

# **ATTACHMENT TO AGENDA ITEM**

**Ordinary Meeting**

**16 July 2013**

**Agenda Item 8.4      Hume Regional Growth Plan Submission**

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## Hume Regional Growth Plan Submission

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### **General**

Whilst the Council wishes to acknowledge the significant work undertaken by DPCD to produce the RGP and recognise that the fact that the Council itself has made significant contribution to the draft, there are a number of items and issues within the RGP that could be strengthened, particularly regarding social infrastructure which is required to meet growth projections. In this respect much of the Council's submission relates to these issues and where the Council seeks changes to the final RGP.

The Council believes that the current version of the RGP does not place sufficient emphasis on the importance of the provision of important and necessary infrastructure when it is, however, vital in supporting economic growth and development while also maintaining liveability.

Increased activity and population growth will also impact on infrastructure provision in local communities. Issues such as road safety and accessibility for motorists (including heavy vehicles) and pedestrians will also require infrastructure investment to meet the demands generated by industry. Demand will increase for social infrastructure such as health, education, emergency services and community and recreation facilities. Housing growth will require additional or augmented infrastructure such as water, sewer, drainage, energy and roads.

### **Part C – 14 - Regional Infrastructure**

#### ***14.1 Transport networks***

##### ***High Speed Rail***

Since the preparation of the draft RGP, the Federal Government has released the second and final report into the high-speed rail, indicating that the project would generate positive economic benefits. The project could have a transformational impact on growth in Shepparton and the region. Within 43 minutes, you can step from the platform at Southern Cross Station and be in the heart of Melbourne. The project could transform the lifestyles and employment opportunities of regional towns along the route. The regions could become magnets for new residents who could viably continue to work in a major city. This would flow on to more economic activity in the regions themselves, unlocking local jobs and boosting productivity.

The benefits for our city, our people, our businesses, our universities, and our whole community would be many and massive. Some of these benefits of the announcement of the route are listed below.

- Local residents could take a train to their holidays on the Gold Coast – with a night or two in Sydney on the way.
- Business people could take a train to Sydney or Canberra to conduct business – and their business people could come to Shepparton for the same purpose.
- Businesses will experience greater productivity through shorter travel times and the ability to conduct business while travelling
- Businesses will be able to utilise the benefits of HSR to relocate to more affordable regional areas and attract the skills they require, increasing the competitiveness and productivity of Australian businesses

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- Local residents could easily commute to Melbourne. Valuable inter- regional and commuting opportunities would be created from Shepparton, to Albury, to Wagga Wagga, even to Canberra - plus reverse commutes between all these centres
- Ease of commuting between regional centres along the route can mean significant rationalisation of expensive health services allowing individual regional health services to specialise as centres of excellence for various health services e.g. specialist oncology at Albury/Wodonga, specialist ophthalmology services at Shepparton, specialist cardiac surgery at Wagga. Presently most specialist services are thin and under resourced at regional hospitals because of the need to cover so many disciplines. Additionally Melbourne, Canberra and Sydney specialist and more esoteric specialist disciplines will become much more accessible.
- HSR will transform Greater Shepparton into a highly sought after location to live, work and invest, increasing property values.
- Shepparton and the Goulburn Valley would gain profile along Australia's eastern seaboard.
- Students from our schools, TAFEs and universities could move about easily; Shepparton would become a more attractive destination for tertiary students;
- Shepparton would become much more attractive to Victorians who would like a regional lifestyle;
- Greater Shepparton residents, and the broader catchment of people that utilise Greater Shepparton for goods and services (220,000) will be less than an hour's travel from vital services such as specialised health care
- Given the concentration of manufacturing and agricultural production in the Goulburn Valley, the potential for freight utilisation is very high. An additional benefit would be that HSR delivers standard gauge rail to the region which then opens up significant freight volumes, increasing potential for additional freight operators, and thereby assisting our producers and manufacturers to be more globally competitive.

There is also enormous opportunity to explore and investigate other land uses associated with the station precinct with one possibility being aviation uses.

It is also imperative that the Commonwealth government actively pursue the reservation of the corridor to avoid development which may impact the proposed high speed rail route.

**The decision to nominate Albury Wodonga and Shepparton as stops on the high speed rail route is significant to future growth of both areas and must be considered in the final version of the RGP including:**

- Add high speed rail to *section 7 – Drivers of Change*
- Updating the regional context on page 56 to reflect the recent Commonwealth announcement and nomination of Shepparton and Albury Wodonga as stops on the high speed rail network.
- Additional wording added to *b) Ensure Access and Connectivity* to reflect the enormous potential of high speed rail to the regions connection to Melbourne, interstate and impact for the regional economy.
- Additional wording added to *c) Provide a Safe, Reliable and Resilient Network* to reflect the potential for significant improvement for access to services and facilities as a result of high speed rail.
- Update *Figure 21 – Future directions for transport* – to include the high speed rail alignment.

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### **14.2 Social Infrastructure**

#### **Regional Service Provision**

Demand for social infrastructure in particular, including health, community and social services and education and emergency facilities is likely to increase as a result of population and economic growth and any existing deficiencies are likely to be compounded.

In Shepparton, which is already experiencing growth, health facilities, schools, pre-schools, early child care centres and tertiary education are experiencing increased waiting lists and increasing enrolments. Many facilities are at capacity. A good example of capacity issues is the Goulburn Valley Base Hospital which has currently three operating theatres which is equivalent in number to that provided at Echuca Hospital. The GV hospital should have at least six to accommodate existing demand and allow GV Hospital to function at the regional level hospital which it is expected to function.

Ongoing monitoring of social determinants will also be required to ensure the social services and programs meet the changing demands of the existing and growing community.

It is our view that three of the main elements and drivers of growth which must be comprehensively considered in the plan are transport, health services and education. Whilst we note that Department of Transport was included in the project steering committee along with VicRoads, the Council maintains its concerns that the lack of engagement into the RGP by the Department of Human Services, Department of Health and thirdly the involvement of the Department of Education and Training has limited the RGP in adequately recognising the importance of social infrastructure in land use planning and impact on growth, particularly where current gaps, inequities and capacity issues already exist. Improved involvement may have helped promote prioritisation of investment in physical and social infrastructure and programs throughout the region, responding to community needs now and in the future. Additionally the RGP could provide direction to better utilise existing community infrastructure through the region and to assist the State to encourage the establishment of regional strategic infrastructure to cater for the growth. The RGP should include the need to provide land for essential social services and community infrastructure and review health care delivery and identify any land use planning implications.

This would also address service capacity constraints and needs for providing services for all of the region's population, with the choice of location and nature of service most likely to be provided and be accessible to where most people live. The nature of the service will also be appropriate to need (and changing needs) and located where it can be best integrated with other providers being the two locations of Shepparton and Albury-Wodonga.

The summary of social determinants in the background document is not adequately reflected in the RGP and therefore does not describe the social issues facing Shepparton and region in the challenges. This in turn means that the opportunities in the plan do not really provide the emphasis or incentive for government to have a sufficient policy response to investment and respond to the social needs of the existing and future community.

For example the Shepparton Court facilities are the headquarters Court for the Hume Region. The Court provides services for a variety of jurisdictions from Magistrates Court through to Supreme and County Court and provides facilities for the Federal Magistrates Court for the whole of the Hume Region. The court currently provides fifty per cent of services delivered in the Hume Region. The court facility is expected to provide comparable services to Bendigo, Ballarat, Geelong and the La Trobe Valley; however the court facilities

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cannot provide the expected level of service and is in urgent need of replacement. Their deteriorating condition is severely impacting on its ability to deliver a safe and socially acceptable service to the community. The issues with the current facility impact on the functionality of the amenity creating issues relating to public safety, privacy, accessibility, overcrowding and separation of offenders, jury panel and other parties. The Family Court continues to not sit in Shepparton with the Federal Magistrates Court restricting its attendance during periods of extreme temperatures due to an inability to control temperatures. This demonstrates the need for social infrastructure to respond to existing and growing demand and which is currently not captured in the RGP of warranting significant future investment for the benefit of the entire region.

The RGP should provide the basis for decisions on where services of common regional benefit are located are a matter for the entirety of the region and not for a single municipal area. These services should also be equitable to other regional centres of Ballarat, Bendigo and Latrobe Valley.

### ***Housing***

Further increases in population are likely to create demand to expand built infrastructure. The provision of social housing is a major issue, with access to emergency accommodation already reaching a critical stage. As evidence is provided later in this submission, increased growth without infrastructure investment, investment in programs and ongoing monitoring of social determinants will only exacerbate existing problems and not respond to changes in population both in number, but in demographic and social needs.

In terms of housing affordability, Greater Shepparton remains reasonably affordable in comparison to the rest of Victoria. Despite this, signs of housing stress are evident across the region. Single people, particularly young single people, are often identified as experiencing the highest levels of housing stress, along with single parent families and the elderly. Greater Shepparton – like many other regions in Victoria – also has an ageing population, which will increase the demand for smaller and more accessible housing. Most critical is the lack of housing choice due to the domination of single detached dwellings in the current housing stock. There is a shortage of more affordable, smaller housing options, such as smaller one or two bedroom dwellings.

Community health and amenity is a product of the physical and social environments. Social impacts relating to issues such as housing affordability and social infrastructure provision are not adequately addressed and given sufficient recognition in the current RGP draft.

### ***Link between Land Use and Social Infrastructure***

The current draft of the RGP and commentary made to the Council previously fails to see that land use accommodates arrangements for community service facilities appropriate to meet the needs of the local and regional population. Land use processes help align to State strategies, policies and plans for provision of health, education and community support programs.

The relationship between health and the urban environment is an important one. The RGP should be a link between organisations which aim to influence 'healthy' planning practice.

Firstly, health is connected to quality of life. Local area, housing, employment, education and provision of health services are such determinants of health. Secondly, health is then framed in terms of behavioural risk factors; eating and drinking, physical activity, sleep, smoking and

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drug use being such examples. Equity and distribution of health status can be variable with some communities enjoying better health than others. No single agency can tackle all the issues which affect our health and working with partners to develop tools, processes and capacity to make changes that improve population health are imperative. The RGP should be one of those collaborative tools.

In light of growing concerns about the sustainability of health care systems, interest has been growing in exploring how different types of urban design can promote health and influence the prevention of population-level factors that contribute to disease and injury. The evidence also demonstrates that there is an association between land use planning and the health of populations.

Physical activity for individuals and communities is reflective of how they interact with the built environment. It is often the case that very low levels of physical activity are linked to the built environment. These include proximity of shops and places of work, attractiveness of buildings, access to green space, levels of criminal damage and traffic conditions. Low density suburban neighbourhoods contribute significantly to physical inactivity. The design of these neighbourhoods and their distance from daily destinations (supermarkets, services) typically requires a high degree of car dependence and decreases opportunities for active transportation, such as walking, cycling and use of public transport.

Over the past few decades, urban planning has moved beyond thinking primarily about 'roads rates and rubbish' and public health has moved beyond thinking primarily about 'bugs and drugs'. These changes highlight common interest about the impact of built environments on health, and the role good urban design policies play in creating positive health outcomes at the population level. This again highlights the link between land use planning through the RGP and health.

Increasing concentration of the population in urban areas has contributed to concerns about land use planning, particularly in cases where city size is increasing, but population density is not. The development and proposed implementation of 'smart growth' principles, emerging largely from the planning profession, has been one response to suburban sprawl and the challenges of low population densities in large urban areas.

The Council believes that public health input into land use decision-making processes is important in the RGP. Ensuring that interested public health professionals have opportunities to develop the capacity to participate effectively in this process will, ideally, contribute towards the development of built environments that prevent chronic disease and injury, and promote population health.

All levels of Government play an important role to ensure that communities have healthy environments and support healthy behaviours.

Additionally, planning and design decisions have a direct bearing on access to health care, housing, schools, jobs, and overall quality of life of citizens. Given the range of health implications related to land use planning and design, it is pertinent that health considerations are an integral part of any land use and transportation process.

Therefore the RGP should encourage integrating health into planning considerations on an equal footing with economic considerations.

The RGP should provide directions on the distribution of community and human service infrastructure and business and employment activity between settlements will be made on criteria as to whether they are necessary locally to a settlement's immediate catchment population or to a broader population. In Shepparton's case, the RGP would recognise the

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regional role and function that Shepparton plays in the provision of social infrastructure and social programs.

### **Current Social Indicators**

To understand the social implications of growth on Shepparton and Greater Shepparton, it is important to understand the current situation and current issues. What this highlights is a number of existing issues now that could potentially be exacerbated by further growth. Therefore it is critical that the RGP recognise the current health status of Greater Shepparton and provide direction in relation to support for social infrastructure and community programs to deal with current inequities to other similar regional cities and plan for the future investment to deal with the demands of a growing population.

The *Greater Shepparton Public Health and Wellbeing Planning Guide and Status Report 2012* (Health Status Report) has resulted from an analysis of current data available for our local government area, including early releases of 2011 Census. This report carefully considered our current health status, health trends and emerging health and wellbeing issues captured in local evidence to recognise current expectations of the residents in Greater Shepparton at this point in time. Health and wellbeing indicators depict our key challenges and identify change through analysis of population, cultural diversity, social engagement and crime, housing, economic, education, life expectancy, health conditions, health behaviours, hospital utilisation and aged and disability characteristics of Greater Shepparton. This report is a catalyst in setting future health and wellbeing priorities. These priorities should be recognised in the RGP and provide support for future investment in achieving those priorities. This would also support the role Local Government plays in health and wellbeing planning. The roles, responsibilities and influence of Greater Shepparton City Council include strengthening community capacity, planning, advocacy, providing services and support.

The report outlines opportunities to grow in supportive learning communities, where individuals can have fair access to health services, improve their health literacy while making better informed healthy lifestyle and nutrition choices can benefit all. Encouraging and planning inclusive, sustainable and resilient community environments help people to thrive and ensure that we maintain a vibrant, inclusive and liveable city for the future.

In this regard, the RGP should recognise the existing challenges facing Greater Shepparton. This includes;

- Greater Shepparton has the second highest Aboriginal and Torres Strait Islander population in Victoria, (more than .65%). The first highest population area encompasses the Melbourne CBD.
- 2006 Census data reported an indigenous population in Greater Shepparton of 1,821 (3.2% of our population area), compared to an indigenous population area in Victoria of 0.74%.
- 2011 Census has shown an increased indigenous population of 2,082 (3.63%). Results also display a very small number of residents over 65 years of age, experience significantly lower average gross income than non-indigenous residents, have higher numbers of early school leavers and far fewer own their own home or have internet access.

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- 2011 Census data reported that 14% of residents were born overseas before migrating to Shepparton, bringing new cultures and languages to the region. Immigrants from both Italy and United Kingdom remain the highest identified birthplaces with over 989 and 843 residents respectively.
- Census comparison between 2006 and 2011 reflects a significant increase in the numbers of persons from birthplaces of India (804), Afghanistan (555) and Iraq (386) (*although Iraq numbers are not shown in table*). Population numbers have decreased for some Countries listed previously with the highest numbers of immigrants; such as Italy (989), Albania (326) and Turkey (331).
- In the last 2.5 years over 1,010 persons were recorded as recently arrived immigrants who have settled in Greater Shepparton. *Unfortunately, accurate data is unavailable to account for the total number of immigrants which have migrated to Greater Shepparton from their original settlement area, referred to as secondary migration. As reported in the Cultural Diversity and Inclusion Strategy Action Plan 2012-2015 many immigrants have joined larger pockets of their population attracted to our history of migration and reputation of welcoming new arrivals, the lifestyle of a country town with the economic and employment opportunities of a city and the agricultural industry.*
- Census doesn't adequately represent the visible breadth of diversity, in particular for Sudanese, Congolese, Afghani, Iraqi, Samoan, Indian and Sri Lankan populations. Many CALD communities don't understand the importance of a census and believe it could be used to discriminate against them if filled out accurately, for this reason census data may not be an accurate reflection of current population.
- In the 2006 Census, 3383 people did not state their country of birth, which could reflect those who were unwilling to provide these details. Recent studies undertaken by the Ethnic Council estimates the populations of our four newest and largest communities more accurately: Iraqi community numbering 3000-4000 individuals, Afghani community numbering 700 individuals, Sudanese as a community of 800 individuals and 140 Congolese individuals.
- The SEIFA map indicates Greater Shepparton has a SEIFA score of 968 from a mean of 1,000 with a ranking in Victoria of 19 out of a possible 79 municipalities, placing Greater Shepparton in the most disadvantaged 24% in the State. There are large pockets of 1<sup>st</sup> decile, most disadvantaged collection groups residing in clusters in North-West Shepparton, Central-East Shepparton, Central South Shepparton and Mooroopna-West.
- These areas have been key settlement zones for new cultural population groups and remain heavily populated by our aboriginal population, identifying continued needs for transport links and expansion of street lighting, pedestrian access, walking paths, community gathering spaces and places to encourage social connection and engagement opportunities.
- The percentage of people living in Greater Shepparton who had Tertiary or TAFE qualifications has been calculated from the Australian Bureau of Statistics 2006 Census. In 2007, of those living in Greater Shepparton, 39% of persons aged 25 years and over had tertiary or TAFE qualifications, compared to 43.8% in the Hume Region and the Victorian State average of 50.7%.
- Profiles of Victorian Municipalities using 2011 Census reported 22.8% of Greater Shepparton's population from 20-24 years of age completed year ten education standard only, or less.
- In 2007, 5.4% of all confinements in Greater Shepparton were to mothers younger than 20 years of age. This is higher than the Victorian average of 2.6%.



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It has been recognised that health and wellbeing planning needs to be conducted in a systematic way. Research has informed us that for optimum health outcomes, health and wellbeing priorities for communities should reflect the following key indicators:

- Health protection (food safety, immunisation, water quality, infectious diseases)
- Health development (tobacco control, drug and alcohol abuse)
- Population health strategies (prevention preventative needs of population groups such as children, family, aged care, youth) vulnerable groups)
- Public health emergencies (ambulatory care statistics)
- Community capacity building and general wellbeing (analysis of current data)
- Partnerships with stakeholders (commitment of resources and collaborative effort)
- Promotion of health and wellbeing success and achievements within the community.

This evidence based report has considered the current status of many health and wellbeing indicators informing key health and wellbeing challenges and opportunities or areas of specific change which are unique to our municipality.

*The Health Status Report: Public Health and Wellbeing Planning Guide and Status Report 2012* has captured the current health status of our Municipality, analysing key health and wellbeing indicators and provides a basis for setting our health and wellbeing priorities for the future. It also notes the existing challenges facing the municipality. It is imperative that the RGP recognise these challenges and provide direction for future government policy support and investment in programs and infrastructure to accommodate community need now and in the future as a result of increased population growth.

A more informed approach when planning an inclusive, sustainable and resilient community environment will consider a fairer access to health services and an opportunity for individuals to thrive in a vibrant, inclusive and liveable city for the future.

Further to the issues raised above, the RGP needs to respond to planning for the health care needs of a growing community and responding to health challenges

- GV Health's role as one of two designated Regional Public Health Services in the Hume region (the other being Albury Wodonga Health) and associated facilities requirements. This includes the need for up-grade and expansion of facilities to meet current demand and improve regional self-sufficiency (services provided locally so that people don't have to travel to Melbourne/Metropolitan areas particularly radiotherapy.
- the need to plan for appropriate infrastructure to accommodate growth in home and community based/ambulatory care service provision to keep people at home longer, and as health technologies enable people to receive treatment at home.
- the relationship between the region's economy and the health of its citizens (and therefore the role of GV Health);
- the importance of affordable housing and development of Shepparton as a University City in order to support health workforce recruitment and retention.

There are also a number of other social factors that the RGP should recognise and be strengthened in relation to employment and education characteristics. Some of the statistics and challenges are highlighted below. *Unfortunately, accurate data isn't always available as the Census doesn't adequately represent the visible breadth of diversity. As stated earlier in this submission many CALD communities don't understand the importance of a census and*

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believe it could be used to discriminate against them if filled out accurately, for this reason census data may not be an accurate reflection of the current population. This in turn then may under represent the issues facing the community in relation to employment and education below.

- The Greater Shepparton LGA has the largest adult population of all LGAs within the North Eastern Victoria PEA with an adult population (15 years and over) of 48,700 at June 2011.
- The age distribution of the Greater Shepparton LGA population shows that a smaller proportion of the population is made up of people aged between 20 and 44 years, when compared with the Victorian age distribution. Similar demographic patterns exist for other regional areas and are due in part to young adults moving to major urban centres.
- At the time of the 2011 Census, there were 25,600 employed people (aged 15-64) in the Greater Shepparton LGA and the unemployment rate for the LGA stood at 8.3 per cent at September 2012. 5.4% for Victoria
- The Greater Shepparton LGA and North Eastern Victoria PEA overall have experienced significantly lower employment growth in the five years to 2011 compared to the average for Victoria.
- The unemployment rate for the Greater Shepparton LGA has remained consistently above the state and national unemployment rate since September 2008.
- In December 2012, a quarter of the working age population (WAP) in the Greater Shepparton LGA were in receipt of a Centrelink benefit, higher compared with the North Eastern Victoria PEA (21 per cent) and with state and national levels (both 16 per cent). Some 7% of the WAP were in receipt of an unemployment benefit, above both state and national levels (both 5%).
- As at December 2012, 7 per cent of females aged between 15 and 64 were in receipt of a single parenting payment (PPS). There was no change in this proportion since December 2009.
- At the time of the 2011 Census, 19 per cent of young adults (persons aged 20 to 24 years) in the Greater Shepparton LGA were neither working nor studying. This figure is higher when compared with Victoria (11 per cent) and the North Eastern Victoria PEA (16 per cent).
- For young adult males in the LGA, 7 per cent were not in the labour force and not studying and a further 6 per cent were unemployed and not studying. For young adult females in the LGA, 19 per cent were not in the labour force and not studying and a further 5 per cent were unemployed and not studying.
- For the Greater Shepparton LGA overall, the unemployment rate for Indigenous people was 20.9 per cent, nearly 4 times that of the unemployment rate for non-Indigenous people (5.3 per cent). This disparity is greater compared with the state and national Indigenous and non-Indigenous unemployment rates.
- Jobless families are families where parents are not employed or in the labour force with children under 15 years of age. Some 20 per cent of families in the Greater Shepparton LGA did not have an employed parent, a figure larger than the figures for Victoria (13%) and Australia (14%) .
- At the time of the 2011 Census, the proportion of 25 to 34 year olds in the Greater Shepparton LGA who had completed Year 12 or equivalent was 62 per cent, smaller than for Victoria (79%) and Australia (75%).
- Job seekers who have not completed Year 12 and have limited experience in the workforce are likely to lack many basic employability skills that employers value and look for in applicants, particularly for lower skilled vacancies and entry level positions such as apprenticeships and traineeships.
- At the time of the 2011 Census, the proportion of 25 to 34 year olds who had attained an Advanced Diploma, Diploma or Certificate level III or IV in the Greater Shepparton

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LGA (34%) was larger than state and national averages (29% and 30% respectively), while the proportion who had attained a Bachelor Degree or higher (22%) was far lower than the state and national averages (40% and 35% respectively).

- Over 1,250 migrants (aged 18-64 years) settled in the Greater Shepparton LGA over the past 5 years:
  - 42 per cent (521 migrants) settled under the skilled migration stream, compared with 60 per cent for Australia.
  - 29 per cent (365 migrants) settled under the family migration stream, compared with 33 per cent for Australia.
  - 29 per cent (362 migrants) settled under the humanitarian migration stream, compared with 7 per cent for Australia.
- Greater Shepparton LGA migrants:
  - 35 per cent of skilled migrants had 'nil' or 'poor' English language proficiency.
  - 86 per cent of family and humanitarian migrants had 'nil' or 'poor' English language proficiency.
- In the Greater Shepparton LGA, the unemployment rate for working age persons with poor English proficiency was 20.7 per cent and the participation rate was 32.8 per cent. For working age persons who only spoke English, the unemployment rate (5.2 per cent) and participation rate (77.1 per cent) were considerably better.
- In the Greater Shepparton LGA the Health Care and Social Assistance, Retail Trade and Manufacturing industries were the largest employing industries. The Agriculture, Forestry and Fishing industry was also an important industry and accounted for a far greater proportion of employment within the LGA compared with Victoria overall.
- This graph shows the change in the number of people employed in each sector in the Greater Shepparton LGA between 2006 and 2011. Much of the growth in employment in the LGA was concentrated in the Health Care and Social Assistance industry. By contrast, employment in the Agriculture, Forestry and Fishing, Manufacturing and Retail industries has reduced.
- Employers recruiting for Managers and Professionals experienced the highest level of unfilled vacancies with 16.7 per cent remaining unfilled followed by 8.3 per cent of vacancies Technicians and Trade Workers going unfilled.
- The proportion of surveyed employers with an apprentice or trainee on staff (26 per cent) in the Greater Shepparton LGA was lower than for all regions (32 per cent).
- Almost half (49 per cent) of these employers reported they had experienced challenges employing an apprentice or trainee.
- Lack of work readiness and poor communication skills were the most commonly reported challenges for employers.
- Summary;
  - Recruitment activity low and slowing
  - Unemployment rate well above state average
  - Most vacancies filled and strong competition for jobs (yet many applicants are considered unsuitable)
  - Opportunities are limited and at the higher skill level
  - Disadvantaged groups: jobless families. OTMESC, disengaged youth, Indigenous, less educated
  - Job seekers need to be job ready: education and training, further engagement with employers about work experience and apprenticeships, literacy and Numeracy (migrants) and relocation as an option.

*Source - ABS, Census of Population and Housing, 2011 and 2006, DEEWR, Small Area Labour Markets, September Quarter 2012*

Again Shepparton is confronted with a number of immediate challenges that need both ongoing monitoring of social determinants to ensure that the appropriate policy support and

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infrastructure be provided. Whilst the RGP supports significant growth to occur in Shepparton based on population projections, the RGP must also provide direction and response to dealing with employment and education issues now and also provide investment and support for the future to respond to changing needs. This includes support for education programs and infrastructure.

**Demand for social infrastructure in particular, including health, community and social services and education and emergency facilities is likely to increase as a result of population and economic growth and any existing deficiencies are likely to be compounded. Greater Shepparton is unique in its social make up compared to most other regional centres in Victoria and probably nationally and therefore the RGP should be amended to strengthen the role of social infrastructure as key determinant to support growth.**

- Introduce a section for community in *section 6 Snapshot of the region*
- Expand *section 8 – Challenges for Growth* to include reference to current social indicators and need to address existing service gaps but also to provide services and infrastructure to support growing communities.
- Add a state-wide context and regional context to 14.2 as per 14.1 Transport. This should identify the location and importance of regional health, court and sports facilities and should provide the basis for decisions on where services of common regional benefit are located are a matter for the entirety of the region and not for a single municipal area. These services should be viewed in context of role and function, existing service capacity and also be equitable to other regional centres of Ballarat, Bendigo and Latrobe Valley. From a State-wide perspective, both Goulburn Valley and Albury Wodonga Health are two of the six designated regional public health services under the *Health Act*.
- Remove Wangaratta as being a regional health provider as they not a designated regional health service but a sub-regional service.
- Include key facts about the social indicators for the region (as per *Section 11 – Regional Economy*) and therefore highlight particular existing and emerging issues in key growth locations.
- Add a new section on providing social and affordable housing with challenges and opportunities.
- Add a new section on the link between land use and social infrastructure to ensure that appropriate land is provided for future service provision and to ensure that the built environment encourages greater physical activity.
- A new section on ongoing monitoring of social determinants to ensure the social services and programs meet the changing demands of the existing and growing community, particularly given the difficulties in obtaining accurate information from the Census in relation to CALD communities.
- Expand *b) Support for improved access to a range of education opportunities* – to include reference to the need for partnerships between the universities and major employers to enable regional universities to be sustainable and grow. This would ensure that the courses and research meet community demand.