

Submission to the 2015 Hazelwood Mine Fire Inquiry

August 2015

About VCOSS

The Victorian Council of Social Service (VCOSS) is the peak body of the social and community sector in Victoria. VCOSS members reflect the diversity of the sector and include large charities, peak organisations, small community services, advocacy groups, and individuals interested in social policy. In addition to supporting the sector, VCOSS represents the interests of vulnerable and disadvantaged Victorians in policy debates and advocates for the development of a sustainable, fair and equitable society.

This submission was prepared by VCOSS Policy Advisers Bridget Tehan and Brooke McKail, following consultation with Morwell community organisations.

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Introduction

VCOSS welcomes the opportunity to contribute to the 2015 re-opened Hazelwood Mine Fire Inquiry. This submission presents a range of issues and recommendations identified through consultation with VCOSS members and community sector organisations in Morwell affected by the Hazelwood fire.

VCOSS has taken substantial engagement with the Morwell-based community organisations over time to monitor the recovery process and advocate for their needs. This submission can be read in conjunction with the previous *VCOSS Submission to the Hazelwood Mine Fire Inquiry*¹ and the VCOSS report *One year on: Morwell and the 2014 Hazelwood Mine fire*.² The findings and recommendations in these remain relevant and form part of the VCOSS Submission to the 2015 Hazelwood Mine Fire Inquiry.

Since those reports were published, we have returned to Morwell and consulted with community organisations and local members of the Aboriginal community to discuss the longer-term affects on health and well-being to prepare this submission.

The community sector representatives and individuals consulted expressed continued concern about the physical and psychosocial impacts, particularly around pregnancy and low birth weight babies, respiratory problems, alcohol and drug use, mental health, family violence and the overall wellbeing of the community. The overarching concern remains the uncertainty of what the long term health impacts might be.

Further concerns were raised regarding recent government changes to the delivery of a variety of community and social services, as well as the withdrawal of a number of programs, and how this is impacting on both the recovery and the wellbeing of Morwell.

In its 2014 Submission to the original Hazelwood Mine Fire Inquiry VCOSS stated:

All organisations reflected on the concern, frustration and fear of long-term health impacts expressed by clients and the community generally. Organisations indicated that there is considerable fear that a similar mine fire will happen again. There is ongoing anger in the community against mine owners for exposing them to the risk, and also toward the government for lack of regulatory rigour. It was reflected that although there is a level of

¹ VCOSS, *Hazelwood Mine Fire Inquiry*, May 2014; available at http://vcoss.org.au/documents/2014/05/VCOSS-Submission_Hazelwood-Inquiry_12-May-2014.pdf

² VCOSS, *One year on: Morwell and the 2014 Hazelwood Mine Fire*, June 2015; available at <http://vcoss.org.au/documents/2015/06/2015-Hazelwood-Report-FINAL.pdf>

*resiliency in Morwell, extremes like the mine fire are something that can never properly be prepared for.*³

VCOSS submitted that the socio-economic characteristics of Morwell's community meant they were more heavily affected by the emergency. People who experience disadvantage and social vulnerability have fewer resources, less social support, restricted mobility and reduced housing options at their disposal than other Victorians. This leaves them at risk of being unable or less able to prepare for, respond to, and recover from the hazards and damage intrinsic to a disaster or emergency.

VCOSS also presented information that disadvantaged populations often live in areas of greater hazard, have lower rates of emergency mitigation and recovery preparedness, and have lower rates of emergency recovery responses. These groups are more likely to experience casualties, property damage, or economic impacts. They also have less capacity to engage in or access political processes to influence decision makers to best represent the interests of vulnerable groups, meaning there is a tendency for important community voices to be lost or remain unheard.

The 2014 Hazelwood Mine Fire Inquiry Report reported that Morwell is less prosperous and less healthy overall than the rest of Victoria, with median household incomes significantly lower than the Victorian average, and a much higher proportion of low income households than in Victoria at large. In addition to physical effects on residents, the Report also acknowledged the psychological impact on the community as a consequence of the mine fire. It stated that the health and social impacts of the fire have further compromised the poorer health and wellbeing of the Morwell community.

The 2014 Report stated that there have been broader social effects of the Hazelwood mine fire on the communities of Morwell and Latrobe Valley. Concerns were expressed during community consultations about the potential for an increase in family violence in the short to medium-term as a result of stress caused by the mine fire.

Specialist advice to the Board of Inquiry heard that the whole community, especially young children, are at risk of psychosocial impacts as a result of the emergency, including an increased risk of family violence, drug and alcohol abuse, depression and anxiety, post-traumatic stress disorders and phobias.

This submission outlines in more detail the concerns of the local community organisations and members of the Aboriginal community raised during our recent consultations.

³VCOSS, Hazelwood Mine Fire Inquiry , May 2014, p.12

Impact on the Morwell community and those facing vulnerability

VCOSS consultations since the 2014 fires have revealed a community that continues to be highly distressed. Morwell had entrenched difficulties before the mine fire, and these have been exacerbated since.

The mine fire itself has not been the only disruption to the community and health services that seek to support the wellbeing of the residents of Morwell. Changes to the delivery of human services in Morwell by both the Commonwealth and Victorian Governments have occurred, adding more stress and disruption to a system already compromised by mine fire.

In particular, local community organisations mentioned the discontinuity caused by the service re-tendering of the Commonwealth Department of Social Services (DSS), including changes to the delivery of emergency relief, financial counselling, and child and family services. The discontinuation of the Commonwealth Youth Connections program has also been strongly felt. At the state level, a change to the delivery of mental health and alcohol and drug services has also disrupted service provision.

Service providers and community members at the consultations raised concerns about the extent to which people facing vulnerability have the opportunity to receive information, and provide information to the Inquiry. It was reported that many people experiencing difficulties did not attend community sessions during the mine fire or during the initial Inquiry. The re-opened Inquiry is experiencing same issues. Participants also reported that briefings, consultations and forums held during and since the fire have not included those with a disability or their organisations, and that information provided at briefings and throughout the emergency was not made available in accessible formats, such as for people with low literacy, from non-English speaking backgrounds, or for people with disabilities.

Organisations stated that the Latrobe community is used to seeing initiatives come and go before any measurable outcomes have been achieved, and that any new initiatives must be sustainable and not abandoned with changes in government leadership.

Health

Participants at consultations raised a number of fears about the long-term consequences for their health, with great uncertainty about the potential effects of exposure to the smoke and ash. They have also raised concerns about the availability of healthcare services, and the extent to which the health impacts of the mine fire are being monitored.

Some reported a concern about a perceived increase in low birth-weight babies, but it is unclear if this is substantiated by any evidence. We were told that some babies have had weight as low as 1,800 grams at full term. Others noted unexplained infertility and asked if there have been an increase in birth defects. Participants suggested that there should be examination of the hospital data as to whether this is any evidence supporting these perceptions.

Participants also raised the concern that the new alcohol and other drugs central intake system is missing clients, following the recommissioning of the alcohol and other drugs sector in 2014. Participants at the consultation advised that only a minority of clients have transitioned successfully to the new system and organisations are now working to re-engage those that have not transitioned to the new service system.

It was also noted that the current health studies following the mine fire are using self-nominated participants, and host appointments in Traralgon rather than locally. We were advised that some vulnerable people were deterred from participating in the studies because of transport disadvantage.

Participants suggested that some of the strengths of the recently defunded Healthy Together Latrobe program should be funded over the long term particularly Health Champions program. This program supported community members to build knowledge and skill to positively impact on health, with 240 current health champions registered to provide community intelligence into planning or future support. In addition to health matters, these champions could play a role in other matters that are important to the community.

Participants praised a second program under Healthy Together Latrobe, the Achievement Program for schools and workplaces. This provided a positive framework for supporting health in schools and workplaces through promotion of a culture of health and community action by increasing awareness of health issues.

Organisations suggested that there would be potentially valuable leadership provided by a Health Conservation Zone only if it was well constructed and committed to the long term. One participant stated that strong trusted leadership could help the community to think beyond short term financial impacts and opportunities, and engage it in activities that could address long term disadvantage. In addition, participants suggested that any new initiatives could be linked with the long term health study to leverage off its longevity.

Mental Health

This feedback echoes the findings from the recent VCOSS report, *One year on: Morwell and the 2014 Hazelwood Mine fire*, which found that the fire has had a major impact on the Morwell community, in particular those facing mental health issues as well as young people:

Participants from mental health organisations advised that there were significant ongoing, emerging and new mental health issues as a result of the mine fire. During and after the fire, people with pre-existing mental health issues experienced stress and trauma, in some cases exacerbating their condition significantly. Other people with no history of mental health issues presented as new clients. Despite this increase in demand for mental health services there was no additional funding for organisations. Mental health stakeholders expressed concern that they were not consulted during or after the mine fire.

In addition, participants from youth services advised that in the year since the fire, up to one third of all youth clients have presented with issues relating to the fire, including anxiety and stress. Not only have more young people sought help but those already suffering a chronic mental illness have seen their condition deteriorate. Concern was expressed at the rate of school drop-out in Morwell. One participant stated that, 'Young people are the future of Morwell – we need to prop up services like Youth Connections and Berry Street and headspace to ensure their engagement and well-being.' It should be noted that the federal funding for Youth Connections has now ceased.⁴

One year on: Morwell and the 2014 Hazelwood Mine fire

Participants in the 2015 roundtable stated that the mine fire exacerbated the already low self-esteem of the Morwell community and that the community feels disempowered. Some residents are reported to now see Morwell as a 'disgusting place to be'. One participant stated, 'The fire came when we were tremendously disadvantaged anyway, and we are supposed to recover to what? We were already pretty bad anyway.'

Children, families and young people

Participants at recent consultations drew our attention to the particular lasting effects on children, families and young people. This echoed a similar response as our 2014 submission,⁵ which documented the particular vulnerability of children to the effects of the mine fire, including the variable time that children and their parents will take to react to and process the emotional and

⁴ VCOSS 2015, *One year on; Morwell and the 2014 Hazelwood Mine fire*

⁵ VCOSS, *Hazelwood Mine Fire Inquiry*, May 2014, p.12

psychological impact of the emergency, and the consequences for children's development and engagement in education.

Participants advised of reports of some children experiencing trauma as a result of their schools moving to Moe. Participants also noted that family violence doesn't stop just because there is an emergency. Participants expressed concern that some women had returned to violent relationships as there were few other options for them to turn to.

It was reported that at the same time that the town was trying to recover from the mine fire and provide opportunities for young people to engage in work and education, the Commonwealth Government had ceased the Youth Connections program which has had a significant impact. Particular concern was expressed about young people aged 16-17 years who are now not getting support from either Youth Connections or the Job Active program.

Services working with vulnerable children reported that because services were disrupted throughout the mine fire and its aftermath, families were trapped in their homes or too frightened to go out. This meant that the services working with these families were not able to effectively monitor the safety of at-risk children.

There were a number of concerns about changes to child and family service delivery models occurring at the same time as the community was recovering from the mine fire, including a concern that Services Connect has adopted a Family Services Model that is not always appropriate to individuals who do not have family support and young people. Participants also believed that the new Children and Youth Area Partnerships does not capitalize on the Child First model and the significant work that has been done to build up that partnership and collaboration, and is not led by local community organisations or involve community members

Housing and homelessness

The relocation of many vulnerable members of the community during the mine fire had a significant impact on the availability of housing during the event. Participants told us there were continuing concerns about the availability of low-cost housing and the local response to homelessness.

Participants reported that the loss of a number of Caravan Parks in Gippsland has reduced the available options for emergency housing. Whilst caravan parks are not ideal for emergency housing, their reduced availability is flowing onto the availability of all other alternatives.

Participants also raised their concern about the impact caused by the defunding of the successful Victorian Social Housing Advocacy Support Program (SHASP) program, which meant that social housing tenants had fewer support options if their tenancies were at risk. Participants welcomed the Indigenous Tenancies at Risk (ITAR) Program, which was seen to be very successful, however, participants believed it should be extended for people in private rental properties, and a similar type of program introduced for other individuals and communities.

Participants also noted the difficulties of supporting young people leaving out of home care, including insufficient availability of living skills programs, noting that these would assist those experiencing homelessness to stay in secure tenancies, rather than being evicted or moved on because they are not able to maintain a property.

Impact on the Aboriginal community

Aboriginal people in Victoria experience significant disparity in health, education and employment outcomes compared to other Victorians. For example, Aboriginal people are hospitalised for respiratory diseases at about twice the rate of non-Aboriginal Victorians and 62 per cent of Aboriginal adults in Victoria have a disability or long term health condition.⁶

As some of the most vulnerable people in community, Aboriginal people are at particular risk in emergencies. Aboriginal people also access mainstream health and community services at lower rates than non-Aboriginal people. Long histories of dispossession, marginalisation and discrimination have made many Aboriginal people reluctant to engage with or trust mainstream services or systems. Aboriginal community controlled organisations are often the trusted first choice service provider for Aboriginal people and can be an important avenue for engaging Aboriginal community members.

The Central Gippsland Aboriginal Health Service (CGAHS) provides culturally safe primary health, community development, social and emotional wellbeing services to the Aboriginal community in the Morwell region. VCOSS was invited to attend a consultation session at CGAHS, attended by a number of members of the local community, including two Aboriginal Elders.

The Aboriginal community in Morwell

According to the 2011 Census, there are approximately 500 Aboriginal people living in Morwell, making up about 2.2 per cent of the local population.⁷ The age profile of the Aboriginal community in Latrobe City is younger than the non-Aboriginal population, meaning there were a greater proportion of people in the younger age group (0-17 years) and a lower proportion of people in the older age group (65+ years).

The Aboriginal population in the Morwell region experiences significantly poorer health, education and employment outcomes than the non-Aboriginal population. In the Latrobe region, only 12 per cent of Aboriginal and Torres Strait Islander people aged over 15 years have completed year 12 schooling.⁸ In 2011 the unemployment rate for Aboriginal people in Latrobe was nearly three times higher than for non-Aboriginal people, at 22 per cent.⁹

⁶ AIHW, *Aboriginal and Torres Strait Islander Health Performance Framework 2012 report*, 2013, p. x11.

⁷ Latrobe City Council, *Draft Municipal Public Health and Wellbeing Plan 2013 - 2017: Profile*, March 2013.

⁸ Ibid.

⁹ Ibid..

Health impacts

The community has experienced a range of health impacts as a result of Hazelwood Mine Fire. Aboriginal consultation participants reported they and people they knew had experienced respiratory problems that have either begun or significantly worsened since the fire. One parent reported that children in the community had experienced more instances of illness, especially in the period directly after the fire.

It was reported that the Aboriginal community in Morwell has also experienced a higher than usual number of deaths in the community, including among local Elders. This ongoing loss has had a significant impact on the ability of the community to heal and recover.

However it can be difficult for community members to confirm problems are directly related to the fire, especially when they have lived in the region for a number of years and experienced the ongoing pollution caused by the mine's operation.

Consultation participants also reported a pattern of premature births and more newborns in the community requiring transport to Melbourne for higher care. They encouraged the Inquiry to examine data from local hospitals and health services to track this trend and its relationship to the fire.

In the immediate aftermath of the fire the community reported higher than usual rates of family violence and alcohol and drug use. This reflects broader evidence of the link between family violence and emergencies. While there are limited data in Australia, what evidence does exist suggests a raise in family violence incidents following emergencies and natural disasters and escalation in the severity of violence.¹⁰

Difficulties accessing accurate and timely information

Overall there was significant concern reported about the lack of information provided to the Aboriginal community in the period during and after the fire. Community members reported that the information they did receive was often inconsistent and this resulted in a lack of trust in the services providing the information.

Consultation participants also reported difficulty accessing accurate and consistent information about the possible danger of the smoke they were inhaling. People continued to go about their daily routines, including in some cases working outdoors, without knowing the potential impacts on their health.

A number of consultation participants reflected that they still do not understand the possible impacts of smoke inhalation. This continues to create significant anxiety and stress for community

¹⁰ Australian Domestic and Family Violence Clearinghouse, *Domestic Violence and Natural Disasters*, February 2012, p. 3.

members. In particular, parents reported concern about the long-term impacts of the smoke on their children's health and development.

The lack of information also reduced the ability of community members and organisations to plan appropriately. For example, people were repeatedly told over a number of weeks the fire would end 'next week' making it difficult to appropriately plan for the eventual length of the emergency. It also made it more difficult to encourage action from organisations outside Morwell, who it was felt did not really understand the impacts of the fire.

The strategies to deliver information to the community were often not appropriate for the Aboriginal community. Consultation participants reported that to get accurate information, people needed to attend community briefings and information sessions. Few Aboriginal people engaged in these sessions, with many either unaware or choosing not to attend the general briefings. Similarly, many Aboriginal people consulted reported they did not attend the Community Information Centre operated by the local council.

Aboriginal organisations are often the only organisations with the long-term relationships and trust required to engage successfully with the local Aboriginal community and could have been better utilised in reaching the community. CGAHS staff reported they are well placed to deliver information to community members, including Elders and people with limited access to technology, if they receive it in a timely way from a respected and accurate source.

Community engagement in recovery and long-term study

As well as the lack of information about the fire, the Aboriginal community reported they have not been well engaged in discussions about long-term impacts, recovery planning and future emergency management. As a result their voices have not been heard and there are few avenues to feed information back to the community. In particular, consultation participants highlighted the need for Aboriginal representation on key community committees.

The long-term health study is an important strategy for monitoring the physical and psychological impacts of exposure to smoke during the fire. However a number of the Aboriginal people consulted were unaware of the study and the Hazelwood Mine Fire Health Clinic at Latrobe Community Health Service. Participants reported many Aboriginal people would be unlikely to attend the service to participate, including because of transport barriers and a lack of trust in mainstream services.

Participants suggested Latrobe Community Health Service work with CGAHS to develop strategies for engaging Aboriginal community in the health study and assessments, including by attending CGAHS to provide services, outreaching to Elders and other vulnerable people and sharing information.

Concerns about relocation

The relocation system continues to be a frustration for people consulted. Participants reported that relocation assistance was only available to people who lived in Morwell. This excluded people who lived outside of the relocation area, but who worked in the zone every day.

“There was an invisible line between people who got assistance and those who didn’t.”

Some people who were eligible for relocation assistance, including Aboriginal Elders, did not want to leave their home to relocate, or were unable to because of disability, ill-health or lack of support.

There was also inconsistency in the treatment of schools, with some outside the relocation area ‘monitored’ rather than relocated. Consultation participants reported that many of the students in these schools were not supplied with masks and as a result children continue to experience asthma attacks.

Summary and recommendations

In our submission to the 2014 Hazelwood Mine Fire Inquiry, VCOSS stated that SEIFA data from 2011 showed that Morwell is one of the most disadvantaged towns in Victoria. Recent research confirms that Morwell is ranked as one of the most disadvantage areas in Victoria, experiencing a complex web of disadvantage and bearing a disproportionately high level of disadvantage within the state. It is also one of the areas that has remained depressed for a long period, demonstrating the persistent, entrenched nature of the disadvantage experienced by this community.¹¹

In our 2014 submission and again in our *One year on* report, VCOSS stressed that the Hazelwood mine fire was a long term crisis that would have ongoing and pervasive economic and social impacts on this vulnerable community.

As recorded by VCOSS in this and our earlier submissions and reports, the challenges inherent in entrenched disadvantage are well-known to local service providers. Significant service gaps in public housing, drug and alcohol services, dental services, accommodation for people with mental health issues, youth services, child protection, and other areas prevent them from addressing the causes and impacts of disadvantage.

VCOSS has recorded some of the longer-term impacts of the Hazelwood Mine fire as including:

- Health impacts including respiratory, pregnancy and birth, drug and alcohol use
- Psychosocial impacts including trauma, mental health issues and family violence. Ongoing stress relating to the uncertainty around the long term health impacts of the fire
- Particular impacts on children and young people
- People facing vulnerability deterred from participating in health studies
- Loss of pride in the community, lack of trust in the rebuilding process, and the need for further community building activities to help the community recover from the fire
- Ongoing difficulties for community and social services organisations to respond fully to the complex and diverse needs of their clients, such as increased mental health concerns, due to a lack of funding that takes long-term trauma into account.
- Operational challenges for community service organisations that have had to shut down essential services, lost revenue and face ongoing staffing issues caused by the fire

¹¹ Vinson T and Rawsthorne M, *Dropping off the edge 2015: Persistent communal disadvantage in Australia*, Jesuit Social Services and Catholic Social Services Australia, 2015

The Morwell community has suffered from severe social and health disadvantage for many years and the determinants of this are mainly social. Any strategies to improve the health of the community must address these determinants. The solutions to the community's long term disadvantage needs a serious long term commitment.

Any independent Chair or Commissioner of a Health Conservation Zone would need a unique set of skills, ability, profile, respect, networks and standing to influence key decision and mobilise the community. Importantly any initiatives must involve community groups that not only represent disadvantaged and vulnerable people, but that have expertise at a grass roots level. There is also a need to regularly report to the community against a dashboard of community health indicators.

Importantly, all community communication must be prompt, regular, trusted, consistent, and reliable.

VCOSS recommends the following to address some of the issues raised through our consultations:

1. Develop a long-term strategy for Morwell and the broader Latrobe Valley that addresses the causes of vulnerability and disadvantage in the first place, plus specific community-led recovery, supported by all levels of government.
2. Provide a broader reach for the Health Study that includes targeting vulnerable and disadvantaged groups, including Aboriginal people and those facing transport barriers
3. Acknowledge and support the unique role that community sector organisations play in the region through filling service gaps and examining better ways to fund services and programs through such emergency events.
4. Address the specific conditions, concerns, capabilities or needs of disadvantaged and vulnerable communities in the development of future emergency management plans, both in Morwell and the Latrobe Valley and across Victoria.

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