

Thanks Michele.

SLIDE 1

I'd also like to acknowledge we're meeting on the land of the Wurundjeri people of the Kulin Nation.

I pay my respects to Elders past, present and emerging and extend that to First Nations people here today.

It's terrific to be here – particularly after the events of 2020...

Who knew we'd miss networking over urn coffee and mini muffins and scones so much?

Seriously, it's so great to see the turnout.

Full credit to Universal Design Australia for pulling together such a robust program which has made people *want* to travel interstate to be here to dive into this year's theme:

"Thriving with Universal Design: Everyone, Everywhere, Everyday".

We've got a diverse crowd here – planners and architects, students and researchers, public servants from all levels of government, people with lived experiences and advocates, services providers, and practitioners.

But what we all have in common, I think, is a strong understanding of the *theory and principals* of universal design.

We already *know* that a universal design approach that caters for the broadest range of users from the outset can result in buildings and places that can be used by most people.

But maybe, what we also have in common, is a desire to see more examples of universal design in action...

...practical examples of how it has been applied in real life to real buildings and spaces for real people.

And so, I'm excited to share with you this morning the steps we are taking at the Victorian Health Building Authority to turn universal design theory into a reality -

From our initial planning processes and policies, through to finished built environments.

SLIDE 2

At the Building Authority, we are the first government authority in Australia to launch a stand-alone universal design charter and policy.

We've now made a formal commitment which has been endorsed by executive leadership, to go *beyond* compliance and minimum standards.

This is the result of a collaborative effort led by a working group, and between five government departments.

And the result is our charter based on seven principles:

- Equity
- Respect
- Participation
- Sustainability
- Responsibility
- Awareness
- Collaboration

In developing this charter, we didn't approach it from a building code and compliance perspective.

Instead, we were driven by a human rights perspective – putting people first – and asking what happens when you move from simply accessing a building to really *being* in the space and *using* the space.

We asked:

What does our wonderfully diverse community need once they have entered a health service?

Through design, how do we cater to:

- a child with autism with extra sensory awareness
- an older person with dementia
- a young person experiencing mental health illness
- a First Nations person admitted for surgery who needs to connect with nature
- a transgender person who needs to use a bathroom
- a staff member needing safety and comfort on their shift.

Physical, sensory, and cognitive needs.

Culture. Gender. Sexuality. Religion.

We've committed to exceeding the *minimum* standards to ensure universal design provisions are included at every stage – the planning, design, and delivery – of health infrastructure.

As part of putting this into action, we've revised our tender process by examining and strengthening the language we use.

In the past we've asked tenderers to tell us how they might *consider* universal design.

Now, we ask people to tell us the how they will *achieve* universal design:

SLIDE 3

*In health infrastructure, universal design means designing spaces that are functional for the full range of diversity, and that address the physical, sensory, and cognitive needs of most people. **Discuss how you will achieve this.***

We've also put our human rights perspective at the forefront, asking tenderers to show how they will use design to create a sense of equity.

SLIDE 4

*Incorporation of universal design principals also reinforce social equity in infrastructure and program development. **How can you create a sense of equity through the design process and strengthen concepts of identity, social integration, cultural compatibility, awareness, understanding and comfort?***

These questions form a percentage of the tender criteria when being evaluated.

Very simple tweaks to language have moved us from the realm of theory to practice.

Questions like these ensure universal design is being discussed, understood, and planned for by everyone involved, at the very start.

SLIDE 5

We're embedding universal design in the process from the get-go instead of bolting it on at the end.

And we're aiming to promote a culture of inclusion where the principles of universal design are integrated into compliance commitments and requirements at the beginning of every project.

Through our charter and policy and making changes like these tender questions – we're setting a new expectation.

We all know that meeting a minimum standard doesn't equal good design.

It doesn't reflect our diverse communities.

- It doesn't pick up the needs of Pop in an aged care facility
- a sister in a short-stay mental health facility
- a trans person undergoing gender affirmation surgery
- or a son receiving support for alcohol and other drug addiction.

No – the minimum is the literal least we **can** do.

But it's not all we **should** do.

YARRAM

REMINDER: DESCRIBE IMAGES FOR AUDIENCE MEMBERS WITH VISUAL IMPAIRMENT

Back in September last year the Gippsland community celebrated the opening of the \$5.38 million Yarram Integrated Healthcare Centre.

The centre brings a range of community health services under one roof, including allied health, community support, general practitioner services, mental health, and pathology services.

We went from this:

SLIDE 6 – YARRAM BEFORE

To this:

SLIDE 7 – YARRAM AFTER

A remarkable difference.

And one that has achieved a range of outcomes using the principles of universal design...

This strong, beautiful, bespoke building now holds pride of place in the community.

Designed to be respectful of the existing architectural character of Yarram, the striking front veranda is a nod to the original federation architecture serves at the main entrance.

And at the entry, we don't have the stigmatising separate ramp leading to the door from another direction...

...Instead, a gentle grade ramp offers a subtle alternative to steps, giving users a choice of entry at the same point.

And the eye-catching roof line provides very clear wayfinding.

SLIDE 8

Locally sourced materials were also used in construction, strengthening the connection of the building to the Yarram community.

Silvertop ash timber from a local Yarram plantation was cut using a process of radial sawing that results in zero timber wastage.

Recycled bricks from the existing building were also reused for the east façade of the new centre, connecting the new building with the history of the site.

This new facility melds history and respect for the past into a contemporary facility that locals are proud to have in their community and showcase to visitors.

It helps support the construction of the community's positive self-image and has become part of the community's identity.

SLIDE 9

The large, airy waiting areas are without barriers to movement, which helps support participation by all users and encourage social integration.

The design is polar opposite to institutions, where materials were concrete, steel, hard and cold with low lighting, small corridors, low ceilings.

Instead we have natural materials, an abundance of light, high ceilings, bright and uplifting colours.

And biophilic design providing a strong connection to nature through large windows and green spaces.

CRESWICK

SLIDE 10

REMINDER: DESCRIBE IMAGES FOR AUDIENCE MEMBERS WITH VISUAL IMPAIRMENT

Earlier this year a new \$3.2 million dementia friendly unit at Creswick Nursing Home opened.

SLIDE 11

Based on best-practice design for dementia-specific care there are shared lounges, reading nooks, large and smaller dining tables...

SLIDE 12

...These all provide residents with a sense of familiarity and home – with the added ability to move around freely, choose when and how they socialise – and feel at home.

Large windows provide views to the green surrounds and lots of natural light, and a large central courtyard helps residents easily access fresh air and nature.

SLIDE 13

And of course, individual rooms with ensuite bathrooms provide the comfort, privacy, and dignity everyone deserves.

SLIDE 14 (CHARTER)

These are just two of the projects we've recently delivered that are helping achieve universal design outcomes.

You can see how each facility has taken design cues from its place and the local community and therefore represents their place in the world.

They both aim to acknowledge local traditions, make meaningful connection with landscape and acknowledge that all people need places for respite at times of stress.

These are sophisticated design responses that reflect a diversity of design approach but maintain their commitment to the need for architecture to contribute in a positive way to people's experience of healing.

At the Victorian Health Building Authority, with our charter and policy to guide us, we'll continue to:

- Deliver health infrastructure that recognises and celebrates the diversity of our community.
- Recognise all the ways in which our health and wellbeing are impacted by our environment...and
- Create spaces where people feel welcome and valued.

Included and empowered.

Spaces they don't merely access, but in which they fully participate.

And are safe and comfortable.

And can be themselves.

And can be well.

CLOSING

SLIDE 15

Now before the music plays to get me off stage, I want to leave you with something.

This conference is a comma.

And what on earth do I mean by that...?

Over these two days we'll be challenged. Inspired.

We'll feel motivated.

We'll deepen our understanding.

We'll learn what works – and what doesn't.

We'll listen carefully.

And we'll leave wanting to do better.

But everything we get out of these two days will be worthless if we don't keep the conversation **going**.

If we don't use this as a comma.

This is our chance to pause and clarify meaning.

It's how we move to the next point, the next idea, the next **action**.

Don't let this opportunity – this first time we've all been able to come together in person for so long – be where the insight and expertise end.

Ahead of you is a two-day program absolutely packed with clever and passionate speakers. It's bursting with lessons.

There are so many experiences to be shared.

And there's a wealth of knowledge in this room through you, the audience.

Ask questions, interrogate ideas, **actively** participate.

This isn't a conference where you hear something incredible but forget a week later who said it.

Or wish you could share what you learned but don't know where to start.

It's a comma in a longer conversation.

And it's a comma preceding *action*.

I want you right now, to take a moment to ask yourself '*how am I going to keep this conversation going?*' and then commit to it.

Commit to:

- Taking this back to your Director
- Presenting to your team
- Forming an advisory group
- Redrafting the design
- Listening – really listening – to someone with lived experience
- Adopting a charter
- Adjusting your process
- Thinking *beyond* accessibility – to participation, safety, welcome
- Going *beyond* compliance, and
- Delivering more than a minimum standard.

Think about what you are going to do to continue the conversation.

Commit to action.

Because right here, we're at a comma.

Don't let it become a full stop.

Thank you.