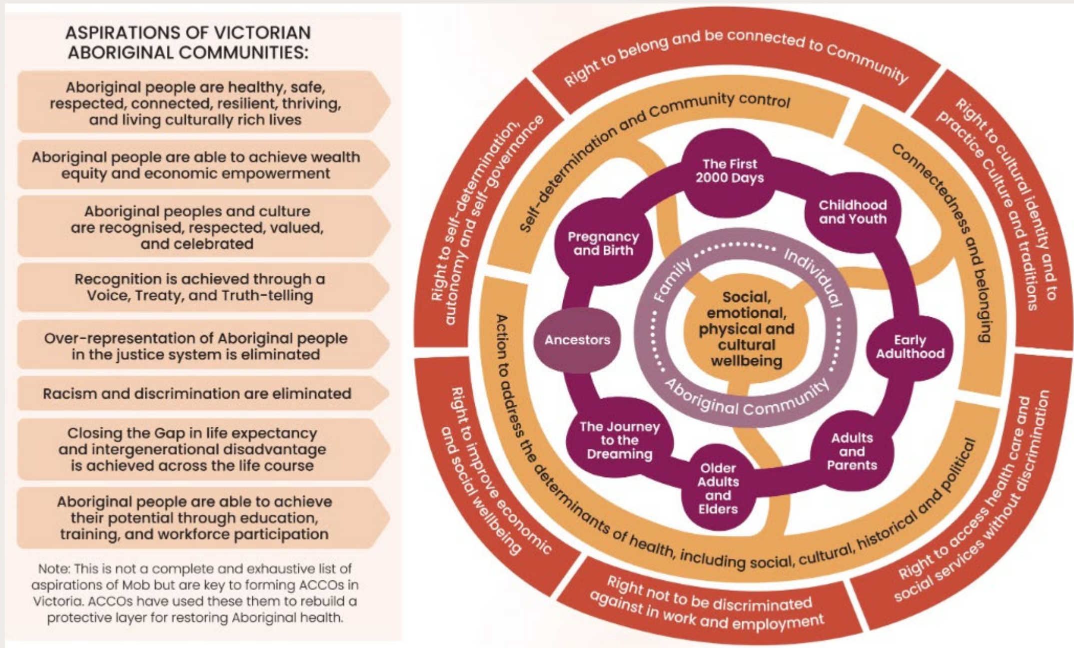
Figure 2: The Victorian ACCO Model



How to read the Victorian ACCO Model

- The yellow circle is Aboriginal health. It encompasses physical, social, emotional, and cultural wellbeing. It is not focused on disease prevention, or the individual alone.
- The purple rings show it is also about the family and the Community and encompasses all the stages of life. Ancestors are a part of the cycle of life. This was Aboriginal health before colonisation and the disruption of all areas of life for Aboriginal people in Victoria. Health and wellbeing were protected by rights and responsibilities that were present in our whole world, grounded in Country. But every aspect of that protection was blown apart by the dispossession and discrimination that followed, leading to the profound loss of health over generations. But Aboriginal and Torres Strait Islander peoples fought to reclaim both their rights and health.
- The sand coloured arrows, some of the aspirations of Communities, have driven the development of ACCOs in Victoria. Over more than 50 years they have provided a place where the health of Aboriginal and Torres Strait Islander people could be restored.
- This new protective layer is shown in red and yellow circles.
  - In the red circle, the protection is rights. Aboriginal and Torres Strait Islander people have these rights, expressed in the UN Declaration on the Rights of Indigenous Peoples and Victoria's Charter of Human Rights and Responsibilities Act.
  - In the yellow circle, the protection is the Victorian ACCO Model itself. Its three key elements provide the pathway back to the centre, back to health. Around the model are the outcomes, impact and reduced cost to government of the Victorian ACCO Model.

Source: Victorian Aboriginal Community Controlled Health Organisation, 'The Victorian ACCO Model', VACCHO website, n.d., accessed 10 February 2025; Victorian Aboriginal Community Controlled Health Organisation, 'The Victorian ACCO Model' [video], Victorian Aboriginal Community Controlled Health Organisation, YouTube, 15 October 2024, accessed 29 January 2025.

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The Victorian ACCO Model also informs the priorities of their clinical healthcare services. For example, ACCO clinical healthcare services emphasise preventative health, primary care and health promotion. They include sexual health awareness programs, general practice, chronic disease management (such as for diabetes and heart disease), allied health (such as for treating mental health conditions) and dental services.[38]

But beyond clinical healthcare services, Victorian health and wellbeing ACCOs deliver family, disability, early learning, justice, aged care, housing and homelessness, Community resilience (such as disaster preparation), workforce development and cultural services, as well as operate social enterprises. Each ACCO provides these services locally and in direct response to Community need. They typically also offer other methods for people to get the services they need. For example, they often provide transport services so people can get to their services, use other locations people might reach more easily, deliver services by telephone or video call, or provide in-home care.[39]

> We don't just deliver health, ACCOs deliver everything. We have family services, youth services, play groups, home and Community care activity groups, Elder groups, there are a whole range of things that link back to a health basis. The health clinic or the health service provides a sound basis to deliver whatever else the Community needs.

Andrew Gardiner, quoted in K. Hodgson, *Barefoot Doctors: Our health, our way – an oral history of VACCHO's 20 years in Aboriginal health*, Victorian Aboriginal Community Controlled Health Organisation, 2016, p 13.

The Victorian ACCO Model uses the lived experience of individuals and Communities as a core mechanism to identify the requirements of the Community it serves. ACCOs then involve and consult Community to decide which services to offer, and to design their delivery. This also means health and wellbeing ACCOs can expand and adapt their services to meet the multiple and changing needs of Community.

ACCOs are efficient and effective at closing the gap in Aboriginal health outcomes

The Victorian Government is a party to the National Agreement on Closing the Gap, signed in 2020. The National Agreement on Closing the Gap was developed in partnership between Australian governments, including the Victorian Government, and the Coalition of Aboriginal and Torres Strait Islander Peak Organisations. The National Agreement has 17 goals and 19 targets, to be achieved by 2031 or earlier.[40] Many of these goals and targets relate to health and wellbeing outcomes.

But the Productivity Commission's first review of the agreement found that 'progress in implementing the Agreement's Priority Reforms has, for the most part, been weak and reflects tweaks to, or actions overlayed onto, business-as-usual approaches.'[41] It reported hearing from ACCOs that 'they are treated as passive recipients of government funding, and that governments do not recognise that ACCOs are critical partners in delivering government services tailored to the priorities of their communities.'[42]

The Productivity Commission's 2024 *Closing the Gap annual data compilation report* documented that only 5 of the 19 targets were on track. They found 4 were actually going backwards.[43]

The Victorian Government has stated its commitment to closing the gap in health and wellbeing outcomes between Aboriginal and Torres Strait Islander communities and non-Indigenous populations, in a way that is self-determined by Aboriginal and Torres Strait Islander people.[44] This includes providing support to health and wellbeing ACCOs.[45]

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Health and wellbeing ACCOs can help reduce the number of Aboriginal and Torres Strait Islander people attending hospital unnecessarily. In 2020–21, the number of preventable hospitalisations for Aboriginal and Torres Strait Islander people was double that of the rest of the Victorian community.[46]

Many of these hospitalisations were for conditions that can be treated in a community health setting, such as chronic disease management, infections, health education and other primary care support.

Victorian health and wellbeing ACCOs will also need to support a growing population over the next decade. Demand for their services is likely to increase proportionally with the size of the Aboriginal and Torres Strait Islander population.[47] Since 2013, the Aboriginal and Torres Strait Islander community in Victoria has grown at almost double the rate predicted at that time.[48] VACCHO-commissioned population estimates project a 3.8% annual growth rate in the Aboriginal and Torres Strait Islander population in Victoria. This is almost double the 1.6% general population growth rate. By 2037, the Aboriginal and Torres Strait Islander population is projected to increase by 74% in Victoria.[49]

Many studies have shown that the Victorian ACCO Model is efficient and effective at improving the health of Aboriginal and Torres Strait Islander people:

- The lifetime health impact of interventions delivered by ACCOs for Aboriginal and Torres Strait Islander people is 50% greater than if those same interventions were delivered by mainstream health services.[50]
- Aboriginal and Torres Strait Islander people are more likely to engage with healthcare services provided by ACCOs (73%) compared to mainstream GP services (60%).[51]
- Health and wellbeing ACCOs attract and retain 23% more Aboriginal and Torres Strait Islander clients than mainstream providers.[52]
- Aboriginal and Torres Strait Islander people are more likely to adhere to treatment plans when they are facilitated by ACCOs (96%), compared to mainstream health services (78%).[53]
- ACCOs contribute significantly to reducing communicable disease, detecting and managing chronic disease, and reducing premature births.[54]
- ACCOs can achieve similar outcomes to mainstream primary healthcare services, despite having a more complex caseload.[55]

The services provided by health and wellbeing ACCOs work in tandem with mainstream Victorian health services. This reduces the need for the Aboriginal community to use mainstream health services for primary and preventative care. It also reduces the incidence of preventable hospitalisations through early intervention and prevention.

Research by the Centre for Evidence and Implementation found ‘significant’ social and economic benefits from effective early interventions, including a reduction in demand for existing services resulting in improved service quality and more efficient use of resources.[56] The Department of Treasury and Finance acknowledged this in its Early Intervention Investment Framework which seeks to ‘improve outcomes for Victorian service users through timely and effective assistance’ while ‘reducing growth in government expenditure through the decline in use of acute services.’[57]

Dandenong and District Aborigines Co-operative Ltd – CEO’s office

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> The Aboriginal Health and Wellbeing Partnership Agreement… sets out how we may achieve a health system that is holistic, culturally safe, accessible, empowering and racism-free. To achieve this, [health and wellbeing ACCOs] must be viewed as a critical part of Victoria's health system. This means equal partnerships with mainstream health services.

Mary-Anne Thomas, Minister for Health, Yoorrook Justice Commission public hearing, 14 June 2024.

The Victorian Government supports health and wellbeing ACCOs in its commitments to closing the gap

The Victorian Government says it is committed to closing the gap in health and wellbeing outcomes between Aboriginal and Torres Strait Islander people and the rest of the population. It is also engaging in Treaty negotiations with the First Peoples' Assembly Forum and the truth telling process through the Yoorrook Justice Commission. But these are long processes that will take many years to translate into policy outcomes. In the short term, more can be done to improve the health and wellbeing of Aboriginal and Torres Strait Islander people in Victoria.

In Victoria, the Victorian Aboriginal Affairs Framework (VAAF) is the Victorian Government's overarching framework for working with Aboriginal and Torres Strait Islander people in Victoria, organisations and the wider community to improve outcomes for Aboriginal and Torres Strait Islander people.

Under the VAAF, the government publishes data on many different measures of Aboriginal and Torres Strait Islander health and wellbeing, to guide action and hold government to account. Of these, we identified 57 measures that relate to Aboriginal health and wellbeing services or outcomes. But the majority (29) show worsening outcomes or a widening gap. Only 21 show improvement or a closing gap, and this is often only marginal.[58] Other measures show no change or are not published.

Health and wellbeing ACCOs provide holistic services and are trusted and connected to their Aboriginal and Torres Strait Islander community. Without them, Victoria cannot achieve its closing the gap commitments or show strong progress on its VAAF health and wellbeing measures. But health and wellbeing ACCOs cannot support these goals if they are not enabled to do so. The government can enable them by providing enough resources and infrastructure, in a self-determined manner.

The Victorian Government recognises the effectiveness of the ACCO sector in its efforts towards closing the gap. It has developed multiple plans and frameworks to support health and wellbeing ACCOs, including:[59]

- **The Closing the Gap implementation plan**: The National Close the Gap Campaign highlighted that health and wellbeing ACCOs 'are best equipped to facilitate cultural connection, safety and support that utilises a strengths-based approach, and this is a crucial step to help achieve Closing the Gap targets.'[60] Victoria's *Closing the Gap implementation plan* commits to 'providing greater resourcing to ACCOs, addressing cultural safety in mainstream institutions and investing in data and information sharing with First Peoples.'[61]
- **The Department of Health Strategic Plan 2023–27 (2024 update)**: This sets a vision for Victorians, including Aboriginal and Torres Strait Islander people, to be the healthiest in the world. It aspires to do this by strengthening the ACCO sector and supporting Aboriginal self-determination in healthcare.[62]

The Aboriginal Health and Wellbeing Partnership Forum brings together Aboriginal organisations, the Victorian Government, and the mainstream health sector with the shared vision of Aboriginal and Torres Strait Islander people having access to a health system that is holistic, culturally safe, accessible, and empowering.[63]

The Forum produced an *Agreement Action Plan 2023–2025* which has established the foundation work being undertaken by VACCHO to review and rejuvenate infrastructure assets across the 33 ACCOs in Victoria to ensure they are fit for purpose and meet Community needs.[64] The Victorian Government, through the Action Plan, has committed to some first steps to reform the way health and wellbeing infrastructure is planned and delivered in a self-determined way. The commitment needs to be supported by funding that can provide certainty for the sector and enable Community to plan for infrastructure that delivers the holistic services they need.

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Figure 3: Priority actions for ACCO infrastructure in the Victorian Aboriginal Health and Wellbeing Partnership Agreement Action Plan 2023–2025

Domain: Building a sustainable health sector

The below actions and accompanying priorities seek to ensure funding and resourcing to the Aboriginal health sector is long term and responsive to needs, and that reporting and accreditation suits the needs of the sector.

Actions in this domain focus on investing in infrastructure for the ACCO sector, moving towards longer-term outcomes-based funding, supporting the Aboriginal workforce, and revising the Department's budget processes to ensure the Community-controlled sector can provide meaningful input.

Self-determined priority	Investment in infrastructure for Aboriginal services
Action 1	Develop business cases for government consideration for land acquisitions and capital funding for ACCOs to meet the self-determined immediate, medium and long-term identified infrastructure needs of a minimum of 12 sites. This includes exploring potential opportunities to use the self-determination fund through Victoria's Treaty processes.
Action 2	Develop the framework for an ACCO Perpetual Infrastructure Fund to provide long-term ongoing self-determined minor capital, maintenance, planning and management resources for ACCOs across all holistic wrap-around services. Prepare and submit a business case for government consideration to establish the ACCO Perpetual Infrastructure Fund, including funding to meet all immediate needs, and consideration of potential opportunities to use the self-determination fund through Victoria's Treaty process.

Domain: Culturally safe healthcare

The below priorities and accompanying actions work to enable a culturally safe healthcare system that supports Aboriginal and Torres Strait Islander people living in Victoria to have equitable access to health services.

Actions in this domain focus on strengthening cultural safety in the mainstream health system at all access points. This includes mandating of cultural safety training, improving the identification of Aboriginal and Torres Strait Islander people in health services and strengthening the alcohol and other drugs sector.

Self-determined priority	Strengthen cultural safety in the mainstream health service system
Action 1	Ensure the delivery of all health infrastructure projects (including engagement, design and delivery) is informed by the requirements for cultural safety through an intergenerational trauma lens and the preservation of Aboriginal culture. Specific actions include cultural safety training, and a review of current policies and guidelines.

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Source: Aboriginal Health and Wellbeing Partnership Forum, 'Victorian Aboriginal Health and Wellbeing Partnership Agreement Action Plan 2023–2025', 2023, pp 8, 12.

Since 2022, VACCHO has partnered with the Department of Health to conduct asset assessments of Victorian health and wellbeing ACCO infrastructure and develop infrastructure business cases. A case for infrastructure funding for the Dandenong and Districts Aborigines Co-operative Ltd was submitted in 2023, but it was unsuccessful, and action is still required.[65] In 2024, the Victorian Government funded the infrastructure assessment of the health and wellbeing ACCOs including the energy assessment, culturally safe building design assessment and the asset building condition assessment.

Weaving gathering at Njernda Aboriginal Corporation

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Better infrastructure can improve health outcomes

Infrastructure affects the availability, quantity, quality and cost of delivering health and wellbeing services. This report shows that health and wellbeing ACCO infrastructure is low quality, restricts access to services, reduces the quality of services, and adds to the costs of service delivery. Health and wellbeing ACCOs deliver efficient and effective services but their low-quality infrastructure is compromising their ability to maximise their effectiveness. This means that health and wellbeing ACCOs cannot deliver the best value for Aboriginal and Torres Strait Islander people and other Victorians. It also restricts their ability to close the gap in health outcomes.

Health and wellbeing ACCO infrastructure also must fit the delivery of the Victorian ACCO Model of health and wellbeing. The Victorian ACCO Model relies on building trusting relationships with Community, so that they feel safe using the services. It also means co-locating a large array of integrated health, social and cultural services in a combined facility. These factors affect the choice of location, design, layout and operation of these facilities to deliver the most effective services.

Self-determination also affects decisions about infrastructure for health and wellbeing ACCOs. One way to enable self-determination is for Aboriginal and Torres Strait Islander people to own the land and facilities they use to pursue their self-determined goals. This way, Community can have more agency, control and ownership of their chosen destiny. Organisations can be more accountable to Community on how they use those resources, without being dependent on other organisations or governments. Infrastructure can itself be an expression of self-determination. Aboriginal and Torres Strait Islander people can actively decide its architecture and construction to reflect their cultural heritage and expression.[66]

Many ACCO buildings are unfit, deteriorating and reaching the end of their useful life

A 2013 study of 50 ‘principal’ buildings found that many ACCOs operated from a range of old, often dilapidated infrastructure. The infrastructure was often surplus stock that was no longer wanted for its original purpose. ACCOs purchased or were gifted buildings in poor condition. The report gave examples like former domestic homes, decommissioned rehabilitation centres, and even an old fish and chip shop.[67] VACCHO’s Infrastructure Community of Practice in 2022 reported that the condition of much of their infrastructure had considerably worsened in the following decade.[68]

Since 2022, VACCHO, in partnership with the Victorian Department of Health, commissioned building consultants Cushman & Wakefield to conduct several independent assessments of ACCO infrastructure. The assessments thoroughly evaluated health and wellbeing ACCO infrastructure in Victoria. They examined 229 assets from 31 participating Victorian health and wellbeing ACCOs.[69] These assets include 200 buildings, with sheds and other non-building assets excluded from the subsequent data reporting.[b] The assessments determined that ACCOs owned 140 buildings and leased 58 of them (the study could not identify the tenure of the remaining 2).[70]

These 200 buildings are, on average, around 40 years old. Of them, 26% are more than 50 years old and 17 buildings are more than 100 years old. The oldest ACCO building is 174 years old.[71] The Victorian average building age exceeds the national average, where most ACCO infrastructure is between 20 and 40 years old.[72] These buildings have deteriorated over time. A typical commercial building has a standard economic life of 50 to 60 years, and at 30 years, maintenance costs can begin to outweigh renewal costs.[73] This can vary depending on climate, intensity of use and extent of maintenance. Individual buildings require detailed investigation to determine their requirements. An estimated 52% of ACCO infrastructure is already at the end

[b] The assessments also excluded residential community and social housing properties and aged care facilities.

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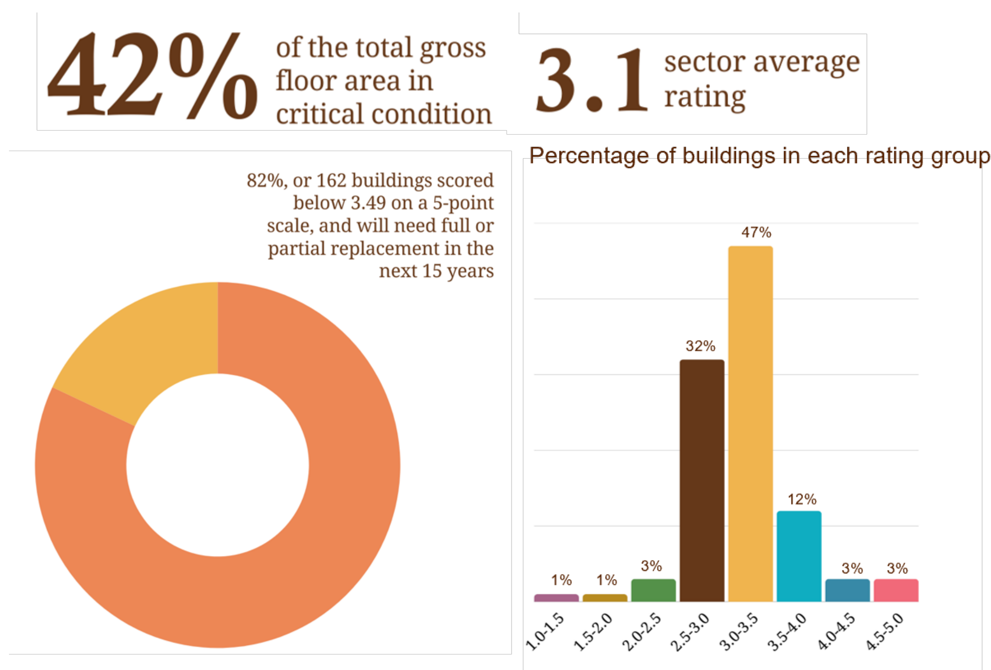
of its economic life, after accounting for the historical condition of assets across the sector, criticality factors, and an ongoing lack of maintenance funding.[74]

Figure 4: Results of asset condition assessment for health and wellbeing ACCO infrastructure



Rating	Building condition	Description
1	Very poor	Asset has failed; is not operational and unfit for occupancy or normal use. Less than 10% of remaining useful life left.
2	Poor	Asset has deteriorated badly; possible structural problems; general appearance is poor with eroded protective coatings; elements are defective; services are frequently failing; and a significant number of major defects exist. Approaching end of life with 10% to 30% of remaining useful life left.
3	Fair	Asset is in average condition; deteriorated surfaces may require attention; backlog of maintenance work likely exists. Asset has 30% to 50% of remaining useful life left.
4	Good	Asset exhibits superficial wear and tear; minor defects; minor signs of deterioration to surface finishes; does not require major maintenance; no major defects exist. Asset has 50% to 90% of remaining useful life left.
5	Excellent	Asset has no defects; condition and appearance are as new. Asset has greater than 90% of useful life left.

Source: Victorian Aboriginal Community Controlled Health Organisation, 'ACCO infrastructure – state of the sector: Capital works prioritisation', 2024.

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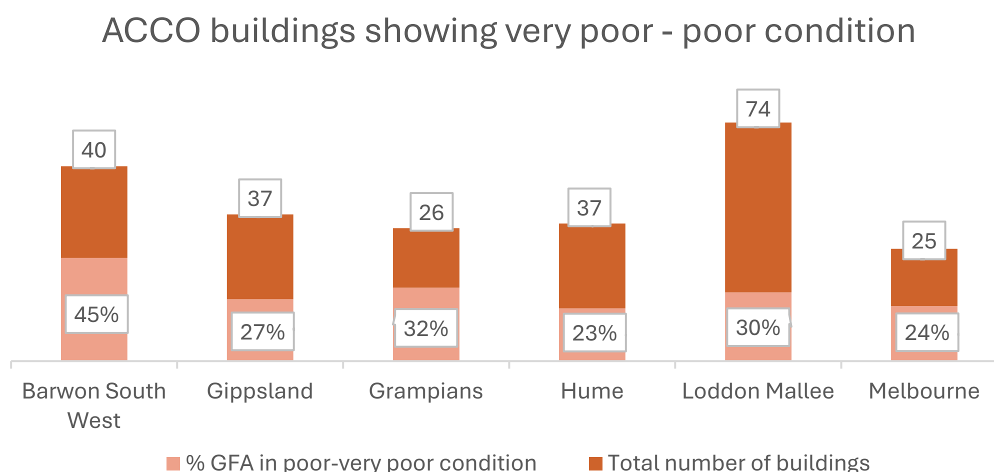
The assessment of health and wellbeing ACCO buildings found that most required attention to deteriorated surfaces, had likely maintenance backlogs, and might have impacts on service delivery. Some were badly deteriorated, and a majority had less than 15 years of useful life left.

Across Victoria, 42% of the total gross floor area is in a critical condition (77,045m^2). Buildings in critical condition have issues with the integrity of their structural and sub-structural foundations, wall and roof structures. Buildings with structural deficits typically pose significant concerns for the health and safety of staff and clients.[75] They generally imply critical safety risks or are very expensive to fix. This can mean a building can become too expensive to maintain.

These findings mean that many health and wellbeing ACCO buildings are expected to require major refurbishment, upgrades, or – in some cases – complete replacement to be suitable for service.

Figure 5: Total number of ACCO buildings across Victorian regions mapped against the proportion of buildings in critical condition



Source: Victorian Aboriginal Community Controlled Health Organisation, 'ACCO infrastructure – state of the sector: Capital works prioritisation', 2024, p 17.

A recent preliminary assessment of a representative cross section of ACCO buildings against the Australasian Health Facility Guidelines found that on average ACCO buildings require 21% more floor area to meet standards.[76] A further 33-42% of floor area would be required to meet the best practice standards most Victorian hospitals are built to today.[77] Appendix A shows an example of the analysis for 6 ACCOs that represent a cross section of a sample of small, medium and large regional and metropolitan ACCOs. This assessment only examined the infrastructure that health and wellbeing ACCOs operate in today. Future infrastructure will also need to provide services that can accommodate rapid growth and future demand.

Many ACCOs have inherited buildings that were constructed for different uses, some of which are not appropriate for the services Communities need.[78] Having no other option, ACCOs are shoe-horning staff workspace or consultation areas into old laundries or using old kitchens as Community spaces or waiting areas. This gives people a sense of being 'in the way'. It often results in families having to leave vulnerable family members to wait for their appointment on their own, because there is simply not enough space to stay. Today, most health and wellbeing ACCOs in Victoria have little choice but to operate from buildings that are not fit for purpose.[79]

Commissioner Sue-Anne Hunter from the Yoorrook Justice Commission described the standard of infrastructure provided to ACCOs as 'really crap', and equivalent to 'breadcrumbs from the table.'[80] This infrastructure is compromising the way health and wellbeing ACCOs provide services, present risks to staff and clients, and adversely affect the health and wellbeing of Aboriginal and Torres Strait Islander people in Victoria.[81]

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Case study

Dandenong and District Aborigines Co-operative

The Dandenong and District Aborigines Co-operative Ltd (DDACL) is an ACCO that provides health and wellbeing, housing, aged care and disability, and family services. It serves the growing Aboriginal community in south-east metropolitan Melbourne, from Knox to the Mornington Peninsula.

DDACL has been aware of the urgent need to upgrade and repair their facilities for over a decade. VACCHO commissioned Cushman & Wakefield to conduct an asset assessment in 2022 and the subsequent analysis determined that 74% of DDACL's total gross floor area (i.e. building structure and roof elements) was in critical condition.[82] DDACL warned in their 2022–23 annual report that 'to remain viable, it is essential that we address the condition of our buildings and the capacity to accommodate the staff needed to deliver the funded services.'[83]

This was most apparent at DDACL's headquarters on Stud Road, Dandenong. Over many years, the foundations had deteriorated, causing cracks in the walls, leaks, mould and structural problems. DDACL has sought remedies but with no capital funding could do little to maintain the building. Julian Hill, the federal MP for Bruce where DDCAL is based, condemned the state of the Stud Road facility as 'without doubt the worst in Victoria' and noted that the lack of funding was a result of 'state and commonwealth agencies point[ing] at each other … it falls between the cracks of multiple departments.'[84]

VACCHO made a submission for funding for repairs to the Stud Road building in 2023, which was unsuccessful.[85] DDACL had to take drastic measures to protect staff and Community from the decaying building. One example was the building's front door, which was permanently closed off when it became too dangerous to use. This made the building inaccessible to patients in wheelchairs, and DDACL staff had to carry patients into alternative entrances so they could access the facility.[86]

A severe rainstorm in October 2023 compounded these long-term structural issues. It flooded the walls of the building. Staff had to close the centre for repairs. The centre lost more than 68 hours of care.[87] By August 2024, DDACL were forced to close its Stud Road headquarters due to the structural failure and the risk of asbestos exposure.[88] A Public Realm Lab building assessment in October 2024 recommended that the building be replaced entirely.[89]

The closure of the Stud Road site has resulted in a significant reduction in DDACL's capacity to provide services to their Community. Staff have been forced to work from home, resulting in a 20-70% reduction of service capacity with no face-to-face services provided since August 2024.

DDACL has also been compelled to utilise a temporary portable kitchen and staff room for medical personnel, which has been set up in the car park. The only meeting room and room for Community to meet were also located in the closed building. These arrangements have resulted in the loss of precious and significant Community facilities, consequently limiting the Community's ability to engage in structured group activities, informal outdoor gatherings and yarns.

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Case study

Challenges in delivering services in inadequate buildings

A doctor’s perspective on the impact of poor infrastructure on service delivery

Dr Jon worked as a GP at the Bunurong Medical Centre in Dandenong. This ACCO, as with all others across Victoria, provides wrap-around services to meet multiple needs in one location.

‘This is the difference with ACCOs, we have a wrap-around model of care, we can be very responsive, and I think that is amazing. There is no other service model that does this. For example, clients can have a health check, sexual health screen, mental health support, child and maternal health, conversation with an Aboriginal health worker, and a yarn with other Mob in the waiting room.’

Being on the front line of service delivery, Dr Jon has firsthand experience of the impact of poor infrastructure on the ability to deliver services to Community.

‘[At Bunurong] the clinical infrastructure was very poor, which meant the size of the rooms were not fit for purpose. We could function, but it was cramped and difficult to work. Practically, this meant that the beds to examine and see patients were too small. Women would not feel comfortable in a cramped room when coming for pelvic exams. It would make the appointment time longer. This could cause distress in the patient and give a negative experience. We tell women to come in for a cervical screening then they’re made to come in to sit on a cramped bed in an uncomfortable position.’

One of the most frequent infrastructure barriers is sufficient bathrooms, which is the case at Bunurong. ‘The bathrooms were small with difficult angles to get in and out of, and not properly designed for persons living with disabilities, requiring gait aids, or the vision impaired for example. There was only one male and two female toilets. The infrastructure should support the model of care. It should also be an environment where people can feel secure and proud,’ Dr Jon said.

When an Aboriginal client is asked to provide a urine sample by walking across the waiting room to the closest toilet to do so, many clients will feel humiliated having other Community members witness them. Likely, they will not return if anyone from their Community witnesses them for any reason taking a sample jar to the toilet.

Deteriorating, energy inefficient buildings cost more to run

Low-quality, deteriorating buildings are often cheap to buy or lease, or easy for other organisations or governments to 'donate' to Aboriginal organisations. But they can be expensive to run, both in high maintenance costs and high energy costs. These costs divert resources that would otherwise be available to directly improve the health and wellbeing of Aboriginal and Torres Strait Islander people.[90]

Low building quality can mean health and wellbeing ACCOs must try to keep their existing buildings operational through expensive and extensive maintenance.[91] The older the building, the more work is required and the larger the cost to ACCOs.[92] Sometimes ACCOs have little choice but to lease other commercial properties or adapt buildings to try and make them more fit for purpose.

Old, low-quality buildings are also often energy inefficient. In 2024, VACCHO completed 31 energy audits of health and wellbeing ACCOs, in partnership with the Victorian Health Building Authority's sustainability team. The audits analysed the energy efficiency potential of 161 buildings. ACCOs either owned or had long-term leases on the buildings included in the audits.

Figure 6: ACCO infrastructure energy audit results

Energy efficiency option	Implementation costs	Annual savings (including maintenance costs)	Pay-back period
Building tuning: improving HVAC operation times and temperature set points to suit the building operations and seasonal requirements, energy efficiency upgrades to equipment and staff education on ideal operating settings	$2,479,288	$484,242	5.1 years
Electrification or gas substitution: replacing existing gas appliances (such as cooking and hot water) with electric	$676,534	$41,590	16.3 years
Lighting upgrades: replacing inefficient lighting and improving the controls such as motion sensors and timers	$4,899,185	$543,907	9.0 years
Minor heating ventilation and air conditioning (HVAC) upgrades: typical maintenance on existing equipment to optimise efficiency	$187,377	$88,387	2.1 years
Rooftop solar PV: installation (or increasing capacity) of rooftop solar including battery storage solutions	$9,564,565	$1,888,175	5.1 years
Window tinting/external shading: installing external shading to windows and/or window film to prevent heat loss/gain and reduce load on HVAC systems	$606,150	$113,374	5.3 years
Totals	$18,413,100	$3,104,675	5.93 years

Source: Cushman & Wakefield, 'ACCO infrastructure energy audit', Victorian Aboriginal Community Controlled Health Organisation and Victorian Health Building Authority, 2024.

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The audits found ACCOs could save $3.1 million each year in utility and maintenance costs from energy upgrades. The upgrades included changes such as installing rooftop solar panels, upgrading lighting, or shading or tinting external windows. The savings rely on an investment of $18.4 million to deliver the identified opportunities. That produces an annual return-on-investment of 16.9%. The investment would recover its costs in about 6 years (the average 'pay-back period') and individual ACCOs could save between $16,000 and $385,000 annually depending on the number and size of buildings in their portfolio. These savings would allow ACCOs to redirect funds towards other priorities.

Beyond energy cost savings, energy efficient buildings produce other benefits. They can help keep facilities cool in summer and warm in winter, which improves the comfort of staff so they can work more productively. It also improves the comfort of service users, making them more likely to use the facility, and be more relaxed during their time there. This is especially applicable for ACCO service users, who often have chronic health conditions.

Energy efficient buildings also help make ACCO services more climate resilient. This is especially relevant for ACCOs with emergency management responsibilities. For example, some Aboriginal and Torres Strait Islander people do not have air-conditioned homes, and ACCOs might be used as a safe, cool place of refuge during heatwaves.

More energy efficient buildings also reduce the amount of greenhouse gas emissions ACCOs generate. The energy audits estimated that the assessed energy upgrades would reduce greenhouse gas emissions by 10,500 tonnes each year.

Njernda Aboriginal Corporation – youth and healing centre

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Case study

The effects of infrastructure failure on service delivery

CEO of Moogji Aboriginal Council in Orbost, Louise Carey talks about how poor energy efficiency is impacting service delivery in Orbost

‘I should be leading the organisation, but instead, I’m constantly managing day-to-day infrastructure problems that shouldn’t exist. It means the organisation is limping along instead of thriving.’

The infrastructure here is a challenge. We are in a 1930s boarding house with terrible mould problems. The floorboards are uneven, and some rooms are unusable because we can't heat or cool them. This environment does not reflect the way we like to work.

For instance, every morning, I have to walk down the corridor and open every door just to say good morning, then close them again because either a window is open or there's a small $20 heater running. It isolates everyone. The setup isn't collaborative, people shut their doors because it's too cold or too hot, or because of how the air flows through the building. In terms of services, the Community needs employment, youth engagement, and mental health support the most.

For Moogji, having programs to keep kids connected to school and funding for traineeships make a huge difference. We've had a few successful traineeships over the last few years, supporting young people. By helping them to complete traineeships, they’ve been able to get steady jobs – work that allows them to provide for their families.

Infrastructure is key to making these programs successful. [Poor infrastructure] takes your focus away from where it should be. I shouldn’t have to spend my time figuring out where staff can sit at what time because of meetings. I shouldn’t have to take an anxious client outside in the heat because there’s nowhere else to talk to them.

The infrastructure in this 1930s building is failing. There aren’t enough power points, so we have to run on Wi-Fi instead of hardwired connections. Heating and cooling are inconsistent, some rooms have air conditioning, but most do not.

One workaround is that, on very cold days, we light the fire in the boardroom, which used to be the big lounge room when it was a boarding house. Staff can sit in there, but they’re on their laptops, not at desks. It’s not a proper workspace, but it’s better than having blue toes and shivering all day. Or, when it’s 40 degrees and stuffy, people can’t be productive.

I think the building has served the organisation well – we’ve been in it for 30 years – but now it’s really starting to crumble. Without the funds for repairs and maintenance, small issues have turned into much larger costs.

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ACCOs need culturally safe buildings to effectively serve Community

A culturally safe environment 'is safe for people, where there is no assault, challenge or denial of their identity, of who they are and what they need.'[93] For people who have experienced racism or discrimination, or fear experiencing it, these environments are places they trust they can enter and not have those experiences. When people feel a facility is culturally safe, they are more likely to want to use its services. Many health and wellbeing services, including health and wellbeing ACCOs, prioritise creating a culturally safe environment.[94] The Victorian Department of Health has adopted a cultural safety framework for mainstream health and wellbeing services to keep improving cultural safety for Aboriginal and Torres Strait Islander people.[95]

> Culturally safe spaces are environments where First Nations histories are visible, First Nations identities are supported and First Nations experiences are respected.

Danièle Hromek, 'Cultural safety: what is it and how do we design for it?', *Architecture Australia*, January 2023, 112(1).

Aboriginal and Torres Strait Islander people and communities carry significant trauma about their dispossession and colonial violence. For example, 42% of Aboriginal and Torres Strait Islander people in Victoria are members or descendants of the Stolen Generation, a term used to refer to Aboriginal children who were forcibly removed from their families by churches, welfare organisations and governments.[96] These people and their descendants are still dealing with significant trauma from the 'profound grief, suffering and loss' from these racist policies and procedures that continue to negatively impact the health and wellbeing of Aboriginal and Torres Strait Islander communities.[97]

In some instances, an ACCO might be forced to use an old colonial building to operate their services. But if this was a place where injustice, discrimination or repression has occurred, the building might represent such significant historical trauma that the Community may never truly feel culturally safe there. In such instances, the ACCO may work towards divesting that building from their assets and healing Community by building anew elsewhere.

Culturally safe building design

The physical design and location of a building or facility can affect the visitor's perception of its cultural safety.

Culturally safe building design creates a built environment that displays respect and values the cultural identities and experiences of Aboriginal and Torres Strait Islander people and contributes positively to their social and emotional wellbeing.[98] It can be complex and varied, and like all cultures, it should be highly attuned to the needs of the individual Community.

In their existing buildings, ACCOs might help create culturally safe service delivery by incorporating displays that reflect and respect the cultural identities of the local Community. These displays typically include references to ancestors and the history of Aboriginal and Torres Strait Islander families, and organisations that have had a positive impact on the local Community. In some places, displays may extend to including an acknowledgment of the historical, political and social environment of the building itself, including acknowledgement of past wrongs and traumas. These provide a reminder of the enduring strength of Community in the face of systemic injustice.

When ACCOs self-determine the design of new buildings, they consider the location and ownership of the land and the buildings as a key foundation to make them culturally safe buildings. The Community should

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feel their history, values and cultural practices are represented in the building's design, and that its spaces allow them to continue their rich culture. The physical structural features, and the design of the building itself can make a significant contribution to a sense of healing when it reflects Community and Culture back to them.[99] Being able to be on Country during treatment, or to have the space to bring their family with them to appointments requires different design responses than in mainstream healthcare settings.

> The experience of cultural safety is both individual and collective. It is a complex interaction between various elements.

NJAC, 'CSBD assessments: State-wide overview', Victorian Aboriginal Community Controlled Health Organisation, 2024, p 24.

To assess the current level of culturally safe building design of ACCO infrastructure, VACCHO commissioned NJAC to undertake deep consultation with two Communities undergoing development of business cases. This built on previous work done with Department of Health funding in 2022. In 2024, that process was then further developed by NJAC into the preliminary assessments for all ACCOs undertaken with Department of Health funding.

NJAC developed the culturally safe building design framework in consultation with First Nations peoples and Communities across Victoria. They also created a tool to assess cultural safety in infrastructure.[100] Assessments were conducted considering these 5 key domains, which are crucial to developing and maintaining a sense of wellbeing:

- **connection to Country** prioritises the ability to see and feel Country
- **connection to Culture** includes opportunities for cultural practices and visual displays of culture
- **connection to Community** creates spaces for formal and informal gatherings
- **connection to healing** provides enough space for easy access and engagement with the full range of health and wellbeing services and activities
- **connection to place** considers the opportunities for Community to connect with place in a positive way (while acknowledging that all Country has experienced trauma).[101]

NJAC assessed ACCO infrastructure on these connections using a 5-point system. NJAC assessed 160 buildings with this tool.

A building with an average score below 2 contains few culturally safe building design elements. This accounted for 78% of the assessed buildings. They considered these buildings to have structural cultural risks and hazards to occupants.[102]

Of the 160 buildings NJAC assessed with the culturally safe building design assessment framework, they considered 98% were culturally unsafe against the assessment rubric. The low scores largely reflect:

- the use of inherited colonial buildings
- buildings that are not fit for purpose
- cramped buildings with few or no windows
- places where Community has a negative shared history with previous uses.

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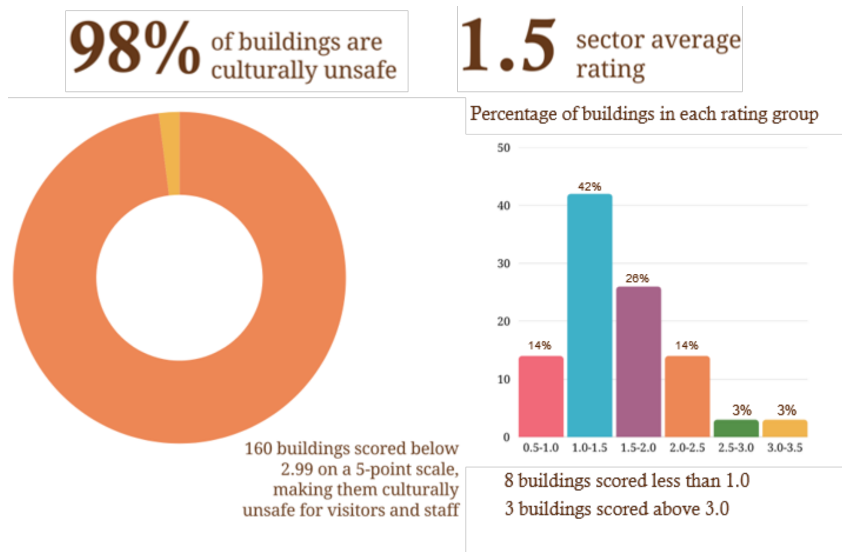
Figure 7: Results of cultural safety building design assessment of health and wellbeing ACCO infrastructure



Source: Victorian Aboriginal Community Controlled Health Organisation, 'Systemic failures, urgent action: Fixing the infrastructure crisis in Aboriginal health and wellbeing' [PDF 6.24mb], 2025, p 8.

The low scores do not reflect cultural safety of the organisations or their service delivery.[103] Despite the limitations of the infrastructure they possess, ACCO staff do their best to maintain culturally safe environments for staff and clients.[104] NJAC commented that health and wellbeing ACCOs 'deliver amazing work from within many terrible buildings.'[105] When ACCOs have access to high quality infrastructure, they can make outstanding culturally safe environments, as the below case study on Djimbaya Kindergarten demonstrates.

Case study

Examples of culturally unsafe building design

Reports from public health medical officers who are all registered general practitioners to VACCHO explain some of the cultural safety building concerns for staff and their clients.

Physical design, including the layout and appearance of buildings

Consultation rooms are often not large enough to complete basic examinations such as Aboriginal and Torres Strait Islander health checks, or sexual health and Koori maternal and child health activities.

Often Aboriginal clients will experience an interrupted appointment. When completing a simple test, Community members and their treating staff will have to move to a different room to complete the health check or worse, will receive an incomplete health appointment due to the lack of space. Culturally, it is important for some Aboriginal families to visit the doctor as a family unit, requiring adequate space to sit down with a medical professional and have positive conversations about health. In many instances, this has not been possible due to space limitations. Aboriginal and Torres Strait Islander clients will address more of their health concerns in a single episode of care than in many fragmented appointments where inadequate space can be the cause for the requirement of many interactions and visits.

In some instances, Community members will leave if they feel unsafe and sometimes asking someone to come back and/or speak to a completely different person after sharing deeply personal information is not culturally safe care. For example, a GP asking a client to walk down the hallway to complete a blood test, eye test or even an STI test might bring a feeling of shame to the client, and they may become hesitant to follow through with additional separate interactions. ACCOs must have the space to provide important conversations and examinations in one episode of care, in one space.

How infrastructure enables quality relationships to be developed between clients and staff

Many ACCO buildings are not equipped to provide the client with respect or privacy. With many old buildings or buildings designed for different purposes, ACCOs and their staff find it exceptionally difficult to be discrete and respectful of their clients in certain circumstances caused by the clinic or service building itself. There are many examples of building design not being conducive to privacy and respect, however, the most common complaints from staff and Community members alike are inadequate soundproofing, no access to a bathroom with privacy, and no direct access to the outdoors for emergencies and emergency services.

Despite attempts at professionally soundproofing consultation rooms at some ACCOs through the Metropolitan Health Infrastructure Fund and Regional Health Infrastructure Fund, VACCHO still receives complaints from several ACCOs that their consultation rooms remain not soundproof. This commonly happens when ACCOs provide services out of portable or stumped buildings. With many ACCOs eager to participate in the 'Care on Country' program being delivered by the Department of Health, Victoria and VACCHO, proper soundproofing is key to the success of this innovation.

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Case study

Djimbaya Kindergarten

Djimbaya, which means ‘to teach’ in the Dja Dja Wurrung language, is Bendigo and District Aboriginal Co-operative’s (BDAC) early learning centre for Boorais (babies) and young children. Located on Dja Dja Wurrung (Djaara) Country in Bendigo, Djimbaya is dedicated to nurturing the growth and development of young Community members and supporting their families and carers.

The vision of establishing a kindergarten and early learning centre had long been a cornerstone of BDAC’s vision to create a comprehensive hub for the Community. In 2019, BDAC purchased land adjoining its main site on Prouses Road, North Bendigo to commence this key project. Construction began in May 2021 with the delivery and installation of eleven modular units on site. By the end of 2021, the building and landscaped outdoor spaces were complete.

The building’s ‘blank canvas’ was transformed into a culturally safe and welcoming environment, filled with Aboriginal and Torres Strait Islander books, toys, crafts, and artwork. The beautiful *bubup djimbaya* (Journey to djimbaya) mural on the building's exterior was created by a local Djaara/Bangerang artist Bec Phillip. The mural tells the story of little ones coming from all over Djaara Country to djimbaya.

The centre opened in early 2023 with an initial enrolment of 16 children in the djimbaya (kindergarten) program. Enrolments grew to 36 by the end of the first year, with 32 of the children identifying as Aboriginal and/or Torres Strait Islander. Now in its second year, djimbaya has expanded to 60 children, 59 of whom identify as Aboriginal and/or Torres Strait Islander. The centre's team has also grown, with 12 educators, including 5 Aboriginal staff members and two Aboriginal trainees. BDAC is committed to further increasing enrolments, with a total capacity for 99 children. By providing a culturally safe and rich environment, children can flourish, embrace their identity, celebrate their culture and connect to Country. This builds a strong foundation for both school and life.

The purpose-built centre provides a space where children and their families can receive wrap-around support, with other key early childhood programs housed at the centre. These include Wonyotjarrapil (Supported Playgroup), bupup balak wayipungang (Koori Preschool Assistant Program), a maternal child health nurse service, and the Balert Gerrbik (Koori Families as First Educators) program, which provides culturally safe, evidence-based parenting support to enhance early childhood development and learning.

The co-location of kindergarten and early childhood services at Prouses Road, alongside health, wellbeing, and family services, greatly enhances families' access to essential services and programs, and leads to increased service use and improved outcomes for the Community.

BDAC CEO Dallas Widdicombe reflects on the significance of the centre, ‘we know that if we can create connections with young people early on – through their Community, Culture, and BDAC – we can foster better health and wellbeing outcomes for our Community.’

Self-determination allows ACCOs to meet local Community needs

The Victorian Government says it is committed to advancing Aboriginal self-determination, as documented in the *Aboriginal Affairs Framework*.[106] The Victorian Government's *Self Determination Reform Framework* says that self-determination is key to producing effective and sustainable improvements in outcomes for Aboriginal and Torres Strait islander people.[107]

The framework sets out 4 key 'enablers' of self-determination:

- prioritise Culture
- address trauma and healing
- address racism and promote cultural safety
- transfer power and resources to Communities.[108]

This approach to self-determination can extend to infrastructure design and decisions about where ACCOs should be best located. This could involve prioritising Culture and promoting cultural safety in the design of infrastructure for health and wellbeing ACCOs. It could also involve transferring the power to make decisions about the location, design and construction of infrastructure to Communities.

The *International Indigenous Design Charter* is a key precursor to the cultural safety building design framework and provides guidance on how to ensure infrastructure for Indigenous communities is appropriate, useful and respectful of Community and Culture.[109]

International Indigenous Design Charter

1. Indigenous led – ensure Indigenous stakeholders oversee creative development and the design process.

2. Self-determined – respect the rights of Indigenous peoples to determine the application of traditional knowledge and representation of their culture in design practice.

3. Community specific – ensure respect for the diversity of Indigenous culture by acknowledging and following regional cultural understandings.

Source: R. Kennedy, M. Kelly, J. Greenaway and B. Martin, 'International Indigenous design charter', Deakin University, 2018, pp 10-14.

As buildings are upgraded and renewed over time, different ACCOs will respond to their Community with different service models and service offerings to suit their unique needs. For example, more than 80% of ACCOs operate from multiple buildings and sites. Some health and wellbeing ACCOs have determined that they could deliver more efficient service and improve people's experience by consolidating their service sites – although each individual ACCO might reach different conclusions for its unique Community.

Some regional health and wellbeing ACCOs operate from many separate buildings across multiple sites in larger regional towns and cities. It may suit these ACCOs to be more centrally located to better meet the needs of their Communities. Consolidating sites and buildings would require consultation with the community and planning for a gradual transition to a central site without disrupting services. Some rural health and wellbeing ACCOs also operate across many towns that have limited or no public transport. The dispersed model of service delivery may be the most appropriate in rural areas to make access easier for Community.

In a metropolitan setting, ACCOs such as Dandenong and District Aborigines Co-operative Limited (DDACL) are planning on leveraging the closure of their Dandenong headquarters as an opportunity to try and relocate the remainder of their services to Cranbourne and consolidate into a new fit-for-purpose facility. This is in response to data showing that the Aboriginal community in south-east Melbourne is set to move south and grow by 83% over the next 12 years.[110]

If DDACL can relocate closer to transport options this will reduce travel time for Community and significantly improve their overall access to health services.[111] More people living nearer to Cranbourne will access DDACL's services, strengthening the Aboriginal community and further contributing to efforts to close the gap in Aboriginal health outcomes.

There have been limited opportunities for ACCOs and Community to plan in a self-determined way for facilities to be in locations that can maximise their access and service up-take.

Infrastructure Victoria commissioned mapping analysis of the location of health and wellbeing ACCOs across Victoria and measured how long it would take for people to access them either by car or public transport during morning peak hour traffic.[112]

The mapping analysis confirmed that health and wellbeing ACCOs can be difficult for Aboriginal and Torres Strait Islander people to access. On average, across Victoria during the morning peak travel period, 76% of Aboriginal people can access a health and wellbeing ACCO within 30 minutes by car and 14% can access a health and wellbeing ACCO by public transport within 30 minutes.[113] This compares poorly with mainstream community health facilities, where 96% Victorians can access these facilities within 30 minutes by car and 45% can access within 30 minutes by public transport.[114]

Health and wellbeing ACCO services respond to their access challenges in several ways, including self-funding transport services, staff picking up clients or, where appropriate, through telehealth.[115] Telehealth can improve access for some types of appointments and care. The Victorian ACCO Model works best when Community connect with staff and services in person and in culturally safe settings on Country. Decisions about future ACCO locations, access to transport and the role for telehealth need to be made in a self-determined way that recognises Community connection to places and Country.

Self-determination allows Community to make their decisions about the ACCO building design, access and locations and select the options that will best meet their present and future needs.

Men's health workshop at Budja Budja Aboriginal Cooperative Ltd

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ACCOs face many hurdles to securing good infrastructure

> ACCOs have not received funding equity when it comes to infrastructure. I have visited ACCOs and seen for myself how they continue to do critical work for Community. I acknowledge that existing infrastructure is not always fit for purpose.

Mary-Anne Thomas, Minister for Health, Witness statement to Yoorrook Justice Commission, 21 June 2024.

ACCOs cannot access enough infrastructure funding

Long-term underfunding of Aboriginal infrastructure has caused many ACCO infrastructure problems.[116]

Victorian health and wellbeing ACCOs deliver over 130 programs.[117] We have documented at least 24 different national, state and local funding bodies that provide this service funding. But only 5 funding bodies provide infrastructure funding, despite all services requiring infrastructure to support service delivery. Appendix B gives full details of these sources.

Victorian health and wellbeing ACCOs can access 4 major Victorian Government infrastructure grant programs, excluding those for housing:

- the Aboriginal Community Infrastructure Program
- the Regional Health Infrastructure Fund
- the Metropolitan Health Infrastructure Fund
- the Mental Health, Alcohol and Other Drugs Facility Renewals Fund.

They can also access 2 Commonwealth Government grants for infrastructure delivery and maintenance:

- the Aged Care Capital Assistance Program
- the Indigenous Australians Health Program – Indigenous Capital Programs (includes Service and Maintenance grants).

From our review, these 6 programs made 143 capital grants to Victorian ACCOs for the period we have data. Appendix C contains a full list from our review. All these grants happened within the last 10 years, but many programs started later, or did not have public records for the full period. They collectively granted about $91 million to Victorian ACCOs. All funding bodies give infrastructure grants independently of the size or expense of the infrastructure required to deliver the services they fund.

Small infrastructure grants of this size can be useful for maintenance, repairs and small upgrades. But they cannot fund major refurbishments, upgrades or construction of new facilities. They are unable to rectify the major structural problems with the large number of health and wellbeing ACCO buildings in critical condition. They cannot be used to buy land. Most prevent ACCOs using grant funds for good asset management or long-term facility planning.[118]

All of these funds are oversubscribed. Some report receiving applications of 2.5 times the funds available in individual grant rounds. The grants are also awarded in competition with other services and often require long and complex application processes. This means ACCOs must complete laborious paperwork for

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uncertain funding. Some ACCOs do not apply for these grants because they find the process so expensive and unpredictable.

These funding processes also do not support self-determination. They are typically determined by the goals of the funding agency, rather than Community.

> While ACCOs are eligible for funding through the Metropolitan Infrastructure Health Fund, I acknowledge that to date they have not received adequate infrastructure funding, and in some cases, this impacts their ability to deliver their critical services and supports to Community.

Mary-Anne Thomas, Minister for Health, Witness statement to Yoorrook Justice Commission, 21 June 2024.

Major infrastructure grant programs for health and wellbeing ACCOs

Aboriginal Community Infrastructure Program

In 2017, the Department of Premier and Cabinet began delivering a dedicated Aboriginal Community Infrastructure Program. The program provides grants for new and existing infrastructure specifically for Aboriginal organisations. It gives individual grants of no more than $1.6 million each. The program has provided $48 million over 8 years, including $23 million to 75 ACCO projects. All other Victorian infrastructure fund programs available to health and wellbeing ACCOs are also open to many other health organisations. This includes Victorian public health services, registered community health services and bush nursing centres. Unlike ACCOs, many of these organisations have dedicated personnel to pursue funding opportunities.

Metropolitan Health Infrastructure Fund and Regional Health Infrastructure Fund

Both these program fund repair and maintenance projects for existing buildings. They exclude land acquisition and new buildings. The metropolitan fund gives a maximum grant of $300,000. The regional fund has an upper limit of $10 million. ACCOs have received 2.7% of the funding available in the 2 funds. The grant amounts awarded are useful for minor refurbishment projects but too small for substantial improvements or upgrades.

Mental Health, Alcohol and Other Drugs grant

This program has delivered $65 million of funding over 9 years and 8 ACCOs have received an average grant of $160,000 under this scheme. This scheme funds repairs and maintenance, equipment and security upgrades for acute and community mental health facilities.

Aged Care Capital Assistance Program

These grants are prescriptive in their scope and some rounds are largely 'Closed or Non-Competitive' and other are often limited to regional and remote classifications which exclude Victorian ACCOs from applying. Only one ACCO has received targeted funding through this grant since records were made public.

Indigenous Australians Health Program (IAHP) – Indigenous Capital Programs (includes Service and Maintenance grants)

Historically, these grants were largely inaccessible to Victorian ACCOs due to its limitation for primary healthcare clinics and staff accommodation which does not support the Victorian ACCO Model. However, in more recent years the program has awarded an average grant size of $1.18 million for 35 Victorian ACCOs since 2018. This level of funding allows slightly more substantial works; however, the IAHP is restricted to works related to primary healthcare and staff accommodation, and therefore only supports a portion of an ACCOs service provision.

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Other irregular grants are available from Australian government agencies. But these usually target single service providers or facilities. This means they often exclude Victorian ACCOs.

Funding administration and uncertainty prevents effective infrastructure planning

> Having regard to the current system of funding for ACCOs, the short-term funding models historically used… have constrained the ability of these organisations to effectively serve their community by creating administrative burdens and limiting the ability of these organisations to hire and retain First Peoples staff.

Mary-Anne Thomas, Minister for Health, Witness statement to Yoorrook Justice Commission, 21 June 2024.

Multiple funding sources, heavy reporting requirements, and constant applications for short-term funds creates a heavy and complicated administrative burden for ACCOs.

Most ACCOs source funds from multiple funding streams to cover the breadth of services to fully support the Victorian ACCO Model. But different funding agencies rarely coordinate their funding decisions or streamline their reporting requirements, even between different parts of the same department. Service agreements usually require ACCOs to produce multiple reports for each funding source, which typically have different formats, information requirements and reporting periods from one another.

ACCOs are also often forced to rely on short-term, non-recurrent funding.[119] This means that, on top of onerous reporting requirements, ACCOs must spend time and money applying for replacement funding to simply maintain their basic service operations.[120] This takes resources away from delivering those services.

The situation is particularly onerous for smaller ACCOs, which do not have dedicated staff to complete these processes. This means smaller organisations may forgo applying for the extra funding they need, because they cannot afford the costs of applying for it and then administering it.[121] This funding environment also makes it difficult to develop or maintain a long-term plan for operational costs, including infrastructure maintenance, as short-term funding may require these costs to be funded through multiple grants.[122]

ACCOs cannot predict their likelihood of success, or when successful funds will be announced or made available to them. This means that ACCOs struggle to incorporate these funding sources into careful and effective long-term facility planning.

These problems also apply to infrastructure funding for health and wellbeing ACCOs. Good asset management and long-term facility planning is an extensive and specialised process. It takes time and money to do well. But governments do not fund ACCOs to perform this function. In its Closing the Gap review, the Productivity Commission has called for governments to review and update funding and contracting rules to help support and strengthen ACCOs by:

- supporting ACCOs to build organisational capacity
- covering the full costs of service provision
- minimising government-designed reporting and accountability requirements
- allowing Communities to determine what performance indicators would best represent improved outcomes for their communities
- requiring government contract managers to adopt a relational approach to contracting.[123]

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These recommendations and actions are particularly relevant for infrastructure funding for ACCO capacity building. If implemented, they would allow health and wellbeing ACCOs to substantially improve their asset management and long-term infrastructure planning.

Organisations with complex asset portfolios, like major hospitals or universities, keep and maintain accurate asset records so they can effectively manage, carefully plan, and efficiently target their infrastructure and maintenance expenditure. ACCOs can collectively adopt a similar approach.

VACCHO has now completed an extensive asset assessment process for Victorian health and wellbeing ACCOs. This data can provide a basis upon which to develop a long-term plan. This data can also be further analysed using specialised tools and systems to better document their individual and local infrastructure needs. This would allow individual ACCOs to self-determine their infrastructure investment approach in collaboration with Community, with good knowledge of their infrastructure data and needs.

But to complete this process, health and wellbeing ACCOs would need to be able to access the skills and expertise to analyse, interpret and maintain the data developed through the asset assessment process. Investments in capacity building can maintain and develop this expertise and allow improvements and maintenance of the systems and tools available for ACCOs to maintain asset data.

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Case study

ACCOs don’t have enough resources to meet funding requirements or compete with mainstream services for funding, which keeps them financially disadvantaged

Dr Jill Gallagher AO, Chief Executive Officer, VACCHO

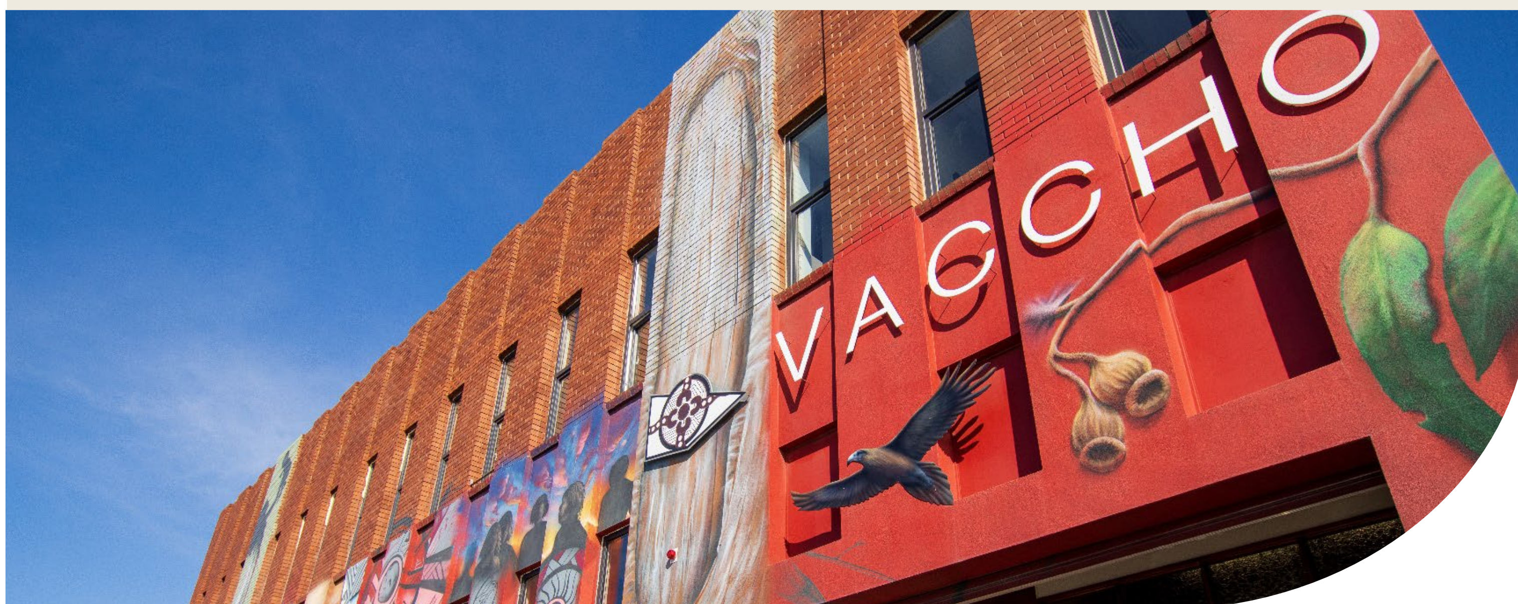
Current funding requirements usually focus on cost effectiveness and economic benefits, which doesn’t fully recognise the value of the Victorian ACCO Model. This model is a holistic, self-determined approach to care that goes beyond health services to include social and wellbeing support.

ACCOs don’t have access to a dedicated infrastructure agency to support them with planning and the ability to demonstrate the need for funding. Access to data to support the case for investment and demonstrate the benefits, specialist resources for grant preparation, and tools like asset management systems to identify needs and track benefits are all important to successful funding bids.

Government agencies review grant applications individually, without following a clear infrastructure plan created with Victorian ACCOs. Without a steady flow of funding opportunities, the government will keep responding to needs as they arise, leading to inefficient use of limited resources.

ACCO assets are failing today. Our sector needs to be empowered to develop information resources, frameworks to plan and deliver capital projects asset management capabilities, just like in the mainstream health system. Self-determined outcomes require deep listening to Community to enshrine Aboriginal ways of knowing, being and doing into those systems and processes.

The Victorian Government is committed to improving the social and emotional wellbeing and mental health of Aboriginal communities through Treaty and other plans. It understands that ACCOs need the resources and financial stability to reduce the health gap between Aboriginal and Torres Strait Islander people and non-Indigenous people. ACCOs should be able to run their services independently.



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Case study

Rumbalara Aboriginal Co-operative

Rumbalara Aboriginal Co-operative was founded in the 1940s. It serves the Aboriginal Community between Mooroopna and Shepparton. It operates multiple services to help people with health, housing, justice, family, aged care and disability.

Rumbalara Aboriginal Co-operative participated as a case study in a Lowitja Institute report, in collaboration with VACCHO, La Trobe University and Melbourne University. The report examined how governments fund ACCOs and the size of the reporting burden for funding agreements.[124] Rumbalara received $15,396,760 from Australian and Victorian Government grants in 2012 and $14,071,250 in 2013.[125]

Rumbalara's financial reports showed that governments funded it using:

- agreements negotiated with government for specified primary health care services
- fee-for-service arrangements
- competitive funding rounds.[126]

In 2013–14, Rumbalara Aboriginal Co-operative held 48 separate agreements with 12 agencies (5 Victorian Government departments, 3 Australian Government departments, 3 government-funded not-for-profit agencies and one other agency) for services to be delivered in the 2013–14 financial year.[127]

Rumbalara had between 1 and 12 agreements with each funding body, each requiring between 1 and 137 reports. The co-operative had to produce a combined 409 reports each year to fulfill 46 of these agreements, including:

- 216 monthly reports
- 88 quarterly reports
- 52 half-yearly reports
- 53 annual reports.[128]

Another two agreements required organisations to enter data into databases that the funding body can access at any time.

VACCHO advises that the reporting requirements for many health and wellbeing ACCOs have remained the same over the last decade. For the 2020–21 financial year, VACCHO found that, on average, ACCOs were required to produce a report on their funding every 2.7 business days.[129]

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ACCOs need access to data collected about Aboriginal communities to support infrastructure planning

> We need improved data collection that addresses the need of First Peoples in the health system and that measures what matters to First Peoples. The Victorian Government needs to do more to realise First Peoples' data sovereignty, report against Closing the Gap targets, and to hold mainstream health services accountable for Community-defined measures for cultural safety.

Mary-Anne Thomas, Minister for Health, Witness statement to Yoorrook Justice Commission, 21 June 2024.

Studies on data practices in Australia have found that there is an overwhelming amount of data *on* First Peoples, but very little is provided *for* First Peoples.[130] For Aboriginal and Torres Strait Islander people to meaningfully self-determine their future, they need access to the data that governments and other organisations hold about them. Without it, health and wellbeing ACCOs have difficulty identifying their investment needs, prioritising the most urgent ones, or assessing the amount of funding they require to do so. Having no access to data collected from them also means ACCOs can face barriers demonstrating the need for funding and the impact it produces.

What is data sovereignty?

Data sovereignty refers to the right to ownership over data through its creation, collection, management and use.[131] Data sovereignty is of particular importance to Indigenous peoples globally as part of the rights to self-determination and self-governance, as outlined in the United Nations' *Declaration on the Rights of Indigenous Peoples*.[132]

Aboriginal and Torres Strait Islander organisations and communities have asserted their right to access and control data relating to their Community.[133] This includes the Yoorrook Justice Commission, which is exploring the use of data in perpetuating systemic injustices against First Peoples.

The Productivity Commission has recommended that national, state and territory governments should implement large-scale data management reforms to enable Aboriginal and Torres Strait Islander people to access, use and make decisions about data. This is a priority area of reform, and the Commission recommended that 'Indigenous data sovereignty needs to be recognised and supported', including by strengthening the technical data capability of ACCOs.[134]

The Victorian Government has acknowledged data sovereignty is an issue of 'critical importance' that supports self-determination.[135] It recognises that 'there exists a culture of caution about data sharing that is an impediment to First Peoples obtaining government-held data.'[136] But embedding the idea of data sovereignty requires 'a fundamental shift in the relationship between First Peoples and governments when it comes to all parts of the data lifecycle.'[137] In May 2024, the Australian Government released a *Framework for Governance of Indigenous Data* to embed principles of Indigenous data sovereignty into the business-as-usual processes of the Australian public service.[138]

Infrastructure planning considers the current condition of a group of assets and assesses factors that inform planning for the future of that asset. By having access to all the data held about Aboriginal and Torres Strait Islander people, ACCOs can develop a better understanding of how infrastructure affects them and identify opportunities for improvement.

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Having access to the data used by government to inform its decision-making can support health and wellbeing ACCOs to self-determine their Community needs. This can help them decide the mix of services to offer and infrastructure most appropriate to deliver them.

For example, health and wellbeing ACCOs can benefit from better data projections of the future size and distribution of the Aboriginal and Torres Strait Islander population in Victoria. This data affects type and scale of services required by a particular Community in the future. For instance, if a local health and wellbeing ACCO has access to population modelling that projects a large local increase in births to Aboriginal and/or Torres Strait Islander mothers, they can make plans to provide more early years services. This might include more infrastructure for these services. Similarly, if a health and wellbeing ACCO can access government modelling that projects an increase in demand on mental health services in a region, the ACCO can begin to put in place the services and systems to preventatively support the mental health of its Community.

The Productivity Commission, VACCHO, the Victorian Government, Ngaweeyan Maar-oo (the Koorie Caucus of the Victorian Closing the Gap Partnership Forum), Victorian ACCOs, including health and wellbeing ACCOs, have all recommended implementing genuine Indigenous data sovereignty, building a strong and sustainable Community-controlled sector, and stronger government accountability.[139]

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Changing infrastructure planning, funding and delivery can produce better outcomes

> ACCOs need to be at the negotiation table from the beginning, so that government funding decisions take full account of ACCOs' expertise and knowledges on how best to meet Community priorities, solve identified problems, and measure success.

Productivity Commission, 'Review of the national agreement on Closing the Gap', Volume 1, Australian Government, February 2024, p 9.

The Victorian ACCO Model is a holistic, integrated, strengths-based and trauma-informed approach to improving the health and wellbeing of Aboriginal and Torres Strait Islander people in Victoria.[140] Both the Australian and Victorian Governments have extensive policies, commitments, plans and frameworks that say that health and wellbeing ACCOs are necessary to close the gap in health and wellbeing outcomes.[141] But, as this report shows, the infrastructure of health and wellbeing ACCOs is failing. Governments have not provided the resources for health and wellbeing ACCOs to design, build and maintain the facilities needed for them to provide their services. Current infrastructure funding mechanisms prevent health and wellbeing ACCOs from operating basic functional facilities, let alone expanding them to keep pace with a rapidly growing Aboriginal and Torres Islander population with high health needs.

Health and wellbeing ACCOs receive funding from both Australian and Victorian bodies. The Australian and Victorian governments have a shared responsibility to ensure ACCOs have fit-for-purpose infrastructure to deliver their funded services. But this should not prevent either government from acting. A shared responsibility does not justify delaying urgent investment or trying to shift responsibility to the other government.

The Victorian Government can act now, especially because that investment responds to an urgent need, and will benefit Aboriginal and Torres Strait Islander people in Victoria immediately and in the future. This investment should respect and enable Aboriginal and Torres Strait Islander communities to self-determine their health and wellbeing infrastructure. This report makes 3 recommendations that the Victorian Government can act upon immediately to start rectifying this situation.

Support ACCOs to plan for infrastructure that meets their needs

Recommendation

Provide additional annual funding to further develop the skills and capacity of health and wellbeing ACCOs to plan, develop and deliver new and upgraded infrastructure in a self-determined way.

Despite providing funds for service delivery, governments usually don't specifically fund health and wellbeing ACCOs to manage the infrastructure from which those services are delivered. For instance, governments typically do not fund them to conduct asset management activities and infrastructure planning in an ongoing

way. This means they do not have dedicated resources to keep and maintain accurate asset records, which are necessary to effectively manage, carefully plan, and efficiently target their scarce infrastructure and maintenance expenditure. The data in this report is only available because the Victorian Department of Health funded VACCHO to conduct a thorough assessment of health and wellbeing ACCO infrastructure in Victoria. But this is only short-term project funding.

The Victorian ACCO Model integrates health and wellbeing services funded by many different bodies. These are not confined to the health portfolio. One reason Victorian health and wellbeing ACCOs have minimal infrastructure capabilities is that they have no dedicated government infrastructure group that might support them in working across traditional government portfolios.

This contrasts with some other government-funded social services such as early years, schools, or health where dedicated delivery agencies exist. For example, the Victorian Health Building Authority and the Victorian Schools Building Authority provide authoritative advice on the planning, development and delivery of health and school infrastructure respectively. In addition, some infrastructure agencies that might provide this function for ACCOs have little experience in working with Aboriginal and Torres Strait Islander people and have not yet embedded practices to engage with them in culturally safe ways that respect self-determination.[142]

The Victorian Aboriginal Health and Wellbeing Partnership Forum *Agreement Action Plan 2023–25* documents an action to develop a framework for an ACCO perpetual infrastructure fund to provide long-term ongoing minor capital, maintenance, planning and management resources for ACCOs across all holistic wrap-around services.[143] This framework is not yet developed, but can be a future mechanism to provide ACCOs with the capacity to manage and plan their infrastructure. But health and wellbeing ACCOs cannot maintain these capabilities until such a fund, or other mechanism, is set up.

In managing the infrastructure assessments used in this report, VACCHO has developed the skills and capabilities to place health and wellbeing ACCOs at the centre of infrastructure planning, development and delivery. This ensures that upgraded and new infrastructure meets each ACCO's self-determined needs. It provides a pathway towards self-determined ACCO infrastructure governance and delivery. The government should fund this work until the perpetual infrastructure fund is established. Infrastructure Victoria estimates implementation costs of $4 million to $6 million each year for staff and consultants to plan and support the delivery of infrastructure projects and the fund.[144]

Aboriginal Community-controlled infrastructure should remain in, or be transferred to, ACCO ownership. This respects Aboriginal self-determination. Ownership increases ACCO equity, improves financial sustainability and enables service delivery to close the gap. ACCO building and maintenance services also provide economic development and employment opportunities for Aboriginal and Torres Strait Islander people.

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Recommendation

Establish an interim fund for minor works and repairs until a self-determined perpetual infrastructure fund is introduced.

Many of the buildings and facilities owned by Victorian health and wellbeing ACCOs are in critical condition and in urgent need of repair and maintenance. In some cases, this poses imminent risks to the health and safety of ACCO staff and clients. Some buildings are also expensive to operate due to poor energy efficiency or rapid deterioration requiring frequent repairs. Others are very culturally unsafe in their building design, though ACCOs all 'make do' and attempt to make their buildings welcoming, safe places. The Victorian Government should immediately fund urgent repairs and minor works to make the buildings safe, operational, and improve their energy efficiency and cultural safety.

Over the longer term, the Victorian Government has agreed in the Aboriginal Health and Wellbeing Partnership Agreement Action Plan to develop a framework and business case for a perpetual infrastructure fund for ACCOs. This will support long-term, self-determined minor capital and maintenance works, infrastructure planning and management.[145] The exact form this perpetual fund will take is uncertain and might be informed by the ongoing Treaty negotiation process.

But while a perpetual infrastructure fund is being planned and not yet established, health and wellbeing ACCOs still need a source of funding to maintain their ageing assets. Many ACCO assets are in poor condition and degrading rapidly, but the current funding system does not provide anywhere near enough funds to fix them. The small funding sources ACCOs can access are difficult and time-consuming to apply for, often unsuccessful, and might be decided too late to fix urgent issues.

The Victorian Government can provide this certainty through annual funding to cover minor upgrades and maintenance for Victorian health and wellbeing ACCOs. This will allow ACCOs to maintain and upgrade existing infrastructure to a reasonable standard. This would assist in addressing a large backlog of infrastructure issues that ACCOs face, such as:

- providing capital for regular maintenance and repairs
- making cost-effective upgrades to infrastructure, such as energy efficiency upgrades
- providing capital for ACCOs to conduct smaller projects to make their infrastructure culturally safe.

Infrastructure Victoria estimates that a fund of $30 million a year for the next 5 years will help provide health and wellbeing ACCOs with funding certainty for these types of minor works and repairs, or until the proposed perpetual infrastructure fund is established.[146]

Fund major capital works for health and wellbeing ACCOs

Recommendation

Fund and start health and wellbeing infrastructure projects for ACCOs

Beyond the support to maintain existing assets, and provide essential upgrades, many ACCO buildings are reaching the end of their useful life. ACCOs have been forced to accrue often surplus or low-cost buildings since their inception in the 1970s, which are now rapidly deteriorating and need replacement. Asset

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assessments undertaken by VACCHO and the Department of Health found that 82% of Victorian health and wellbeing ACCO buildings will need a partial or full replacement within the next 15 years.[147]

In 2024, VACCHO, in collaboration with the Department of Health, developed a prioritisation model to identify priority locations that need immediate attention over the next 5 years. The model adapted best practice approaches and incorporated data about population demand, health metrics, asset condition, and the assets' cultural safety. The model will set a starting point for an in-depth conversation with Community who can provide a nuanced understanding of up-to-date Community needs.

ACCOs can use this process to help identify and self-determine their most urgent health and wellbeing infrastructure projects. Infrastructure Victoria estimates these most urgent projects will collectively cost approximately $100 million to $150 million. Much of this infrastructure has already deteriorated beyond the ability to repair or maintain them. As such, the projects are too large to be funded by small minor works or maintenance funding grants. To replace the buildings before they fail completely, these projects need to be underway by 2030.[148] Working with ACCOs in a self-determined way, the Victorian Government should fund and start these projects over the next 5 years.

One example of a priority project is a replacement headquarters of the Dandenong and District Aborigines Co-operative Ltd (DDACL). DDACL's headquarters was known to have structural issues for years, which escalated until the building was closed indefinitely due to safety hazards in August 2024. The identified priority projects need immediate attention over the next 5 years, including DDACL in Melbourne's south-east and others across metropolitan Melbourne and regional Victoria. But this is only the first tranche of priority projects. ACCOs will require continued investment beyond 5 years to maintain and replace degrading ACCO infrastructure at other sites to an acceptable level.

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Appendix A: Selective floorspace analysis of Victorian health and wellbeing ACCO buildings

Figure 8 compares a representative sample of health and wellbeing ACCO buildings against the Australasian Health Infrastructure Alliance's Australasian Health Facility Guidelines (AusHFG). These guidelines are considered the minimum standard for any new health and hospital building in Victoria. The AusHFGs also include area provisions for travel between departments and engineering, such as plant space and switchboard cupboards.

Net area (A) is the size of individual rooms while circulation (C) refers to the spaces between rooms that people use to move around the building, such as hallways. The gross departmental area (A+C) combines these two figures to give simplified analysis of the building size. This analysis does not include the travel (such as fire stairs and lift shafts) or engineering (such as engineering plants and communication rooms) areas of the buildings, which would be required to calculate a complete gross floor area.[149]

The example ACCOs have been de-identified for the purposes of this report. They include single building examples from a range of small, medium and large ACCOs across regional and metropolitan centres.

Figure 8: Selective floorspace analysis of 6 health and wellbeing ACCOs compared to AusHFG

ACCO	Net Area (A)			Circulation (C)			Gross Departmental Area (A+C)		
	Built	AusHFG	% Diff.	Built	AusHFG	% Diff.	Built	AusHFG	% Diff.
ACCO A	225	266	85%	22	85	26%	247	351	70%
ACCO B	323	325	99%	52	104	50%	375	429	87%
ACCO C	326	362	90%	133	116	115%	459	478	96%
ACCO D	475	496	96%	102	159	64%	577	655	85%
ACCO E	321	393	82%	74	126	59%	395	519	76%
ACCO F	473	485	98%	60	155	39%	533	640	83%

Source: Victorian Aboriginal Community Controlled Health Organisation, Analysis of cross section of ACCO health and wellbeing buildings compared to Australasian Health Facility Guidelines, 2025; Australasian Health Infrastructure Alliance, *Australasian Health Facility Guidelines*, 30 January 2025.

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This comparison finds that the floorspace for all 6 ACCOs is below the AusHFG standards for a health and hospital building. All 6 ACCOs fall below the AusHFG standard for net area, although 3 ACCOs are above 95%. ACCO C was the best rated at 96% gross departmental area (A+C), exceeding the AusHFG circulation size (C). It is also the newest building of the 6 analysed. All others are substantially lower than the AusHFG guidance for circulation size, with 3 ACCOs at 50% or lower. This matches with anecdotal feedback from ACCOs that the buildings feel cramped and lack essential space for movement (see Case study: Examples of culturally unsafe building design).

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Appendix B: Service and infrastructure funding bodies

Figure 9 shows the different bodies that fund services and/or infrastructure for Victorian health and wellbeing ACCOs. We have documented 11 national bodies and 13 Victorian bodies that provide service funding for Victorian health and wellbeing ACCOs. But only 5 of them provide infrastructure funding.

Figure 9: Summary of bodies which provide funding to Victorian health and wellbeing ACCOs

Government department, agency or other body	Operational funding for service provision	Number of ✓ Infrastructure related funding streams available to ACCOs*** (Note: this funding is not directly linked to service provision)
National bodies		
Department of Health and Aged Care including Primary Health Networks	✓	✓✓
Department of Agriculture, Fisheries and Forestry	✓	
Department of Education	✓	
Department of Prime Minister and Cabinet	✓	
National Indigenous Australians Agency	✓	✓*
National Disability Insurance Scheme	✓	
Australian Digital Health Agency	✓	
Royal Australian College of General Practitioners	✓	
National Aboriginal Community Controlled Health Organisation	✓	
The Pharmacy Guild of Australia	✓	
Alcohol and Drug Foundation	✓	
Victorian bodies		
Department of Premier and Cabinet, First Peoples State Relations		✓
Department of Health – including Victorian Health Building Authority	✓	✓✓✓

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Department of Families, Fairness and Housing	✓	
Department of Education and Training – specifically, Early Years	✓	✓**
Department of Justice and Community Safety	✓	
Department of Jobs, Skills, Industries and Regions	✓	
Victorian Department of Agriculture, Fisheries and Forestry	✓	
Department of Energy, Environment and Climate Action	✓	
Emergency Recovery Victoria	✓	
Rural Workforce Agency Victoria	✓	
Family Violence service providers	✓	
Victorian Aboriginal Child Care Agency	✓	
Victorian Aboriginal Community Controlled Health Organisation	✓	
Local governments	✓	

*On a case-by-case basis only

** Not all ACCOs are eligible and not an open application process

*** Based on publicly available data

Source: VACCHO internal analysis of annual funding income streams for two ACCOs (one regional and one metropolitan), 2023; Australian Government, 'GrantConnect', GrantConnect website, n.d., accessed 19 February 2025; Victorian Health Building Authority, 'Metropolitan Health Infrastructure Fund', VHBA website, 29 October 2024, accessed 19 February 2025; Victorian Health Building Authority, 'Regional Health Infrastructure Fund', VHBA website, 29 November 2024, accessed 19 February 2025.

Appendix C: Major ACCO infrastructure grants

Figure 10: Details of grants relevant to health and wellbeing ACCOs

Grant name	Govt. source	Time frame	Total fund	Total fund for all Vic ACCOs	No. of ACCO projects funded	Average ACCO grant
Aboriginal Community Infrastructure Program	Victorian	8 years (2017)	$48,000,000	$23,162,716	75	$308,836
Mental Health, Alcohol and Other Drugs Facility Renewals Fund	Victorian	10 years (2015)	$65,000,000	$1,273,132	8	$159,141
Metropolitan Health Infrastructure Fund	Victorian	5 years (2020)	$225,000,000	$8,338,099	7	$1,191,157[c]
Regional Health Infrastructure Fund	Victorian	7 years (2018)	$590,000,000	$13,967,079	19	$735,109
Aged Care Capital Assistance Program (Stream 4)	Australian	6 years (2019)	$276,407,000	$2,310,000	1	$2,310,000
Indigenous Australians Health Program – Indigenous Capital Programs (includes service and maintenance grants)	Australian	7 years (2018)	$524,111,000	$41,552,951	35	$1,187,227

Source: Data from the Victorian Aboriginal Community Controlled Health Organisation.

[c] We estimate that the total fund figure includes a $6 million grant provided to the Aboriginal Community Elders Services (ACES) in 2020–21. This grant significantly inflates the average ACCO grant figure. Removing the grant offered to ACES, the average for the other 6 ACCOs is $383,334. This average will decline further in the future, as ACCO submissions are now limited to $300,000 (Victorian Health Building Authority, '2023–24 Metropolitan Health Infrastructure Fund Guidelines', 2 August 2023 p 5).

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- National Health Reform Agreement 2020–2025
- National Aboriginal and Torres Strait Islander Health Plan 2021–2031
- Reforms to the mental health system stemming from the Royal Commission into Victoria's Mental Health System
- Participating in truth-telling hearings and responding to findings from the Yoorrook Justice Commission
- Ongoing negotiations for Treaties with the First Peoples' Assembly of Victoria.

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[146] Infrastructure costings estimated by Infrastructure Victoria with input by the Victorian Aboriginal Community Controlled Health Organisation. Basis of funding from 2030 to 2035, when the backlog of works has been cleared, see Premier of Victoria, *More support For Aboriginal infrastructure projects* [media release], Victorian Government, 22 August 2024, accessed 28 August 2024. See also Infrastructure Victoria, 'Victoria's draft 30-year infrastructure strategy', March 2025, p 78.

[147] Victorian Aboriginal Community Controlled Health Organisation, 'Systemic failures, urgent action: Fixing the infrastructure crisis in Aboriginal health and wellbeing' [PDF 6.24mb], 2025, p 8.

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Infrastructure Victoria and Victorian Aboriginal Community Controlled Health Organisation are committed to reducing their impact on the environment.
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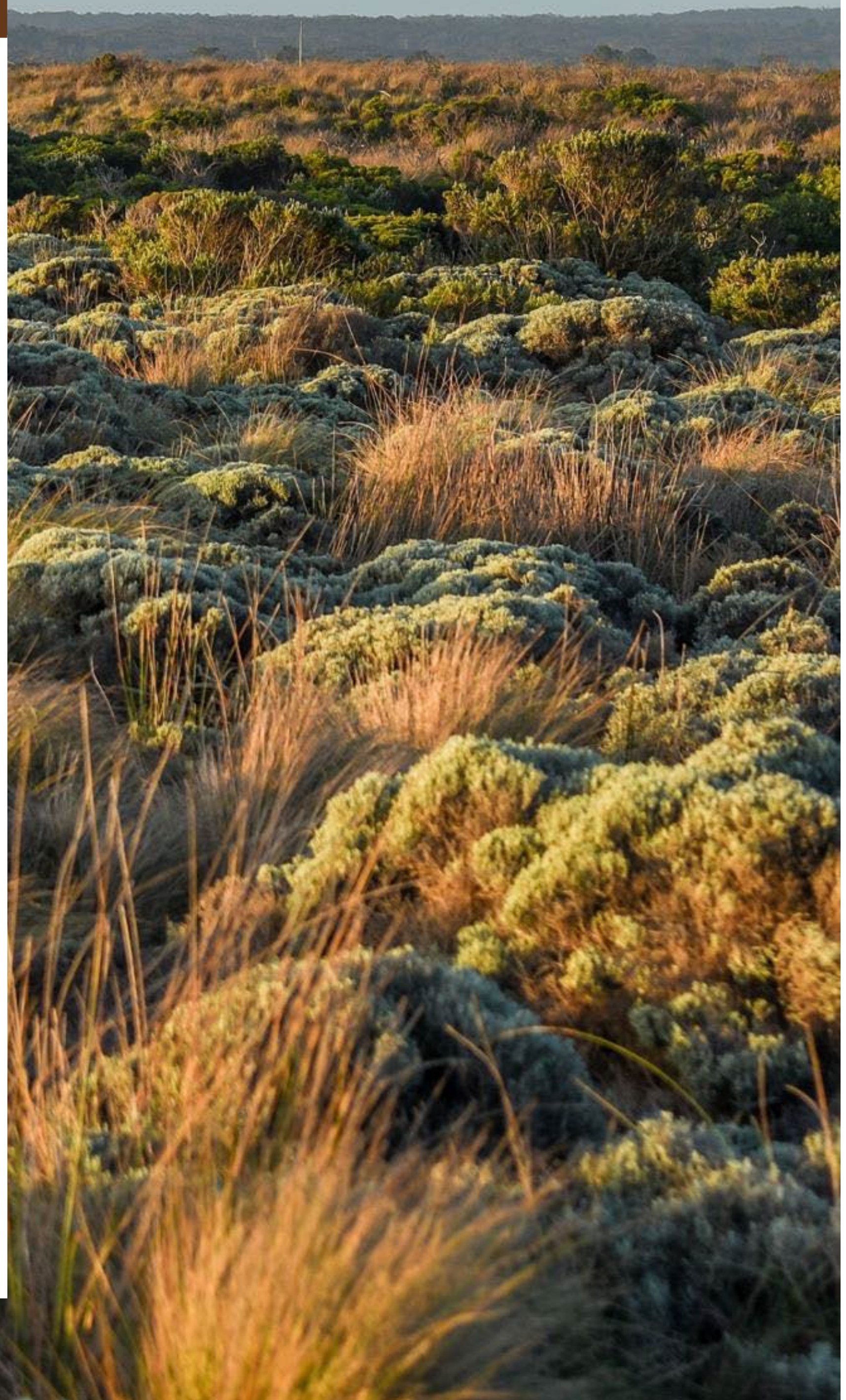

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Published by Infrastructure Victoria and Victorian Aboriginal Community Controlled Health Organisation.
April 2025

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ISBN 978-1-923210-01-1
(PDF/online/MS word)