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TRANSCRIPT OF PROCEEDINGS

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**The attached transcript, while an accurate recording of the day, is not proofread prior to circulation and thus may contain minor errors.**

2015/16 HAZELWOOD MINE FIRE INQUIRY

HEALTH IMPROVEMENT FORUMS

TRARALGON

WEDNESDAY, 30 SEPTEMBER 2015

THE HONOURABLE BERNARD TEAGUE AO - Chairman

MRS ANITA ROPER - Board Member

PROFESSOR JOHN CATFORD - Board Member

MR PETER ROZEN - Counsel Assisting

MS RUTH SHANN - Counsel Assisting

MS JUSTINE STANSEN - Solicitor

HEALTHY ENVIRONMENTS

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MR ROZEN: Good afternoon, everyone that's here. My name is Peter Rozen. I was resource person/facilitator for the group this morning that met to discuss the topic of healthy environments and all the members of the group that participated in that discussion are here this afternoon, and once again on behalf of the board I thank you all for your participation today. The discussion was wide-ranging, very informative and I hope that in the hour that we have available now we will be able to similarly inform the members of the board and everyone else here today about the topics that were discussed.

I thought we might start, please, perhaps with you, Ron, if you could just very briefly introduce yourself to the board, name and organisation that you are here representing.

MR METHER: I'm Ron Mether. I'm the Manager of Mining at Energy Australia Yallourn. I have been in that position for about 15 years.

MS FLYNN: Good afternoon. My name is Carmel Flynn. I'm the Director of Health Protection at the Department of Health and Human Services.

MR ABERLE: Nick Aberle from Environment Victoria. Environment Victoria is a leading environmental group that has been representing communities on environmental issues in Victoria for many decades.

MS BOOTHMAN: Carolyne Boothman, Chair of the Morwell District Community Recovery Committee.

DR TAIT: Peter Tait, Convenor of the Ecology and Environment Special Interest Group for the Public Health Association of Australia.

1 MS TAYLOR: Helen Taylor. I manage community health and  
2 wellbeing for Latrobe City Council.

3 MR WEBB: Chris Webb, Executive Director of Regulatory Practice  
4 and Strategy at EPA Victoria.

5 MR ROZEN: Thank you. Perhaps we can go to the first slide,  
6 please. I thought it might be useful to start with some  
7 of the general themes that I gleaned from our discussion  
8 today. I hope each of you have a copy of the slides in  
9 front of you, thank you, and the board has copies as well.

10 Perhaps Carlyne, if I could start with you, one  
11 of the themes I understood and from your role as a local  
12 here, one of the locals on the panel, the need not to  
13 re-invent the wheel and to draw on existing programs and  
14 experiences elsewhere. Is that something perhaps you  
15 would like to expand upon, please?

16 MS BOOTHMAN: We are particularly aware in Latrobe Valley and  
17 Morwell in particular are facing a lot of challenges. As  
18 a teacher myself and working in the community we see a lot  
19 of challenges with intergenerational poverty and seriously  
20 looking for some strategies as to how we address that.  
21 So, in terms of not re-inventing the wheel, what I was  
22 looking for was to look for and to consider some of the  
23 best practice activities of what's been happening around  
24 the world in similar communities with similar challenges  
25 so that we can look at what has been done in other places  
26 and what has been achieved and so therefore, given the  
27 resources, what could we implement here to actually make  
28 some long-term changes.

29 MR ROZEN: Peter, could you perhaps add to that based on  
30 experience that you have had of similar programs in  
31 similar areas elsewhere? I think you mentioned a program

1 in Newcastle in New South Wales.

2 DR TAIT: Yes. One of the topics that came up was levels of  
3 engagement with the community in processes, or really not  
4 engaging. I'm not sure which geographic area it is that  
5 you were talking of, but low levels of engagement in sport  
6 and recreation and going to school and stuff like that.  
7 I was reminded that in various localities in New South  
8 Wales, but the one I know best of is Windale in Newcastle  
9 where the New South Wales state government, I think  
10 through the health department, ran a community development  
11 process to engage that community in the issues and it was  
12 basically a participatory and deliberative democracy  
13 process of getting the community to become involved in its  
14 own solutions and building its own rules and its own  
15 methodologies for how it was going to basically improve  
16 itself and take away its image as being sort  
17 of - appropriate word - the lower socio-economic status  
18 community that it was and became a much more functioning  
19 and viable community as a consequence of this.

20 I'm not sure how well those programs were  
21 evaluated or for how long they went on, but that's an  
22 example of the sorts of things. But I would also make the  
23 point to the committee that using a participative and  
24 deliberative democracy process in engaging the community  
25 in the Latrobe Valley leading into its own community  
26 development across the whole series of sectors is going to  
27 be really important and I think there are lots of examples  
28 of these processes being used like citizens' juries and  
29 citizens' assemblies throughout the world; for instance,  
30 the one Melbourne recently did with its budgeting, for its  
31 discretionary budget, looking at what the community

1 priorities are. It means that the community owns what's  
2 going on, they feel part of what's going on. Because they  
3 feel they have agency, it actually improves their health.

4 MR ROZEN: I think, Helen, that was a point you were also  
5 making when you made reference to the council's plans and  
6 the need to bring the community along with future  
7 planning.

8 MS TAYLOR: Certainly. Local government doesn't take the  
9 stance it should be making decisions on behalf of its  
10 community. It listens to the community to find out what  
11 they want and we need to continue that with anything that  
12 we do as a result of listening.

13 MR ROZEN: One of the other themes that came through is the  
14 third dot point there and that is that those that live and  
15 work in the Valley are aware of the wonderful facilities  
16 that are here. Ron, you made reference to sporting  
17 facilities, but also the national parks that are in the  
18 vicinity. One of the themes I understood from the group's  
19 discussions is, yes, we have those facilities, but perhaps  
20 they are not as well utilised as they could be, for a  
21 whole variety of reasons to do with socioeconomic  
22 disadvantage and perhaps even ignorance of what's  
23 available and so on.

24 You, Ron, do have involvement in local sporting  
25 groups and so on. Can you expand on that for us?

26 MR METHER: Just building on that, my observations and  
27 involvement is that Latrobe Valley is pretty well served  
28 with sporting facilities, whether it be football grounds,  
29 soccer grounds, netball courts, tennis courts, swimming  
30 pools, and for those that are engaged in those activities  
31 they reap a lot of reward for that. The difficulty I see

1 is the engagement particularly with the younger people to  
2 get that commitment and those sort of things. I know a  
3 lot of clubs go out of their way to engage, providing  
4 transport, providing uniforms and those sort of things,  
5 but to get that commitment, that psyche of you have to  
6 turn up day-in and day-out, it's like a work ethic, they  
7 are the challenges I think for the community. In some  
8 elements of the community it's a lot harder than others.  
9 I think that's one of the challenges for the Morwell area  
10 in particular.

11 MR ROZEN: Is that something that you have seen change over  
12 time? You grew up in the area.

13 MR METHER: It certainly has changed over time. Particularly  
14 in the smaller towns around, that was the lifeblood of  
15 communities and people worked 9 to 5 jobs or 9 to 4 jobs  
16 and off you went to your local sporting facilities or your  
17 football clubs and everyone did it. It was the fabric of  
18 the community. I think over the last 30 years that's got  
19 harder and harder and has changed over time. These clubs  
20 and service groups have a lot to offer the community, but  
21 it's how they engage and they try very hard, but that's  
22 where I think the broader community can support.

23 MR ROZEN: Is there scope, do you think, Ron, and anyone else,  
24 for the inquiry to perhaps assist in some way or  
25 recommendations be made by the inquiry that might assist  
26 in broadening people's participation in sporting clubs,  
27 for example?

28 MR METHER: It's a challenge. I'm no expert in that field.  
29 I suppose I'm in the field of trying to get them to turn  
30 up and engage. It is hard. Any support, whether it be  
31 process or more tangible material support, would always be

1 welcome.

2 MR ROZEN: I think, Carlyne, you also have some involvement in  
3 local sport.

4 MS BOOTHMAN: Yes, the local sports assembly called Gippsport  
5 and a strong background in netball. It certainly would be  
6 great to see the ways to expand, even through the schools.  
7 A lot of the schools aren't accessing what used to be the  
8 Active After Schools program and those sort of things  
9 because again of budget requirements or because that  
10 program particularly just became a place for parents  
11 leaving their kids there for the afternoon and not have to  
12 pick them up too early, that sort of thing. We actually  
13 had a lot of behaviour problems occurring in some of those  
14 programs, so it became a management issue and defeated the  
15 whole purpose of trying to get these kids involved into  
16 long-term sporting activities.

17 So, looking at other strategies of linking kids  
18 through their schools and kindergartens or whatever else  
19 into the local sporting clubs and supporting the clubs to  
20 be able to facilitate that, whether that's through having  
21 pooled resources, access to runners, ability to pay their  
22 fees or their entry fees through the local council if they  
23 are accessing basketball at the local stadiums, those sort  
24 of things. A lot of those kids are not participating in  
25 general sport because they either physically can't get  
26 there or because of costs.

27 MR ROZEN: Chris, I meant to ask you a moment ago. You are  
28 wearing your EPA hat in this committee but you are also  
29 able to share some personal experience you had of the area  
30 where you grew up in the Ovens Valley which has faced some  
31 similar challenges to those being faced in the Latrobe

1 Valley, particularly in relation to community engagement  
2 and moving on after a period of economic activity changes.  
3 Could you just share briefly that experience with us?

4 MR WEBB: Yes. I will try to keep it fairly brief, but as I  
5 said in the group, I grew up in Myrtleford up in  
6 north-east Victoria. Towards the end of the 80s and in  
7 the 90s the Valley was transitioning out of the tobacco  
8 industry into pretty much nothing and the community ground  
9 to a halt and it completely lost its sense of identity.  
10 What that was was within a decade of the narrative that  
11 pervaded the whole Valley was what was wrong with the  
12 Ovens Valley. There was an inertia it created until they  
13 could re-identify with something.

14 I just think there is an opportunity I can see.  
15 Into sort of the 2005-2010 period, due to a whole range of  
16 factors with new school principals and changes in council,  
17 a new narrative was started to be created where people  
18 started to appreciate the natural environment up there as  
19 an asset and became part of the new image of the Ovens  
20 Valley was pride in that asset. As someone who grew up  
21 there, there's mountains and creeks and things and then  
22 outsiders come in and say, "This is just a beautiful  
23 environment," and I have learned to re-appreciate that.

24 I do think a really important part of the future  
25 of Latrobe Valley is to some degree to create that new  
26 narrative about what's good about the Valley. I think  
27 quite necessarily we have gone through a lot of discussion  
28 about what's wrong with the Valley, but there is a lot  
29 right with the Valley and I think part of what has to sit  
30 behind any of these things is that rebuilding of the  
31 pride, and particularly the natural environment down here



1 is an asset, notwithstanding there is plenty of  
2 environmental issues that have to be dealt with, but there  
3 is a huge chunk that is truly beautiful.

4 From someone who doesn't live here, who comes  
5 down here, and I have been taken up in the Strzeleckis,  
6 I have spent a lot of time in and around various places  
7 that the teams down here take me to. There is a huge  
8 asset down here that I think needs to be part of that new  
9 narrative for the Valley.

10 MR ROZEN: It is one of the themes that has come through a  
11 number of the sessions we have had about the perception  
12 and the self-perception of the Valley and the need to tell  
13 good stories about the place. Carlyne, you are nodding.  
14 I think that's obviously resonating with you.

15 MS BOOTHMAN: I'm a born and bred Morwell girl and very  
16 passionate about the area. I have had wonderful  
17 opportunities in education and careers and lots of other  
18 things through this area, so I'm totally supportive of it.  
19 We have certainly had our challenges with the changes in  
20 industry and things around the place, but we are a really  
21 tough and resilient community.

22 When we look back in terms of just emergencies  
23 that we've had in the last 10 years, I think it's a bit of  
24 a running joke on our committee that we've had everything  
25 except a tidal wave and then we question that one. We are  
26 a very resilient and a very tough community and  
27 particularly when we bind together, we know that. What we  
28 are looking for now is the opportunities and the support  
29 to rebuild that because certainly in the last 10 years  
30 I think that's deteriorated and then particularly with the  
31 impact of the mine fire and the poor publicity that we

1           have had for so long, that's having a major impact on what  
2           people think about their own area.

3 MR ROZEN: Just before leaving these general themes, Nick,  
4           I meant to ask you a moment ago. You made some  
5           observations about being a little bit cynical about the  
6           City of Melbourne citizen jury process until you learned a  
7           little bit more about it and you thought there were  
8           perhaps some lessons there for the Valley and for the  
9           future.

10 MR ABERLE: Yes. I didn't have too much specific to add to  
11           that, other than before the City of Melbourne experience  
12           I was sort of pretty sceptical about it. I thought that  
13           you can't just take a bunch of people, shove them in a  
14           room and expect you are going to get great answers. But  
15           the lived experience of the City of Melbourne trial of  
16           participatory democracy I think was really compelling and  
17           the point that I made in the group discussion was that a  
18           key feature I think of these types of processes is that  
19           there needs to be genuine engagement. It can't just be,  
20           "We are going to do a survey and then file it away on a  
21           bookshelf." It needs to be, "We are genuinely going to  
22           listen to what you have to say and we are really going to  
23           use that to inform the direction that we go." I think  
24           that was my only real additional observation on top of  
25           what Peter was saying.

26 MR ROZEN: Thank you. Perhaps we can go to the next slide,  
27           please.

28 DR TAIT: Just before the next slide, I think the other point  
29           with amenities is they are really important, but one of  
30           the important health things is you build these amenities  
31           into the daily lifestyle of people. So, we don't just

1 think about cycle tracks and walking tracks for leisure or  
2 for attracting tourists into the area, which are both  
3 important, but we also think about building infrastructure  
4 for commuting, for instance, so cycle tracks for  
5 commuting. So, if you are building active transport into  
6 people daily's lives, they are more likely to use it,  
7 they'll get to know it's there and that will also then be  
8 a health improvement that we can start to look at planning  
9 for.

10 Helen has told us about the tracks, trails and  
11 pathways consultation. I think that's an important  
12 beginning of this planning and it fits into some of the  
13 positive aging planning that we were talking about which  
14 led to the lists which we are going to get to.

15 MR ROZEN: Yes, we will come back to each of those things. If  
16 we could move on to the first substantive topic which we  
17 discussed which was air quality, a very important issue in  
18 the Valley and everywhere, of course, and particularly  
19 referred to in many of the submissions that the board has  
20 received both in this inquiry and also during the first  
21 Hazelwood inquiry.

22 Perhaps I can start with you, Nick, if I could.  
23 What do you see as the issues in relation to air quality  
24 and pollution in the Valley?

25 MR ABERLE: I think air quality is a critical thing that needs  
26 to be addressed by the inquiry. Obviously there has been  
27 a lot of discussion in our session and no doubt many of  
28 the other sessions about some of the things that could be  
29 done to improve, I guess, an end of pipe outcome in terms  
30 of health in Latrobe Valley, but I think unless we are  
31 also looking at what is going in at the start of that

1 pipe, then we are sort of missing half the issue. By what  
2 is going in at the start of the pipe I mean what are the  
3 sources of the air pollution that are potentially  
4 contributing to adverse health outcomes in the Latrobe  
5 Valley.

6 As probably everyone in the room knows, PM 2.5 is  
7 a key pollutant that causes a lot of health damage. PM  
8 2.5 is very fine particulate matter with a very, very  
9 small diameter that gets a long way into lungs and causes  
10 all sorts of respiratory and other illnesses. It can be  
11 quite serious.

12 In terms of local air pollution, I think it is  
13 important to be clear about the fact that the four power  
14 stations in the Latrobe Valley are four of the five  
15 biggest emitters of PM 2.5 in the country and biggest  
16 emitters by quite a margin, I might add.  
17 Fourteen per cent of the total PM 2.5 from point sources  
18 in Australia comes from those four power stations,  
19 14 per cent. Obviously, as Chris pointed out, there are  
20 also diffuse sources of PM 2.5, so burning diesel,  
21 whatever else, so it's not like there's only one source.  
22 But when you are talking about the overall burden that air  
23 pollution could be applying to the Latrobe Valley and the  
24 health of the people in the Latrobe Valley, you really  
25 have to be looking at that PM 2.5 level.

26 So, I think one really important opportunity for  
27 the inquiry is to look at what can be done to reduce those  
28 levels of PM 2.5 in the Valley. I think there's a few  
29 things. Do you want me to keep going on this?

30 MR ROZEN: Sure.

31 MR ABERLE: One good place to start would be just conducting an

1 audit of what the mines and generators have done in the  
2 last 10 or 20 years to reduce those emissions. As we made  
3 in our written submission, electrostatic precipitators can  
4 be used in smoke stacks to remove PM 2.5 before it goes  
5 out into the atmosphere. When was the last time these  
6 were upgraded, installed? Are we using the best available  
7 technology to reduce those sources of pollution?

8 The second possible thing to look at is  
9 approvals. So any time there's an application to build  
10 what might be a new source of pollution, there's an  
11 approvals process, largely probably governed by the EPA,  
12 where we need to be looking at what kind of impacts  
13 additional sources of pollution might be having on the  
14 cumulative health burden. While it is easy to say in any  
15 given instance, "Well, this thing is only going to create  
16 a little bit more pollution, and that's only going to  
17 create a little bit more pollution," there is a risk of  
18 death by a thousand cuts where we just continually add a  
19 little bit more and a little bit more, until we get to the  
20 situation where the air quality is not that great.

21 The final thing that I think should be looked at  
22 in terms of addressing the pollution levels is the  
23 standards. The discussion that we had in the smaller  
24 group was the role of the EPA is to regulate the standards  
25 that exist, but there may be a question about whether  
26 those standards are the appropriate standards. There is a  
27 move at the moment of national environment ministers to  
28 tighten some of the emission standards or emission limits  
29 that exist including PM 2.5.

30 One of the benefits of a national approach is  
31 that it is uniform across the country and all states are

1 on board. One of the down sides of a national approach is  
2 that one or two recalcitrant states maybe could derail an  
3 entire process to the detriment of other states who are  
4 keen to move. A recommendation for the first inquiry was  
5 that Victoria take a lead on advocating for better PM 2.5  
6 standards and we certainly support that. But if those  
7 efforts are going to be derailed by other states perhaps,  
8 then maybe there's an opportunity for Victoria to look at  
9 what can be done at a single state level.

10 MR ROZEN: Thank you. Chris, perhaps if I can just ask you to  
11 also address that and in particular if you are able to  
12 bring the inquiry up to speed on what's happening in  
13 relation to the development of a national PM 2.5 standard,  
14 what the experience has been of that.

15 MR WEBB: Yes, sure, and if I can link it back to one of the  
16 themes on the front page about making sure we start this  
17 off on the right foot. Within the national framework, the  
18 air quality in the Latrobe Valley, with a qualifier that  
19 when things aren't on fire, the air quality during the  
20 Hazelwood mine fire was appalling. The everyday ambient  
21 air quality in the Latrobe Valley is actually quite good.  
22 In terms of the national standard, 25 is the 24-hour  
23 rolling average. On average it sits around 10 down here,  
24 which is marginally better than you are getting in sort of  
25 the worst areas in Melbourne, around Footscray/Alphington.  
26 So the normal air quality down here is actually very good.

27 In terms of the national air quality index  
28 ratings, 90 or 85-odd per cent of days down here are  
29 either very good or good. I just want to make that really  
30 clear. Again, this is doing what's right with the Valley.  
31 The air quality down here, I mean there are a lot of

1 environmental issues, the same as anywhere else in the  
2 state, but the air quality in general down here is not one  
3 of them.

4 The debates on the national standards are I think  
5 now at quite an advanced phase. I am not directly  
6 involved in those and, as Nicholas mentioned, we have been  
7 involved in advocating through our minister for improved  
8 standards, particularly around PM 2.5. It is more about  
9 locking in the standards, because they have been there  
10 sort of being trialled for a number of years. My  
11 understanding is it is now close to locking them in at 25  
12 for the rolling 24-hour average, 8 is the level which is  
13 the annual mean and at the moment the Valley sits  
14 at around - again, don't quote me on the numbers - it is  
15 somewhere around 6.7, so it will be 6.7 again for the  
16 standard of 8. Melbourne sits at around, or the Melbourne  
17 figures are up in the sort of mid-7s in that space.

18 I think the World Health Organisation standard is  
19 around 10, so the Australian standard is a little bit  
20 below and we acknowledge there seems to be a bit of  
21 leap-frogging that goes on, so by the time this all gets  
22 logged in the World Health might start a discussion about  
23 lowering it again and they will catch up over time, but at  
24 the moment the standards in Australia are quite good.  
25 I think anecdotally we are sort of second to Canada for  
26 air quality in the world and the Latrobe Valley actually  
27 sits quite well within all those standards.

28 So, the numbers do come down over time. I think  
29 one of the critical things, and we discussed this a bit,  
30 the approvals process that Nicholas outlined is pretty  
31 much how it happens. So, the Latrobe Valley is a declared

1 airshed under the State Environment Protection Policy  
2 because of both a combination of the topography, that it  
3 tends to be a bit of a bowl so it tends to capture the  
4 emissions, plus a concentration of industries.

5 So, the Latrobe Valley airshed has its own set of  
6 rules under the SEPP. So when any new industry wants to  
7 come in here that triggers the works approval level for  
8 EPA, all of those things get considered. It's the water  
9 impacts, the air impacts on the current existing airshed  
10 in the Valley.

11 The locals may remember we had a station at  
12 Morwell East set up and it ran for a year to get a really  
13 good picture of the air quality in order to make an  
14 assessment about a particular new operation that was being  
15 proposed and so you had to get the data there to compare  
16 it to see - it's not about what's the standalone impact of  
17 this thing, it's how does that impact on the overall  
18 existing air quality in the Valley. That's actually the  
19 way the approval process works currently.

20 In terms of the practices, there is a lot of  
21 information about what's been put in. Most of the power  
22 stations have electrostatic precipitators and Ron is  
23 probably better qualified. There are enormous numbers of  
24 different technologies, all of which feed to the emissions  
25 performance of the power stations and over time they do  
26 improve. Will they ever improve at a rate that everyone  
27 will be satisfied with? No. This is again around the  
28 world. It is constantly pushing industry to better and  
29 better performance and that involves large capital  
30 investment by the industries. It probably moves at  
31 glacial pace in the public eye, but that is just the



1 nature of how you drive these things forward. That's why  
2 you set steps and the State Environment Protection  
3 Policies have a 10-year timeframe because it takes that  
4 level of time to move everybody along and the role of the  
5 regulator is to keep pushing that back end up and when  
6 people are bringing better technologies it's moving  
7 everybody towards those. So, it's not as simple as snap  
8 your fingers and it will fix it overnight.

9 I think, just to go back, it is important to  
10 emphasise that the air quality down here is actually very,  
11 very good and I think the work that's come out of the last  
12 round of inquiries around this, it's more about, from my  
13 perspective and I know there are some people who have been  
14 involved, our job has really moved from communication to  
15 engagement. So we are moving away from a regulator who  
16 talks at people to a regulator who talks with people and  
17 starts to educate them about that, because I appreciate  
18 that whilst the air quality is good, that's not the  
19 perception.

20 There is an enormous amount of data and our work  
21 is really focused on, through the previous inquiry  
22 recommendations, engaging with the community and starting  
23 to build, if I can steal one of Peter's terms, the  
24 environmental literacy, so people understanding not just  
25 "Here's enormous piles of numbers, believe us"; it is  
26 walking people through and helping them understand what  
27 the numbers mean, getting that trust back in the data  
28 that's there and being able to appreciate what it actually  
29 means.

30 Numbers can be meaningless if you don't have that  
31 sort of background information, and demystify the science.

1 I'm not an air quality scientist myself, but I have sort  
2 of learnt along the way and the engagement we've had with  
3 the community I think is probably the most powerful thing  
4 we've done. We've bought lots of bits of equipment and  
5 everything else, but the engaging with the community and  
6 starting to educate and inform.

7 I will finish off with just a comment. One of  
8 the best assets down in this Valley is the community and  
9 the fact that we have a community that cares about its  
10 environment from a regulator's perspective, that's a  
11 wonderful, powerful thing. Whilst I say the air quality  
12 down here is good, that doesn't mean I want to stop having  
13 a conversation, because an engaged community is a critical  
14 bit of being a regulator. So we want to use that as an  
15 entree to an ongoing engagement with the community about  
16 their environment. So it's not about, "No, everything's  
17 fine, let's all move on." It's actually about, "Come and  
18 have a talk to us and let's keep this engagement going."

19 MR ROZEN: Thank you. Ron, I think there was sort of an  
20 implied invitation there to you to talk to the board about  
21 at least your experience of air pollution and what's in  
22 place to limit it.

23 MR METHER: I'm certainly a miner and not a power station  
24 expert, but as part of the management team at Yallourn  
25 I will say that our emissions of everything on site is  
26 taken exceptionally seriously. We manage that to very  
27 strict standards and we certainly engage with the  
28 community via our environmental review committees and  
29 share all of our information. But certainly as an  
30 industry we really take our emissions seriously.

31 MR ROZEN: Carolyne, I think you have had some involvement in

1 discussions with the EPA and ensuring or trying to ensure  
2 that the community is better informed about air quality,  
3 particularly in the Morwell area. Can you share that with  
4 us?

5 MS BOOTHMAN: I'm not quite sure what you mean.

6 MR ROZEN: This is the citizens' science.

7 MS BOOTHMAN: Citizens' science program, yes, which I was  
8 previously employed with, and that was as a result from  
9 the mine fire. It was a great opportunity to engage with  
10 the locals and start to rebuild that relationship because  
11 it was a fairly negative response to the EPA's involvement  
12 during the mine fire. So we wanted to really rebuild that  
13 network and, as you said, stop being the top down approach  
14 and actually being that people could actually have a  
15 conversation with the EPA and ask questions.

16 Most importantly, that people could access the  
17 data and make some sense of the data. Then also to try to  
18 defuse some of the distrust of that data was to actually  
19 then have people out there on the ground doing water  
20 sampling and, as limited as we could, some air testing to  
21 back up and reassure people that the data is accurate and  
22 it's quite trustworthy.

23 MR ROZEN: Thank you. Helen, a point that you were making from  
24 the council's point of view concerned the role of  
25 environmental health officers as monitors and regulators  
26 in relation to air pollution. Can you firstly explain  
27 what the role of the EHOs is in that regard?

28 MS TAYLOR: Environmental health officers are authorised up the  
29 Public Health and Wellbeing Act and they are very much our  
30 police with regard to nuisance, if you like, and smoke is  
31 considered nuisance, but it is not really industrial that

1           they deal with. That's a job for my friend here. It's  
2           very much domestic. But there really needs to be, and we  
3           had that discussion about a bit of an educative process  
4           about air quality and perhaps even linking them with the  
5           citizens' science programs so they can be part of that  
6           narrative about air quality.

7 MR ROZEN: At present there is a mandatory qualification for  
8           EHOs, is that right, which is a bachelor of environmental  
9           science. One of the things you were raising was whether  
10          what they learn in the course of obtaining that  
11          qualification was sufficient to enable them to fulfil  
12          their air pollution monitoring role.

13 MS TAYLOR: That's right. One of the things to do is to  
14          actually have a look at the units that are studied and  
15          make sure there are some strengths in that because I think  
16          we are going to see that to be an increasing role.

17 MR ROZEN: On the slide there is a question about whether  
18          there's further training which might be needed or maybe  
19          it's more additional liaison opportunities for the EHOs.  
20          What do you think might be needed in that regard?

21 MS TAYLOR: From a local government perspective, what we need  
22          to do is actually have a look at what the units do have  
23          that they do the training in to get their qualifications.  
24          Is there a need to sort of broaden that out so that,  
25          whilst it's not about the industrial, because as I say  
26          that's not our bailiwick, but there is some that are on  
27          the border there. So, make sure that their education  
28          covers the need and also, as I say, linking them very much  
29          back in with the community about that. The majority of  
30          nuisance calls we get are for smoke from the next door  
31          neighbour's fire. So they need to broaden their knowledge

1 set, if you like.

2 MR ROZEN: Thank you. Unless anyone else has anything  
3 specific, Peter does in relation to air pollution.

4 DR TAIT: Just to check with Nick and Chris whether the new  
5 standards that have been talked about are the enforceable  
6 National Clean Air Agreement which is supposed to be being  
7 brought in by the environment ministers in July next year.  
8 Is that the standards you were talking about?

9 MR ABERLE: They are updating the National Environmental  
10 Protection Measure for ambient air quality. I'm not sure  
11 of the acronym.

12 DR TAIT: This must be different. There is also a process  
13 happening, again through the environment ministers, to  
14 develop an enforceable National Clean Air Agreement which  
15 Greg Hunt is supposed to be concluding by the middle of  
16 next year, just for the board's information or the  
17 inquiry's information.

18 MR ABERLE: I think they're related. I think the National  
19 Environmental Protection Measure is part of that National  
20 Clean Air Agreement.

21 MR WEBB: Just to be specific, the National Environmental  
22 Protection Measure, or NEPM as it is abbreviated to, that  
23 sets the piece that then the states draw down into their  
24 relevant instrument. In Victoria it is the State  
25 Environment Protection Policy, so the limits for a whole  
26 variety of PM 10s and nitrous oxides get dictated at that  
27 NEPM and then we draw that down and that gets replicated  
28 in the - there are two of them - the air quality  
29 management SEPP and I can't remember the other one. There  
30 is the air quality and the air quality management SEPP,  
31 but those numbers read down and that becomes enforceable

1 through the SEPP. So that is what is then used as a basis  
2 for work approvals. It is used as the basis for our  
3 reporting. So, if you have something like Latrobe Valley,  
4 it's the standard against which you measure and then if  
5 the breaches get over a particular level, it allows you  
6 then to take enforcement action through a variety of tools  
7 through the SEPP.

8 MR ROZEN: Carmel, you have patiently been waiting to say  
9 something.

10 MS FLYNN: Thanks, Peter. I just wanted to make the point that  
11 we did discuss that air quality during an incident in the  
12 Latrobe Valley is very different to air quality on an  
13 ongoing basis. So we did have that discussion about  
14 policy levers that support good air quality. One of the  
15 points that was raised has been the recent introduction,  
16 really under the emergency management policy framework, of  
17 the state's smoke health protocols. So they have only  
18 recently been signed off and they came about as a result  
19 of a recommendation from the Hazelwood Inquiry part one.

20 So, I guess it's pertinent to raise because the  
21 question goes how can we ensure air quality and it's  
22 another policy lever that we have in place now that does  
23 give guidance to emergency management leaders as to what  
24 are appropriate standards when there is smoke and  
25 therefore when action should be taken. That hasn't been  
26 in place previously.

27 MR ROZEN: Thanks very much for that. Carlyne?

28 MS BOOTHMAN: Just on that, it's great to see these policies  
29 and things being in place, but the biggest issue we saw  
30 during the fire and even earlier this year when we had  
31 planned burns was the communication again with the

1 community and mixed messages coming through and the  
2 community not aware and not well informed of what to do or  
3 how to respond. So the challenge really is there for some  
4 really clear guidance for all agencies on how to  
5 communicate that message to the average person who may not  
6 be on the internet and all those sort of other wonderful  
7 gadgets, how do we get clear messages out when there is an  
8 incident of any sort to those people.

9 MR ABERLE: Just one very final quick comment about the air  
10 pollution. In situations where there are events like a  
11 mine fire, for example, or some other kind of spike in air  
12 pollution, I think one of the problems is that there is  
13 often not really much of a consequence for those breaches.  
14 So the air pollution standards that are being revised at  
15 the moment, until now they have only been reporting  
16 standards, which basically means if you exceed the  
17 standard you just have to tell the EPA that you have  
18 exceeded it. There is no enforcement, there is no forced  
19 compliance with it or penalty associated with that kind of  
20 breach necessarily.

21 So, I think from a regulatory perspective, in the  
22 absence of any kind of stick, there is not really much of  
23 an incentive to take measures perhaps to avoid those  
24 incidents that the community does really notice.

25 MR ROZEN: Thank you. Could we have the next slide, please.

26 So the next issue we discussed is an issue that was also  
27 examined to some extent in the first Hazelwood Inquiry and  
28 that is the issue about ash residue which remains in roof  
29 cavities in houses, particularly in Morwell and  
30 particularly south of Commercial Road.

31 Carolyne, it's something you had quite a bit to

1 say about and have quite a bit of knowledge about. Can  
2 you bring us up to speed on the state of affairs currently  
3 as far as you know it with this issue?

4 MS BOOTHMAN: Yes. As people would be aware, the houses in  
5 that particular area of Morwell are very old, very basic  
6 sort of houses. Some of them have been well maintained  
7 and well looked after. Others haven't. We are well aware  
8 that most of those roof cavities have not been cleaned.  
9 People either didn't have insurance or didn't access their  
10 insurance to clean out the roof cavities and it was not  
11 part of the clean-up package after the fire.

12 We are now hearing stories of that ash becoming  
13 wet and problems of mould occurring within those houses.  
14 We have had a major incident with one family who had their  
15 roof cavity cleaned out and damage was done by the  
16 builders. It's been an ongoing saga and continues to this  
17 day. The family have been incredibly traumatised through  
18 this whole ordeal. They have had to move 19 times in  
19 19 months. We finally found them a decent home to live in  
20 and to resettle, but the whole issue has just dragged out  
21 incredibly.

22 Again, their major issue in the house is the  
23 constant mould that has been the biggest issue coming  
24 through from that wet ash appearing in there. So the  
25 concerns that we are hearing very much from the people  
26 down there is that it does need to be investigated  
27 further.

28 MR ROZEN: There was a discussion amongst the group about what  
29 perhaps the inquiry could say about that and I think, Ron,  
30 you suggested, and there seemed to be agreement about  
31 this, that some form of audit of the extent of the problem



1 and perhaps some examination of the health implications of  
2 the continued presence of the ash would be desirable.

3 MR METHER: It is obviously a concern to the community. I was  
4 of the belief that first of all understand what the health  
5 risk is of the ash, so know that from a factual point of  
6 view, but then undertake some sort of an audit to get a  
7 feeling of how big the problem is. We have heard of  
8 examples of different amounts and different levels of ash  
9 in a number of houses and roofs, but until you know the  
10 information - so I think that's certainly something that  
11 could happen with a professional crew to actually  
12 determine what the problem is and how big it is.

13 MR ROZEN: I think, Carolyne, it was you who informed us that  
14 the University of Tasmania was involved in doing some work  
15 in conjunction with the long-term health study by Monash.

16 MS BOOTHMAN: Yes, it is a part of the Hazelwood health study  
17 and the University of Tasmania, as far as I know, in the  
18 next month will be analysing the roof cavities of eight  
19 houses throughout Morwell, basically aiming in a diagonal  
20 line from the Hazelwood mine, to determine what is the  
21 extent of the ash in the house in the roof cavities and  
22 try to see is there any health determinants related to  
23 that.

24 MR ROZEN: Do you know what the timeframe is for that work?

25 MS BOOTHMAN: I believe it's happening within the next six  
26 months because it is in the early stages of the health  
27 study.

28 MR ROZEN: Helen, is this an issue that council has had any  
29 ongoing involvement in relation to, are you aware?

30 MS TAYLOR: Straight after the fires there was a lot of concern  
31 by the community and they raised about getting it cleaned

1 out. Obviously council couldn't do anything with regard  
2 to that. I know that we've had a couple of ministry  
3 houses that have had mould in them that as environmental  
4 health officers we've written to the department regarding  
5 that. Whether that can be directly or not attributed to  
6 ash being in the roof, I couldn't tell you.

7 MR ROZEN: Thank you. If we could have the next slide, please.

8 We turned our focus then to looking at what could be done,  
9 what initiatives could be put in place to improve the  
10 health of the environment or also people's access to  
11 aspects of the environment that are conducive to improved  
12 health. One of the very interesting discussions we had  
13 and once again, Carolyne, I think you were initiating this  
14 with your role as a school teacher, was a discussion about  
15 opportunities for children at school to be involved in the  
16 Stephanie Alexander Kitchen Garden Program. Firstly,  
17 could you tell us very briefly what the program is and  
18 what your experience is of its role in the Valley.

19 MS BOOTHMAN: Yes. Quite a few schools have picked up this  
20 program. It's a great opportunity to educate the children  
21 about how to grow food, how to care for your food and how  
22 to eat healthy and how to cook basic things. So, in the  
23 groups I've been involved with, half of the class will be  
24 outside working in the garden, the other half of the class  
25 are inside actually preparing the meal and then you swap  
26 it around the following week, that sort of thing.

27 The benefits obviously are so much more than just  
28 learning about how to cook. It's about how to engage with  
29 other people, it's how to work as a team. It's all the  
30 social skills that are involved in that as well. But at  
31 the school I was working at we were lucky enough that we

1 actually had a horticulturist running the garden section,  
2 so even I was learning fabulous things about different  
3 insects in the garden, fertilisers you should use and all  
4 those sort of things.

5 The challenge for me as a teacher is so many of  
6 our kids are coming from low socioeconomic backgrounds  
7 with really severe behaviour issues, so we were looking  
8 for ways to engage those families, not just the kids, but  
9 also expanding it out into the families. Many of those  
10 families are not engaged in community activities.

11 One of the discussions the recovery committee has  
12 had is that perhaps this could be a program that could be  
13 easily linked into the Healthy Together Latrobe program  
14 and expand on that, get it into all the schools, but then  
15 almost run two similar programs, so you are actually  
16 educating the kids, but then open it up to the parents and  
17 grandparents as well and actually educate them alongside  
18 and together, so that we can actually try to address some  
19 of these ongoing health issues and community connectedness  
20 issues.

21 MR ROZEN: It probably goes without saying, but you'd see a  
22 benefit in that being expanded to all schools in the  
23 Latrobe Valley.

24 MS BOOTHMAN: Absolutely. If we could put it into all the  
25 schools, kindergartens, any of those sort of groups, and  
26 then even look at connecting it through into the senior  
27 citizen centres. A lot of those want to run community  
28 gardens. It doesn't have to be limited to schools, it  
29 could easily become - and you have seen in Melbourne a lot  
30 of the suburbs have community gardens and are working  
31 really well together and particularly the multi-cultural

1 aspect of what can come out of that is sensational as well  
2 when you get people working together.

3 MR ROZEN: Peter, I think you also had something to say about  
4 the expansion of such programs into the community  
5 generally and not just at a school base level.

6 DR TAIT: I think the benefit of these programs in building a  
7 sense of community and building social capital in the  
8 community are very important because they bring people  
9 together, everybody likes playing with food, and so it  
10 gives you an excuse to be together and chat to other  
11 people who you may not normally chat with and begin to  
12 build community relations.

13 I think the idea of taking this outside of  
14 schools into the community garden context allows you to  
15 bring in a range of people across the community. It means  
16 you have to be a bit more flexible. It doesn't just  
17 happen in the school hours, it might have to happen in the  
18 long summer afternoons or weekends, but it is part of  
19 building that social capital.

20 MR ROZEN: Thank you. Helen, on a slightly different topic,  
21 you were sharing with the group the council's experience  
22 of programs in relation to expanding the range of walking  
23 paths and trails around Morwell and some of the issues  
24 that have arisen in the expansion of that, particularly in  
25 relation to the expanded public seating and so on to  
26 increase access for the elderly. Can you share that  
27 process with us, please?

28 MS TAYLOR: Certainly. Council currently has out for review  
29 its tracks, trails and paths strategy. So timing is  
30 absolutely beautiful because we've done an amazing amount  
31 of work of consulting with the community about how we keep

1 the community connected, and that is right across the  
2 Valley, so not just Morwell. At the same time, council's  
3 positive aging reference committee has been consulting  
4 with older members of the community about healthy aging  
5 and feedback from that was that they would love to be able  
6 to exercise more, but what's holding them back is, number  
7 one, a lack of public seating and they see that that is  
8 required because they want to exercise, but they can't go  
9 the whole distance that is available, but if there was  
10 seating strategically placed along the pathways, that they  
11 would be willing to walk further. The other need for them  
12 also has been identified as public toilets as required.

13 Not only would it assist the older members of the  
14 community, but really it's about people with young  
15 families as well. They have children. They take them  
16 along. It's about really being accessible for the whole  
17 of the community.

18 MR ROZEN: Presumably some recommendation by the inquiry in  
19 relation to that would be an example of building on  
20 existing work that is going on in the Valley.

21 MS TAYLOR: That's right. There's a lot of groundwork that's  
22 already been done in this respect. Like with all council  
23 plans and strategies, it's lovely and we have a timeframe  
24 for it. That doesn't mean that the work is going to be  
25 done this year. It has to be budgeted in the following  
26 years for works to occur.

27 MR ROZEN: Yes. There is, I think you told us, a draft  
28 document out for public consultation at present. Is that  
29 available on the council website?

30 MS TAYLOR: It certainly is.

31 MR ROZEN: All right. Thank you. I'm not sure if anyone else

1 wanted to expand on that. Carlyne, do you have any  
2 observations about that?

3 MS BOOTHMAN: We've been working with the group around the rose  
4 garden area and one of the comments that came out of them  
5 was exactly that, that they want to be out there and they  
6 want to be active. Most of the elderly people down there  
7 do have dogs and they were requesting a fenced-off dog  
8 park, but one that again they have seats in, toilets and  
9 those sort of things so they can get out and be active but  
10 within the limitations of what they've got.

11 MR ROZEN: Thank you. At this point what I would like to do is  
12 open up the discussion more broadly before asking the  
13 board if they have any questions. What we have done with  
14 each of our sessions is given the participants on the  
15 panels the opportunity to identify one or two specific  
16 initiatives that they would like to see occur within the  
17 area that they've been looking at.

18 So, in the context of a healthy environment or a  
19 healthier environment, Carlyne, can I start with you  
20 because you certainly had plenty of ideas during the  
21 course of our meeting. If you were able to identify one  
22 or two things that you would like the board to focus on in  
23 this area, what would they be?

24 MS BOOTHMAN: Particularly to look at supporting the Healthy  
25 Together Latrobe program into the future, but also  
26 expanding it as widely as we can through the schools,  
27 through all the kindergarten groups, all the other groups,  
28 senior citizens and, as it says there, including physical  
29 education in schools, the perceptual motor programs in  
30 schools, access for the kids to occupational therapy and  
31 all those sort of support programs that they haven't got

1 at the moment.

2 So that particular program to me suggests that  
3 there is enormous opportunities of how that can be spread  
4 across the community. It's done well so far, but it is  
5 limited and I just think the same thing, don't re-invent  
6 the wheel. We have some great programs there, let's look  
7 at linking them together, but making them better and more  
8 accessible.

9 MR ROZEN: Thank you. Peter, if I could ask you next, one or  
10 two specific priorities.

11 DR TAIT: There's a couple of general points and a couple of  
12 specific points. I think the specific message that's  
13 coming through here is that in the immediate short term  
14 there needs to be some planning done to expand on what the  
15 Valley community is already doing for itself. That  
16 message has come through. So, the question becomes  
17 I think in how do we resource that planning phase better  
18 and how do we get state government and other support for  
19 the existing initiatives so that they can be developed  
20 more quickly in the broader context of what the inquiry is  
21 trying to achieve.

22 I think the other thing is that, and again it's  
23 not a specific thing, but the Valley is going to need to  
24 go through an economic transition and I think now is the  
25 time to be planning for that economic transition, away  
26 from electricity generation into new sorts of energy  
27 generation, into other things to do with coal that Ron was  
28 talking about, into other economic activities that people  
29 in the Valley can get involved with and that needs to be  
30 planned. Again, the planning needs to start in the short  
31 term.

1                   Again this is to some extent outside the scope of  
2                   the inquiry, but in the broader picture internationally  
3                   there are a couple of big movements afoot around  
4                   greenhouse gas emission mitigation and changes in the  
5                   energy sector that's going to result from that, but also  
6                   the fact that in changing our energy sources we have a  
7                   good opportunity to actually bring in a whole lot of  
8                   health co-benefits in that planning transition and that  
9                   should be brought into the planning process.

10 MR ROZEN: Thank you. Helen, one or two specific proposals,  
11                   priorities?

12 MS TAYLOR: I seem to be constantly talking about public  
13                   toilets.

14 MR ROZEN: They are very important.

15 MS TAYLOR: There's been a lot of work done by council to  
16                   identify barriers to activity. There's been a lot of work  
17                   done in consulting with the community with what's required  
18                   to keep them healthy and active. Council is facing some  
19                   fairly large limitations in its future with rate capping.  
20                   So, any of the expectations that have been raised in the  
21                   planning process may well take longer than the five year  
22                   term of the plan to actually deliver.

23                   So I think if we could look at what work has  
24                   already been done that the community has already had its  
25                   say in developing and committing to, so be it the track,  
26                   trails and paths, be it the work that's come out of the  
27                   community consults with toilets and public seating,  
28                   I think that would stand us well on the way to improving  
29                   the health of older people and families in the community.

30 MR ROZEN: Thank you. Chris.

31 MR WEBB: In the short term, I think continuing to build on the



1 investment in community engagement and getting them  
2 involved, building their confidence, shared confidence in  
3 the environment. I think that's the most important one  
4 for me is to maintain that and build on that conversation  
5 and extend the invitation to Latrobe City Council and  
6 Wellington Shire Council and any other willing  
7 participants to start to gravitate towards that.

8 We talked today about, rather than starting up  
9 new conversations, it's building on the ones that are  
10 already in place, and I think in the longer term, just to  
11 mirror what Peter was saying and I think Helen made the  
12 point earlier about Latrobe Council having a sort of 2030  
13 vision and starting to bring in EPA, bring in other  
14 players into that to have an integrated plan that  
15 considers all the aspects and we bring the environment to  
16 the table and other departments and other players will  
17 bring other aspects to the table so you have all the  
18 considerations, rather than leaving it up to the council  
19 to try to have all the answers, and bring the community in  
20 that as well.

21 MR ROZEN: Ron, the floor is yours.

22 MR METHER: I haven't got a lot more to add. I think the  
23 continual engagement of the community is critical.  
24 There's obviously a lot of emotional positions out there,  
25 so I think the more we engage, the better it will be in  
26 that field. I think part of that engagement could be  
27 something tangible like an audit of the housing so we  
28 actually get the facts on the table.

29 MR ROZEN: Thank you. Carmel?

30 MS FLYNN: As a public servant, in my role I'm not able to make  
31 comment on possible new policy positions. That's outside

1 of my scope. I do think it's useful, though, to note that  
2 there is another inquiry, the EPA inquiry, of which its  
3 first terms of reference, and they have their terms of  
4 reference in order of priority, is looking at the  
5 environment and public health interface and how that can  
6 be optimised. I think it is useful to keep an eye on the  
7 outcomes of that inquiry.

8 MR ROZEN: Thank you very much. And last, certainly not least,  
9 Nick.

10 MR ABERLE: I certainly agree with pretty much everything  
11 everyone has said, actually. I just wanted to  
12 particularly reiterate what Peter was saying about the  
13 economic transition that's likely to be facing Latrobe  
14 Valley over the coming decade or two and that there is the  
15 opportunity there through that process to incorporate all  
16 of these ideas we've been hearing about how to make sure  
17 that that transition, while delivering that economic  
18 diversity, is also meeting the sort of human and health  
19 goals.

20 I think a lot of the things that people have  
21 touched on in this group have really been ideas that could  
22 apply to everywhere in Victoria or even in Australia, and  
23 so there's certainly an opportunity to draw lessons from  
24 other areas. I think, as Carolynne said, we don't need to  
25 re-invent the wheel because a lot of the ideas that we are  
26 talking about implementing here in the Latrobe Valley are  
27 things that have probably been implemented somewhere else  
28 already or trialled somewhere else.

29 At the risk of going back to what I've been  
30 talking about before, which is the source of the  
31 pollution, we've been talking about solutions that could

1 apply anywhere, but the thing that doesn't exist anywhere  
2 else in Victoria is this enormous source of pollution,  
3 being the power stations in particular and to a lesser  
4 extent the mines.

5 So, if I have one recommendation for the inquiry,  
6 it is probably what I have already mentioned previously,  
7 that we should be looking at doing some kind of audit of  
8 what kind of pollution reduction measures have been  
9 implemented at the mines and power stations and if you  
10 want to expand that to other highly polluting industries  
11 that might be here in the Valley, I don't see why not.

12 In the same way that we need to understand the  
13 ash in the roof space issue and how serious the problem  
14 is, we also need to understand what the sources of the  
15 pollution are, what has been done to reduce the pollution  
16 and what could be done to reduce the pollution.

17 MR ROZEN: Thank you. Do the members of the board have any  
18 questions for the panel?

19 MRS ROPER: I have one, picking up on something that Chris  
20 said. It's a general question to the panel, though, but  
21 Chris talked about the air environment and we will just  
22 take that as a given that the air environment is good in  
23 the area based on the EPA measurements, but went on to  
24 say, "but the community don't trust and have no confidence  
25 in it."

26 I was wondering, particularly from the locals  
27 here, if they have any views on (a) who would be a trusted  
28 voice in terms of measurements, et cetera, that are done  
29 to actually test that out; (b) any other ideas on how we  
30 can build confidence in the community in terms of the  
31 data; and (c) another proposal that I'm certainly aware of

1 internationally around a number of companies, there's  
2 often a board with real-time data information and it is  
3 done in different ways, either by numbers or by  
4 colour-coding, obviously red, green and yellow, the  
5 traffic light system, so the community can see in  
6 real-time what the levels are in the community, and  
7 I wonder if the EPA have ever thought of doing something  
8 like that for the various local towns. So there are three  
9 parts to my question to everybody.

10 MR WEBB: Just straight off the bat, the EPA website has got -  
11 there are two sections to it. We have the air quality  
12 table, which is an hourly update of the air monitoring  
13 that's going on and at the moment we have stations in  
14 I think Moe, Churchill, Traralgon, two in Morwell, so that  
15 is real-time data across a number of different parameters.

16 There is another one which I think links to what  
17 Carmel was talking about, so there's also the one that's  
18 linked into air quality messaging which is under the  
19 protocols. I'm pretty sure that one is live. But the  
20 main air quality table and the colour-coding, I think  
21 there's been an alignment over the last little while to  
22 try to get it as standard nationally as possible. There's  
23 not a standard that we are aware of, but Singapore has  
24 just changed theirs and so there is a bit of a battle to  
25 try to get a consistent set of readings. Learning how to  
26 read the table and what it means is part of the  
27 engagement.

28 I just want to clarify, too, I think there's a  
29 growing - I don't think there is no trust of the data and  
30 the information. I think there are issues with some  
31 groups and some people, but I think there's some good

1 bridges being built and I think that's continuing to go.  
2 I think it's not a complete lack of trust and, to be  
3 honest, from my perspective the role of the regulator is  
4 to be that trusted voice. So if we are not there yet,  
5 then that's our job to fix that.

6 MS TAYLOR: One of the things that needs to be done, too, and  
7 we haven't had this discussion, is very much we can't say  
8 that the whole community has access to that information if  
9 it is available on the web. So by what other avenues can  
10 that information be given? Is it that there's a radio  
11 announcement, those sort of things. It's about getting  
12 that information out, making sure it's there and it's in a  
13 common language. A lot of stats and figures are great for  
14 people that do nothing but read stats and figures and have  
15 an understanding, but it is about getting that information  
16 out to the general public in a format that they understand  
17 and is easily accessible to everyone.

18 MR WEBB: Again, just to clarify, there's the air quality  
19 information that goes out when something is going wrong  
20 and there is a whole protocol, as Carmel described, with  
21 varying channels of messaging. This is what I was  
22 referring to as the stuff that's just there for the  
23 ambient every day of the week and that is not sufficient  
24 to serve that other purpose. That's been recognised  
25 through the work that's been happening through the state  
26 smoke working group at the moment.

27 MS BOOTHMAN: Some great ideas there. I remember as a kid, in  
28 the Latrobe Valley Express there was always a section that  
29 had the air quality data just in a simple little table,  
30 there's the air quality data. The other one that comes to  
31 mind is, as you say, just make it part of the weather

1 report like they do with the hayfever warnings or the sun  
2 smart warnings and those sort of things. So there are  
3 some simple ways to get that message out there that don't  
4 rely on the internet.

5 The other thing that particularly comes to my  
6 mind is each of the power stations do have the  
7 environmental review committees and I have to say I was  
8 very impressed with them when I went along to their  
9 meetings and saw their data and the quality of what  
10 they're doing. I would really encourage them to explore  
11 ways to get that message out to the wider community, again  
12 building bridges there and helping the community  
13 understand that they really are trying to do the right  
14 thing.

15 DR TAIT: I would just observe that different people absorb  
16 information in different modalities. So, whatever you do,  
17 you are going to need to have a range of modalities and a  
18 range of places where that data is available so that  
19 people can latch on to the one that will work for them.

20 In terms of the trust, I just agree with Chris.  
21 If the EPA is not currently the trusted source, it's going  
22 to have to do its own work through its engagement process  
23 of becoming the trusted source.

24 MR ROZEN: Thank you. Nick.

25 MR ABERLE: I'm not actually sure this addresses the board's  
26 question directly, but it certainly made me think of it  
27 and I think it does combine some of the stuff we've been  
28 talking about. The State of California has, at the risk  
29 of promoting another on-line measure of things, the State  
30 of California has something - I think it's called the  
31 CalEnviroScreen, I may have the name a little bit wrong,

1 but it is a really interesting mapping website,  
2 essentially, that overlays pollution data, both air  
3 pollution, water pollution and various other types of  
4 pollution data on top of socioeconomic indicators like  
5 education, income levels, ethnic groups, all this kind of  
6 stuff and it comes up with this overall measure of  
7 environmental justice which the EPA in California is  
8 starting to use as a way of helping them decide where they  
9 need to intervene in particular pollution cases. So, it  
10 is not necessarily just about the pure number of how high  
11 the pollution is, but it's about the effect that that  
12 pollution might be having when overlaid against those  
13 broader socioeconomic factors. So I just thought I would  
14 bring that to the attention of the inquiry if they weren't  
15 already aware of it.

16 MR ROZEN: Thank you.

17 PROFESSOR CATFORD: I had two questions which just require a  
18 yes or no answer. It's late in the afternoon. The first  
19 question is: Are you willing to work together to nail  
20 this one? That's the first question. The second question  
21 is: Can you start tomorrow?

22 MS BOOTHMAN: Yes and yes.

23 MR WEBB: Yes, absolutely.

24 DR TAIT: Yes.

25 PROFESSOR CATFORD: It does seem to me that there's a lot of  
26 common thinking and coming together on this one. It would  
27 be fantastic if all of you could take some leadership here  
28 and pull this together.

29 DR TAIT: There may be some logistical issues to be worked  
30 through, but in principle, yes.

31 MR ROZEN: That sounds like a terrific note to thank the

1 members of this panel once again for the time they have  
2 given up today and for all their very helpful observations  
3 and advice to the board.

4 (Short adjournment.)

5 **HEALTHY WORKPLACES**

6 MS SHANN: We might get started. This is the healthy  
7 workplaces panel and in a moment I will just ask the panel  
8 to identify themselves and where they are from. We have  
9 an apology from Todd Harper from the Cancer Council who is  
10 unfortunately ill today and Colin might mention something  
11 about that as we go through.

12 But the way that this will run is Irene will be  
13 essentially chair of the panel during the discussion. We  
14 have some slides and as we get to various ideas Irene will  
15 just throw to people and I will step in with some  
16 questions if I think I need to slow you down or clarify at  
17 some point.

18 If we could start with you, Alistair, and if you  
19 could just identify whereabouts you are from.

20 MR EDGAR: Sure. My name is Alistair Edgar. My role is based  
21 at Latrobe City Council and I'm responsible for the  
22 delivery of the Healthy Together Latrobe initiative.

23 MR RIENIETS: My name is Steve Rieniets. First and foremost  
24 I'm a Latrobe Valley resident of all of my 52 and a half  
25 years. I am general manager of AGL Loy Yang, running the  
26 power station and mine. I've been in the industry for  
27 30 years running coalmines and power stations in various  
28 locations around the Valley.

29 MS DEEGAN: My name is Angie Deegan. I'm the Acting Director  
30 of the improvement programs at WorkSafe Victoria.

31 MR GUY: John Guy from Advance Morwell. Advance Morwell was



1           formed in 1998, just when the councils were going back to  
2           democratic councils so that we could form a voice for  
3           Morwell to local, state and federal governments. So we  
4           have about 120 members covering corporates, business and  
5           individual membership. My other background is the State  
6           Electricity Commission, local government, Latrobe  
7           Community Health Service and a number of other community  
8           committees.

9   MS VERINS: Irene Verins. I'm the Manager of mental wellbeing  
10           at VicHealth and at VicHealth we have a number of  
11           initiatives and research involving workplace health  
12           promotion.

13   MR SINDALL: Good afternoon. My name is Colin Sindall. I'm  
14           Director, Population Health and Prevention Strategy in the  
15           Department of Health and Human Services.

16   MS SHANN: If we could go to the first slide.

17   MS VERINS: Before we throw it open to particular people to  
18           make comment, we did want to talk a little bit about  
19           broadly what the definition was and I think, Marianne, you  
20           asked the question which was a very useful one around what  
21           is a healthy workplace, what are we talking about when we  
22           talk about that. I think, in short, we looked at  
23           workplaces being both a setting for health benefit, but  
24           also we acknowledge that workplaces can be deleterious to  
25           health as well. As a setting for health improvement it  
26           also includes within that definition working conditions,  
27           so it's both a place or an environment and the conditions  
28           within it would influence health as well.

29                   So in that I think what I will do now is just ask  
30           Angie if she could talk a little bit about occupational  
31           health and safety from WorkSafe's point of view.

1 MS DEEGAN: As I'm sure most people in the room are aware,  
2 WorkSafe is Victoria's occupational health and safety  
3 regulator and as such we work within the limitations of  
4 the Act and so the Act covers employers and employees and  
5 where the employer is the duty holder. We were talking a  
6 little bit about consultation and the role of that in a  
7 healthy workplace and under the Act there is a requirement  
8 that employers do consult with their workers if there is a  
9 health and safety issue that's been identified.

10 MS VERINS: Thanks, Angie. Colin, would you like to talk a  
11 little bit about workplace culture?

12 MR SINDALL: Thanks, Irene. The issue of culture came up in  
13 our panel discussions a few times and I thought it might  
14 be worth pointing out that, as I'm sure many people are  
15 aware, there's actually a very rich body of evidence now  
16 about workplace health, health promotion, as well as  
17 health and safety and that evidence has been pulled  
18 together by expert groups and academics around the world.  
19 There are a lot of things to draw on as well as the  
20 experience that we have in Australia and some of our own  
21 evidence reviews.

22 But culture is a little bit of an intangible  
23 concept and I think sometimes public health experts have  
24 found it a little bit hard to identify exactly what they  
25 mean by culture. I thought it was interesting and  
26 I thought I might just mention in this context that one of  
27 the most rigorous sources of evidence, if you like,  
28 internationally comes from the National Institute of  
29 Health and Care Excellence in England. I thought it was  
30 very interesting that NICE, as it is called, they usually  
31 issue clinical guidelines and other guidelines for doctors

1 and others and they issued a guideline on workplace policy  
2 and management practices to improve the health and  
3 wellbeing of employees for the first time earlier this  
4 year. They are currently updating that guideline to  
5 include a particular focus on older workers and that's  
6 currently out for consultation. It is all available on  
7 the website.

8 But I thought it was very interesting that NICE  
9 has actually put out a guideline which says, "This  
10 guideline makes recommendations for improving the health  
11 and wellbeing of employees with a particular focus on  
12 organisational culture and context and the role of line  
13 managers. It aims to promote leadership that supports the  
14 health and wellbeing of employees, helps line managers to  
15 achieve this, explores the positive and negative effect an  
16 organisation's culture can have on people's health and  
17 wellbeing and provides a business case and economic  
18 modelling for strengthening the role of line managers in  
19 ensuring the health and wellbeing of employees."

20 I think the important point about that is that  
21 it's not saying, "Yes, we've done a randomised trial on  
22 this particular intervention to encourage people to use  
23 the steps rather than the lift or on healthy canteens."  
24 It's actually saying that the most fundamental and  
25 sustainable aspect of health and wellbeing in the  
26 workplace which plays out both in terms of safety and  
27 health improvement more broadly is the organisational  
28 culture and the roles and responsibilities of managers and  
29 employers, supervisors and obviously the engagement of  
30 employees themselves.

31 MS VERINS: I might just add, before I turn to Steve for his

1 contribution, that in the absence of Todd Harper what we  
2 have discussed and what we were talking about was in a  
3 particular context without a very important piece of  
4 information, which is the information from the Ministerial  
5 Work Health Advisory Group which it would be worthwhile  
6 for the inquiry to draw on the deliberations of that group  
7 which we don't have access to at this point. But  
8 I believe they have had one meeting and it might be worth  
9 while to touch base with them to see what they have been  
10 considering at their past meetings.

11 MR SINDALL: I might just explain. I do think it is important  
12 contextually that the Minister for Finance announced on  
13 28 April this year the formation of this new Ministerial  
14 Work Health Advisory Group. The reason I think it's an  
15 important context for this session is that it really has  
16 pulled together a group of experts and a sort of  
17 tripartite structure, employers, trade unions and  
18 government, as well as academic experts and non-government  
19 agency leaders such as Todd Harper, who is CEO of the  
20 Cancer Council, to develop, and I quote from the  
21 Minister's media release, "a major strategy to improve the  
22 health of all Victorian workers. Mr Harper will head a  
23 group of leading health professionals and workplace  
24 experts who have been appointed to come up with  
25 initiatives that build on the success of the former Work  
26 Health Program. The advisory group will identify ways in  
27 which the Work Health Program can be improved and expanded  
28 with emphasis on disease prevention, management of chronic  
29 illness, so that people can remain in work or return to  
30 work after an injury when it is safe to do so."

31 I won't read out more of what the Minister said,

1 but the important point I think is that government is  
2 taking stock of what's been done in the past and where we  
3 need to go for the future and that will take account of a  
4 range of initiatives. So, the exciting news in a sense is  
5 that the government has pulled together - the Minister has  
6 pulled together a very good group of people. It includes  
7 the CEO of VicHealth, it includes my parliamentary  
8 secretary for health, Mary-Anne Thomas, but the tricky  
9 thing in a sense for where we are at this point in the  
10 inquiry's hearings is that we don't yet know what the  
11 advice is. So that's why Irene is saying that probably  
12 some dialogue with Todd as the chair might be very helpful  
13 in terms of formulating any advice in relationship to  
14 healthy workplaces. But it's very much on the radar.

15 I should also say that the Minister for Health  
16 recently released Victoria's second Public Health and  
17 Wellbeing Plan on 1 September and that plan also  
18 identifies drawing on the previous plan and experience in  
19 Victoria with both Work Health and what we will hear a  
20 little bit more about, the Healthy Together achievement  
21 program, it draws on a number of those elements and says  
22 that the workplace is a really important setting for  
23 future activities and that there will be as part of the  
24 further development of the directions and priorities  
25 proposed in the plan, there will be a further consultative  
26 process as we really look to the future of what are the  
27 key initiatives needed to strengthen Victoria's health and  
28 wellbeing, both in particular places and on a statewide  
29 basis.

30 So, once again we are at a point where government  
31 has made some broad commitments but we don't know the

1 detail. Just as Carmel noted previously, that means that  
2 for us as public servants it's hard to comment on  
3 potential future policy commitments, but it is important  
4 also in relationship to healthy workplaces to understand  
5 the commitments that government has made.

6 MS VERINS: Thanks, Colin. In terms of looking at the broader  
7 role that work and the workplace has and can play, I would  
8 just like to throw to Steve to make some comments, please.

9 MR RIENIETS: Yes, thank you. I guess we believe a healthy  
10 workplace and a safe workplace is not only good for  
11 business, but ultimately good for the community as well.  
12 Some of the programs we have at AGL Loy Yang where we  
13 challenge people's lifestyle, and obviously those workers  
14 go out into the community and be ambassadors for healthy  
15 living and good lifestyle techniques, but it is important  
16 in any program you have that a healthy workplace doesn't  
17 start and finish at the gate. It's holistic, so you can't  
18 come to work and say, "I'm now healthy," but go home and  
19 "I'm unhealthy". It needs to be a holistic thing. So any  
20 program that gets introduced needs to factor that into how  
21 it operates.

22 Some of the programs we have at AGL Loy Yang, we  
23 open to the wider - so family and friends are involved.  
24 For example, we have a gymnasium on-site. That's open to  
25 family members to attend as well, so that's broadening the  
26 healthy lifestyle aspect. Some of the programs we run  
27 such as diabetes sessions, healthy eating sessions, mental  
28 health sessions are once again opened up to family members  
29 to attend as well, so that's broadening your audience to  
30 get that healthy workplace and lifestyle message across.

31 MS VERINS: Thanks, Steve. Apologies, Alistair, I skipped over

1           you, but I think we need to call you in at this point now.  
2           We had a long discussion about what are some of the sort  
3           of overarching issues that drive workplace health  
4           promotion and workplace activity for health outcomes.  
5           Alistair, would you mind talking a little bit about some  
6           of the principles that we discussed in our meeting,  
7           please?

8   MR EDGAR:   Sure.  We talked a little bit about leadership.

9           This is the point on the slide around top down and bottom  
10          up or from a grassroots perspective.  There are a number  
11          of components to this.  There is leadership in terms of  
12          the traditional hierarchical sense, so organisational  
13          leadership, CEO or board of directors down through an  
14          organisation, but also leadership with respect to  
15          community-led or worker-led leadership.  So we recognise  
16          that there's a role for both.

17                 This has been one of the key learnings of Healthy  
18          Together Latrobe.  On one hand it's critical to have that  
19          authorisation or endorsement from a hierarchical  
20          leadership perspective to make a commitment to health and  
21          wellbeing, but at the same time there needs to be  
22          empowerment of workers so that workers can take action to  
23          drive their own health and wellbeing initiatives.  So, we  
24          recognise it's critical to have that sort of top down and  
25          bottom up approach.

26                 The other component to this, and it really builds  
27          on Steve's point, I think, around reinforcing the health  
28          message and opportunity to live a healthy lifestyle inside  
29          work or at work, but also out in the community and at home  
30          and there's a role that workplaces can have in terms of  
31          being leaders within the local community and making that

1 commitment to public health and wellbeing and giving back  
2 to the community. So there's that role for leadership  
3 within, but also between workplaces and then out to the  
4 community.

5 The other I think point that is relevant here is  
6 that if a commitment to workplace health and wellbeing is  
7 genuinely there within an organisation or within a  
8 workplace, it's more likely to have longevity and it will  
9 be able to live beyond an election cycle, which we  
10 recognise is important in terms of population health  
11 improvements. We realise that these things can't happen  
12 quickly, they don't happen overnight and it does need that  
13 longer term commitment. So, if there is a genuine  
14 commitment within a workplace and it's coming from the  
15 workplace being led by the workers, then it is more likely  
16 to have that longevity.

17 The other final point that's really relevant here  
18 is that we have certainly learnt through Healthy Together  
19 Latrobe and the systems approach that comes with that that  
20 one size does not fit all. So there's only so far you can  
21 get in prescribing an approach either from a state level  
22 or even from a local government level to workplaces.  
23 There needs to be that leadership from within the  
24 workplace and ownership where workplaces determine and  
25 customise workplace health strategies and activities that  
26 are relevant to them and the needs of their workers.

27 MS VERINS: I might just also pick up a point which Angie may  
28 want to speak to around the data that is available from  
29 WorkSafe Victoria for future planning.

30 MS DEEGAN: Between 2008 and 2013 the Work Health Program was  
31 run through WorkSafe Victoria which consisted of four



1 different program streams, so there was work health checks  
2 where we undertook biomedical health checks of 800,000  
3 workers across the state. So, there is data for about  
4 8,000 workers who are based in the Latrobe Valley which is  
5 available.

6 We also had the Work Health Coach Program which  
7 then supported workers to take steps to reduce their risk  
8 of type 2 diabetes or heart disease and so a lot of them  
9 then went on to either take part in the Life Taking Action  
10 diabetes program or telephonic health coaching. We also  
11 then, for workplaces who achieved a minimum of 50 per cent  
12 participation in the health checks, they were eligible for  
13 a work health grant and we also had a number of free  
14 resources on our website.

15 So, that program was evaluated through our  
16 research institute and so there are a number of research  
17 papers published on our website, the ISCRR website, and  
18 otherwise I'm happy to make those available as well.

19 MS VERINS: Thanks, Angie. Can we have the next slide, please.

20 The next one after that. So these are all the sort of  
21 short-term activities or - - -

22 MS SHANN: Sorry, Irene, can we go back to the slide just  
23 before that. I just wonder whether that idea of the  
24 wellbeing calendar might be something just to expand on  
25 before moving on.

26 Steve, that was an idea that you were putting  
27 forward within the group as a short-term measure.

28 MR RIENIETS: Yes. We discussed perhaps broadening the groups  
29 we have coming to some of these sessions. So maybe not  
30 just families and friends of the workers, but broaden it  
31 to the community. If there is a session on substance

1 abuse or diabetes or something which we are running,  
2 perhaps broaden that to the community to attend. So that  
3 was an idea that we came up with.

4 We have another system at AGL Loy Yang that works  
5 very well, a "buddy" system or a "help a mate" system.  
6 I know they are common in some of the other industries as  
7 well. So if there is an issue relating to substance  
8 abuse, mental health or something like that, anxiety  
9 issues, the employee can go to someone in the work group  
10 who may be a friend or a confidant who has been trained to  
11 handle those sorts of issues, so it keeps it confidential  
12 as well. That could be something we expand to other  
13 industries across the Valley.

14 The other one was a wellbeing calendar, so let's  
15 have a look at all of the industries across the Valley and  
16 let's come up with a calendar for the whole year about  
17 some of the sessions that are being run and perhaps open  
18 them up a bit more broadly to get the bigger audience to  
19 come and listen to those and look to improve the broader  
20 workforce, not just the individual workforce.

21 They were some of the things we talked about.  
22 That's just not physical wellbeing. It is mental health.  
23 It could be financial wellbeing. It could be career  
24 wellbeing. It could be social wellbeing as well. So,  
25 it's much broader than some of the programs we already  
26 have.

27 MS SHANN: I think in the group that one of the aspects of that  
28 wellbeing calendar idea was essentially having a range of  
29 industry and business who are all on the same page and  
30 promoting a particular issue in a calendar month and that  
31 may be then being able to be branched out to schools or

1 other activities which are present in the community.

2 MR RIENIETS: Correct.

3 MS VERINS: I think one of the examples that Steve's workplace  
4 and others - and basically there was a discussion in the  
5 group about how there is a broad and really rich history  
6 and experience of doing good workplace health promotion  
7 practice in the Latrobe Valley and that there's a lot to  
8 build on that's positive from that history.

9 The issue around the fluidity or the lack of  
10 boundaries between work and non-work time or paid and not  
11 paid work, home and work, is really important because  
12 obviously what happens at home influences work and  
13 vice-versa. In the spirit of acknowledging that, I think  
14 Steve's initiative around inviting family members to  
15 information sessions that the workplace puts on is  
16 actually a really important one because it means that the  
17 workplace can become a community resource, much broader  
18 than just the place of work. So it can become something  
19 that is much more relevant to the family as a whole. We  
20 sort of talked in our group about that as being quite an  
21 exciting initiative that could be built on, potentially.

22 Building on that notion that there is a lot of  
23 knowledge in the Latrobe Valley already around workplace  
24 health promotion and how to do it well, we did also look  
25 at the fact that a lot of good practice often occurs  
26 because there are people to drive it in the large  
27 companies and organisations and businesses. The small to  
28 medium, as we know, are harder to target and engage  
29 because time is of the essence and we are talking about  
30 companies that are two or three people large, so how to  
31 engage those.

1                   We talked about the possibilities of leadership  
2 forums which exist already. Perhaps John could comment on  
3 some of the ideas discussed in that context.

4 MR GUY: What we discussed was that at any one year there are a  
5 lot of leadership forums that are conducted across the  
6 Latrobe Valley by various organisations. It's perhaps an  
7 opening to bring those ideas that are already in place in  
8 some of the larger organisations and introduce those to  
9 the smaller organisations and have some learning processes  
10 in there on how to adopt those processes.

11 MS VERINS: Thanks, John. Steve, do you want to comment on  
12 those?

13 MR RIENIETS: I think, as John mentioned, there are various  
14 leadership forums already established across the Gippsland  
15 business, so I don't think it's about re-establishing new  
16 forums. It's about tapping into the existing ones that  
17 are already there and have this as a topic to spread the  
18 word more broadly.

19 MS VERINS: I think it's timely at this point just to note that  
20 there's a collaboration, it's called the Workplace Mental  
21 Wellbeing Collaboration, which is a partnership between  
22 three organisations: WorkSafe Victoria, VicHealth and  
23 SuperFriend, who are a superannuation members fund. So  
24 it's an interesting mix of government, statutory authority  
25 and sort of business, part business.

26                   The purpose of the collaboration is threefold.  
27 It has a statewide reach, but it's main activities are to  
28 build on existing leadership, so bring more business  
29 leaders together from diverse sectors to talk about  
30 promoting workplace mental wellbeing, how it's done,  
31 what's best practice, what are the tools and resources

1 that are available, and in regard to that we are currently  
2 undertaking a mapping of all of the best workplace mental  
3 health promotion resources which will then end up as a  
4 web-based information source for people.

5 So potentially that's something that the  
6 collaboration could certainly inform any activity or any  
7 perhaps partner with the Latrobe Valley employers group on  
8 leadership forums into the future with tools and resources  
9 that might be of use.

10 In terms of the sorts of barriers that small  
11 business experiences, John, do you want to talk more about  
12 that?

13 MR GUY: One of the things in our experience has been that  
14 business people find it very difficult to attend things  
15 during the day. They are mostly one or two man  
16 businesses, or person businesses, and we found that the  
17 best plan is probably if we are running something for  
18 small business to conduct it around about 6 o'clock at  
19 night and provide some sort of food for the businesses  
20 because it's around their tea hour.

21 We have a Latrobe City business group, which is  
22 made up of the business groups from the three major towns.  
23 We meet at 8 o'clock in the morning, and that's finished  
24 by 9 o'clock so they can get back to their businesses.  
25 That's something we need to take into account when we are  
26 dealing with small business.

27 MS VERINS: Then there's the issue of a social marketing  
28 campaign which I think Alistair wanted to speak about.

29 MR EDGAR: I might pick this up in the next slide more as  
30 another opportunity. But, on the note of small business,  
31 there was some discussion around the fact that Healthy

1 Together Latrobe was mandated to engage medium and large  
2 organisations, and in doing so large organisations have  
3 greater capacity. They might have an HR manager or a  
4 health and safety coordinator and so on.

5 About 75 per cent of businesses in Latrobe are  
6 actually small retailers and it's a one-man band  
7 operation. They don't have a HR director and a health and  
8 safety coordinator. So it's a whole different ball game.  
9 It's probably one of those unknowns at the moment around  
10 how do we best engage with the small business sector  
11 around health and wellbeing. I'm not quite sure if it is  
12 around community health and wellbeing and approaching  
13 small business owners and staff as part of the community  
14 in a place based environment type approach or more as  
15 workplaces.

16 MS VERINS: Steve, did you want to talk anything more about the  
17 invitations for big business?

18 MR RIENIETS: I think it's on a similar theme as before. The  
19 larger industries in the region have a lot of contractors  
20 and suppliers who deliver goods and services to them.  
21 That's once again an opportunity when there's a session on  
22 diabetes, R U OK?, mental health sessions you can invite  
23 that broader contractors and suppliers into those  
24 sessions. It's just another opportunity to broaden the  
25 education piece.

26 MS VERINS: The only other issue that isn't captured here which  
27 I think is worth noting - and, Colin, perhaps you would  
28 like to talk about this - is the link between the public  
29 health and wellbeing plan and the fact that the focus on  
30 workplace health is squarely there and its relationship to  
31 the municipal public health and wellbeing planning.

1 MR SINDALL: Yes. The Public Health and Wellbeing Act requires  
2 councils to have regard to the state plan when they are  
3 developing their municipal health and wellbeing plans.  
4 The council health and wellbeing plans are due for  
5 finalisation towards the end of next year. The state plan  
6 sets some strategic directions, as I said. There is a  
7 real opportunity as councils now start to look at the sort  
8 of directions in the state plan to take account of other  
9 issues facing their communities and start to craft their  
10 next four-year health and wellbeing plan to really sort of  
11 build on the fantastic experience we have had to date and  
12 really strengthen that in terms of the council's role and  
13 the community's role in a sense in relationship to healthy  
14 workplaces, and opportunities for leadership but also  
15 particularly to engage small business, for example, as  
16 well as the larger companies in the development of the  
17 next municipal plan.

18 So really I think the current plan there was a  
19 fantastic consultation process, but perhaps it's possible  
20 to go a bit further in the next plan both in terms of  
21 small business but also certainly the state plan very,  
22 very strongly puts the issue of health inequalities and  
23 social disadvantage on the agenda. We know that often  
24 there are groups who miss out on the sort of initiatives  
25 that often occur through healthy lifestyle initiatives or  
26 whatever it might be and a real opportunity to perhaps  
27 really focus and make sure those opportunities aren't  
28 missed as the next plan is developed and implemented.

29 MS VERINS: Now we turn to the next slide. Alistair, would you  
30 like to talk a little bit about the notion of - the group  
31 spoke quite a bit about what good experience exists

1 already and how we could potentially build on the current  
2 initiatives.

3 MR EDGAR: Part of the Healthy Together Latrobe initiative has  
4 involved engaging workplaces as a setting to complement  
5 the work that is happening more broadly within the  
6 community and other settings such as schools and early  
7 years settings. There is opportunity to build on the last  
8 three and a half years worth of engagement, and that was  
9 really building on a good five years worth of work health  
10 checks.

11 Workplace health certainly isn't new to this  
12 region and we recognise the value of building on the  
13 engagement and the commitment to date. Certainly when we  
14 started our work in 2012 we were really pleased to see  
15 that a number of workplaces had already made a good  
16 commitment to workplace health and wellbeing, and we have  
17 been able to work with them to scale that up or enhance  
18 what they are doing or share the learnings from what they  
19 had been doing with other workplaces.

20 A couple of things I will just touch on quickly.  
21 One of them is the Achievement Program. It's the current  
22 mechanism within the Healthy Together Victoria initiative.  
23 I will just briefly provide a bit of an overview of that  
24 framework because I think it adds value to the  
25 conversation around workplace health and wellbeing.

26 So there's four components to it. What the  
27 Achievement Program recognises is that in order to be  
28 successful and make a meaningful impact on workplace  
29 health and wellbeing and the health of workers you need to  
30 operate in all four components and not just one. Culture  
31 and policy is one; so the organisational culture and the



1 impact that it has, but also making sure that the  
2 commitment to health and wellbeing is reflected in  
3 workplace policy.

4 The other one is the physical environment. Just  
5 as you would scan a workplace from a risk perspective or a  
6 safety perspective or trip hazards or chemical hazards,  
7 you can scan a workplace from a health perspective; so  
8 what in this work environment promotes good health and  
9 what actually detracts from good health.

10 The other two components, one of them is  
11 education and literacy and information and resources for  
12 workers, and there has been some good examples put forward  
13 certainly from AGL around education sessions for workers.  
14 The other one that we touched on in some of our  
15 discussions is connection with the community and the role  
16 that workplaces can play more broadly with the community.

17 In terms of the Achievement Program we have  
18 probably reached out to close to 8,000 workers so far with  
19 Healthy Together Latrobe. There are around 30 workplaces,  
20 including the major employers in the region. We have all  
21 of the power generating companies signed up as well as  
22 Latrobe Regional Hospital, which is the biggest employer  
23 in Latrobe. So there is commitment there and there are  
24 workplaces that are working through that change management  
25 or quality improvement framework to support worker health  
26 and wellbeing. In terms of short-term goals there is  
27 opportunity there to build on that.

28 Secondly, on another note, through Healthy  
29 Together Latrobe there's been a good deal of work done  
30 around what we call the local food system; so looking at  
31 both the supply and demand for fruit and vegetables. Our

1 data shows that our community is not eating enough fruit  
2 and vegetables, and there's been a good bit of research  
3 undertaken and really great buy in and some good traction  
4 happening from stakeholders from a range of areas, from  
5 food retailers through to workplaces through to wholesale  
6 suppliers around improving the availability and  
7 opportunity for workers and the community in general to  
8 have access to healthy fruit and vegetables.

9 Just some simple examples of that are a number of  
10 the major workplaces have had their canteens assessed and  
11 re-worked their business model to promote healthier  
12 options. There are vending machine assessments that have  
13 been undertaken. There are catering policies that have  
14 been changed. There has been really good engagement with  
15 retailers, so local cafes that provide food to workplaces  
16 have also been part of this process and had their menus  
17 assessed.

18 We are currently working with a couple of  
19 suppliers around partnering with workplaces and other  
20 settings to provide fruit and vegetable boxes to workers  
21 or community settings, as well as a number of what we call  
22 food literacy programs which are really education sessions  
23 or programs around how to shop better or cook better with  
24 fruit and vegetables. So there's some really great work  
25 there that can be built upon in the short term.

26 Lastly, another tangible opportunity through  
27 Healthy Together Latrobe we developed a social marketing  
28 initiative for office based workplaces. It was called  
29 "Think on your Feet" and it was to address prolonged  
30 sitting, so sedentary behaviours in workplace  
31 environments. This was piloted in 2013 and then scaled up

1 to four major workplaces in 2014/15. We have had an  
2 evaluation report undertaken for that and we are now  
3 re-working the design of that initiative to have it  
4 essentially shelf ready so that workplaces anywhere that  
5 might be working through an Achievement Program or through  
6 a health and wellbeing program can support workers to  
7 change their sedentary behaviours and move more. So it's  
8 a physical activity intervention.

9 Then lastly on this slide some of the barriers,  
10 really one of the barriers around this is we recognise  
11 that through the original work health check program there  
12 was a good bit of resource through our community health  
13 service to support workplaces who wanted to participate in  
14 the work health check program. Through Healthy Together  
15 Latrobe there's been significant resource in terms of  
16 health promotion; so a workforce that's been here in the  
17 local community, living and working with the local  
18 community to support workplaces to build their capacity to  
19 make a commitment to health and wellbeing. We really  
20 recognise the need to somehow continue resourcing a  
21 workforce, whatever shape it might take, to be able to be  
22 a direct support for workplaces that are going to make a  
23 contribution to good health and wellbeing of their staff.

24 MR SINDALL: Just a quick comment and acknowledging very much a  
25 lot of the good work that has occurred both through the  
26 employees in the council and through the workplace  
27 themselves. It's probably reasonable to say that that  
28 initiative originally came out of an agreement signed  
29 quite some years ago now between the Commonwealth and the  
30 states to tackle a particular set of issues. Those issues  
31 remain of great significance. But the actual parameters

1 under which that agreement was struck obviously no longer  
2 pertain in the sense that the Commonwealth cancelled the  
3 agreement and the funding has obviously dried up for that.  
4 It is important to make that clear in terms of the  
5 resource issue.

6 The second point perhaps to make is that, while  
7 there have been some fantastic initiatives, the parameters  
8 for that agreement did not really allow for perhaps a  
9 broader approach which perhaps also picks up issues such  
10 as mental health or musculoskeletal conditions or whatever  
11 that also obviously impact on people at work. So, in  
12 addition, probably the Achievement Program has had in some  
13 cases a lot of success but varied success. I certainly  
14 know the work health initiative had some fantastic  
15 successes but had varied success in reaching blue collar  
16 workers.

17 So a combination of the fact that we no longer  
18 have that national agreement under which the initiative  
19 was developed, the fact that there's now a ministerial  
20 council looking into the sort of future directions in  
21 terms of workplace health, opportunities to perhaps  
22 strengthen some of the previous activity while building on  
23 success does mean that we will now obviously need to go  
24 through a process of taking stock and looking to what the  
25 future configuration might be like. I'm well aware of how  
26 valued people feel a lot of the work that's happened under  
27 Healthy Together is, but we do need to look to some new  
28 directions into the future.

29 MS SHANN: We will probably go on to the next slide. Irene, we  
30 are getting close to time. What I might ask you to do is  
31 if you could just take the board through the next few

1 slides and then we will come back to priorities and go  
2 through and ask each panel member what they rate as their  
3 top improvements. But if you could walk the board through  
4 the final three slides before we get to that point.

5 MS VERINS: Sure. In terms of medium and longer term planning  
6 and activities and what's possible, there is a need  
7 actually to acknowledge that there are a range of current  
8 reports which look at foresight, looking into the future,  
9 foresight reports. PricewaterhouseCoopers is one. I can  
10 provide the references for you. The Foundation for Young  
11 Australians did another. VicHealth has worked with CSIRO  
12 recently to develop another which is not yet published.  
13 All of those reports are fairly similar in their outlook  
14 into the future and the types of recommendations that they  
15 are making.

16 It's really clear that from the major trends in  
17 terms of automation, technological advancement,  
18 globalisation are going to have major impacts on both the  
19 manual employment options that people have, people who are  
20 working in manual work, that there will be a different  
21 type of work that people will need to be reskilled in to  
22 into the future, and the future timeframes are around 10  
23 to 20 years. So it's not that far away and it requires  
24 some level of planning to begin pretty urgently as a  
25 result both in terms of training and also within the  
26 workplace, education and training within the workplace.

27 I would just like to at one point draw to Steve  
28 to comment on. We talked about there being two points of  
29 interest in terms of population groups within the working  
30 age group. One are young people, which I will talk to in  
31 a minute, but I just wanted to point out Steve's point

1 about the people who are 50 and over and what's facing  
2 them in terms of their future work.

3 MR RIENIETS: Not that there's anything wrong with being 50 and  
4 over. In the power industry 50 per cent of the workforce  
5 is 50 years or older. So that presents an opportunity  
6 going forward that's quite unique. Not every day you get  
7 those demographics happening; so an opportunity that  
8 perhaps making sure those people who will retire in the  
9 next 10 or so years are healthy when they retire, but also  
10 making sure that people who replace those people coming  
11 into the workforce are adequately trained. So that  
12 presents an opportunity: perhaps different work re-design,  
13 perhaps part-time employment for those people going out to  
14 free up some opportunities for younger people coming in.  
15 It's a unique opportunity.

16 MS VERINS: Also in terms of the potential for young people and  
17 the necessity for them to begin to be trained in new  
18 skills for new industries and future jobs in the sort of  
19 developing service and knowledge kind of economies there  
20 are issues around the necessity for greater computer  
21 literacy. There's also a focus required on those social  
22 and emotional learning skills and emotional regulation and  
23 adaptability which is something that is not currently  
24 within the competencies that are being trained. I think  
25 John - and if you would like to comment, feel free - made  
26 a comment about the local university, the technology  
27 training centre.

28 MR GUY: The government are committed to creating a technical  
29 college in Morwell. I think there's one already been  
30 established in Ballarat with Federation University.  
31 I think the discussions have started about what the

1 college will look like in Morwell and where it will be  
2 placed. But that certainly will cater for the skills that  
3 are required for future industry.

4 MS VERINS: So there is a real opportunity at this point, the  
5 group thought, to actually bring together and perhaps look  
6 at revitalising, as John has been doing, the Latrobe  
7 Valley Transition Group who were established and are now  
8 being brought back into the fold.

9 MR GUY: Or hopefully being brought back.

10 MS VERINS: Also Alistair made mention of the Local Regional  
11 Management Forum as another opportunity to bring back and  
12 talk about that sort of bigger picture planning which  
13 actually needs to happen now. We have put it as a medium  
14 to longer term recommendation, but in fact those groups  
15 need to be reassembled now and discussion points and  
16 action and some integration begun now to be able to do  
17 good planning for those future sort of skills and  
18 employment opportunities into the longer term.

19 Just from a health equity point of view we know  
20 that with these future opportunities they are there for  
21 many young people to take, but there will also be a very  
22 strong possibility that those young people who are  
23 currently in the low skilled area of the employment sector  
24 will certainly not be working in the new sector unless  
25 they are reskilled. So that particular group in the lower  
26 socioeconomic, lower educational achievement/attainment  
27 levels are at particular risk. That group, it is  
28 forecast, will grow and increase in number as a result of  
29 these broader global changes. So, if anything, we would  
30 urge that they have a focus to not be lost in the positive  
31 future trends.

1                   In terms of training we talked about the  
2                   necessity to upskill both health promotion people to talk  
3                   better and in a more knowledgeable way about business and  
4                   about employment, and equally I think as Steve's model has  
5                   exemplified that we want business to talk knowledgeably  
6                   about health promotion and what their workplaces can  
7                   contribute to health more broadly.

8                   With regard to further research and exploration  
9                   we looked at piloting something around the integrated  
10                  health network that WorkSafe Victoria is currently doing  
11                  and developing. Would you like to talk about that?

12 MS DEEGAN: Yes. It is based on not only the work health  
13                  research but also what's happening internationally.  
14                  WorkSafe is investigating the concept of integrated worker  
15                  health or total worker health as it is called in the  
16                  States under the National Institute of Occupational Safety  
17                  and Health where you look at not only health and safety  
18                  but HR and then wellbeing if it exists. Rather than  
19                  working in silos on similar problems you get those groups  
20                  together within an organisation or workplaces there to be  
21                  able to overcome problems such as safety culture,  
22                  musculoskeletal disorders and mental health. We are  
23                  currently piloting that at the moment with public  
24                  hospitals and manufacturers. So the research report  
25                  should be complete by April 2017.

26 MS VERINS: But there are opportunities.

27 MS DEEGAN: Yes, there are opportunities. We are currently  
28                  recruiting. We need one more public hospital and six  
29                  manufacturers. If there is anyone in the area who is  
30                  interested, please let me know.

31 MS VERINS: Furthermore, John mentioned the necessity to



1 explore how to better engage small business and identify  
2 how they are currently engaged; so a bit of a mapping  
3 exercise around what small business is currently engaged  
4 in and what they could be engaged in better, what they  
5 need to know, and then strategies for engaging them.

6 We also looked at how to increase employment in  
7 the Latrobe Valley more broadly. In that we talked about  
8 not just within Latrobe Valley but also employment outside  
9 of the Latrobe Valley for Latrobe Valley residents; so  
10 looking beyond the region for work opportunities for  
11 Latrobe Valley residents.

12 Also analysis of what the needs and gaps are for  
13 future skills. It is a contained region to the extent  
14 that we know how many people are here, how many are  
15 employed, unemployed, what their ages are et cetera. We  
16 thought some deeper analysis of what the specific needs  
17 were would be quite useful.

18 Then Alistair's idea was also one of looking at  
19 what is the current investment of business industry in  
20 health and wellbeing and is it being directed in the best  
21 possible way. Do you want to speak to that at all?

22 MR EDGAR: I suppose it could even be government investment  
23 into the region and it doesn't necessarily have to be  
24 investment into health and wellbeing but more around a  
25 conversation around there might be public health outcomes  
26 or community wellbeing benefits that could be derived  
27 through other funding sources. So there could be a  
28 win/win type scenario. What might be good for economic  
29 development might also be good for a healthy, productive  
30 workplace; so just looking at a bit of an assessment of  
31 what dollars are being invested into the region and are

1           there opportunities to align strategies to have win/win  
2           outcomes.

3 MS SHANN: Thank you very much. Before I ask the board if they  
4           have any final questions if I can just ask each of you, or  
5           those who would like to, to identify if there are any key  
6           priorities or recommendation or improvement close to your  
7           heart that you would like to urge the board to  
8           particularly consider. Alistair.

9 MR EDGAR: The big one from a Healthy Together and a Latrobe  
10          City point of view is really ensuring that the community  
11          and in this instance business, industry, workplaces are  
12          able to have influence over what happens here and are in a  
13          position to own and drive action. I think the real  
14          mechanism for that locally in this area, in this region,  
15          is through the municipal public health and wellbeing plan.

16                 So the current plan does have actions that relate  
17          directly to workplace health and wellbeing. But, as  
18          highlighted earlier, there is a real opportunity as we  
19          prepare for the 2017-21 municipal public health and  
20          wellbeing plan to engage business and industry more  
21          broadly so that they have a little bit more skin in the  
22          game in terms of health and wellbeing outcomes.

23 MS SHANN: Thanks. Steve.

24 MR RIENIETS: I think probably a simple one would be to let's  
25          find out some of the programs that are already out there  
26          and try and start to utilise them across the broader  
27          workforces in the Valley.

28 MS SHANN: So coming back into that idea you spoke about  
29          earlier of some businesses who are engaged actually  
30          reaching out and enveloping other businesses.

31 MR RIENIETS: Yes.

1 MS DEEGAN: I have nothing further to add. I think our  
2 priorities are really looking at this pilot to see what  
3 comes out of that and through the research project, and  
4 then the outcomes of the ministerial work health advisory  
5 group.

6 MS SHANN: Something that you mentioned this morning was  
7 WorkSafe actually drawing together on - I think it's a  
8 website drawing together a lot of the programs which are  
9 available and the ability for that to then be available as  
10 a resource or business in the Valley.

11 MS DEEGAN: That's right. So in partnership with VicHealth and  
12 SuperFriend. I think that's being launched on 26 October.  
13 That will be available from that date.

14 MS SHANN: John, top improvement?

15 MR GUY: Just the comment that the Hazelwood mine fire and the  
16 previous freeway closure have had a drastic negative  
17 effect on the town of Morwell. One of our mottos is it is  
18 a great place to live, work and play, and I believe that  
19 passionately. We have some great assets and I would like  
20 to see the outcome of the inquiry restore some of that  
21 confidence in our town.

22 If I can just make a quick comment on the  
23 previous session. We need to recognise the difference  
24 between coal dust and coal ash. I would believe that  
25 there wouldn't be a house in the Latrobe Valley that  
26 wouldn't have coal dust in its roof cavity. As a member  
27 of the recovery committee, I suggested some time ago that  
28 the government should have appointed a specialist who  
29 could go along and inspect the houses and determine  
30 whether it was ash in the ceiling and whether it needed to  
31 be removed. I think that still needs to happen. Thank

1           you.

2 MS SHANN: Thanks, John. Irene.

3 MS VERINS: I think it would be really useful to bring a high  
4           level group of local and external people together in the  
5           Latrobe Valley to look at education, training, employment  
6           options for the future for young people.

7 MS SHANN: And Colin?

8 MR SINDALL: There are many things one could say, but the very  
9           diverse range of opportunities in terms of healthy  
10          workplaces, it's going to be critically important no  
11          matter what sort of initiatives are introduced that we are  
12          able to track what sort of outcomes are being achieved.  
13          I know that that's in business interest, it's in community  
14          interest, and it's in the interest of the health and  
15          wellbeing of people in the Valley more generally.

16 MS SHANN: Does the board have any questions for the wonderful  
17          health workplaces panel?

18 PROFESSOR CATFORD: A very quick comment. Angie, the Chair of  
19          the board of Latrobe Regional Hospital is sitting over  
20          there, Kellie O'Callaghan. So you should talk with each  
21          other.

22 MS DEEGAN: Fantastic. Thank you.

23 PROFESSOR CATFORD: I would like to ask the panel two  
24          questions, and they have a "yes" or "no" answer but they  
25          are different questions. The first question is: are you  
26          optimistic that there will be major advances in healthy  
27          workplaces in the Valley? Are you optimistic that there  
28          will be major advances in healthy workplaces in the  
29          Valley?

30 MR RIENIETS: Yes.

31 MS DEEGAN: Yes.

1 MR GUY: Yes.

2 PROFESSOR CATFORD: The second question is: do you think this  
3 could happen in the next five years?

4 MR EDGAR: Yes.

5 MR RIENIETS: Yes.

6 MS DEEGAN: Yes.

7 PROFESSOR CATFORD: Thank you very much.

8 MS SHANN: I would like to formally thank the healthy  
9 workplaces panel.

10 (Short adjournment.)

11 **SOCIAL DISADVANTAGE**

12 MS STANSEN: We might get started. The last session today and  
13 of these three days of amazing information is on social  
14 disadvantage. So we might start by introducing the panel  
15 members. Sally, can we start with you, please.

16 MS RICHMOND: I'm Sally Richmond, the Acting Area Director for  
17 Inner Gippsland for the Department of Health and Human  
18 Services.

19 MS HORTON: I'm Kellie Horton. I manage Knowledge and Health  
20 Equity at the Victorian Health Promotion Foundation or  
21 VicHealth.

22 MS SAYERS: Mary Sayers. I'm acting CEO of Victorian Council  
23 of Social Service.

24 MR TONG: Steve Tong, Manager of Community Development, Latrobe  
25 City Council.

26 PROFESSOR DE LEEUW: Evelyne de Leeuw. I'm Director of the  
27 Centre for Health, Equity, Training, Research and  
28 Evaluation at the University of New South Wales in Sydney.

29 MS GALLO: Jayne Gallo, General Manager Client Services for EW  
30 Tipping. We provide services to people with disabilities  
31 and young people in the children, family and youth space.

1 MS STANSEN: Thank you very much. Mary, we might start with  
2 you. If you can give us a bit of background to set the  
3 scene and also talk about our first slide.

4 MS SAYERS: We know the pathways to poverty and disadvantage  
5 are very complex and solutions are not simple. If they  
6 were, we wouldn't have poverty and disadvantage, and they  
7 will take a long term. We also know that the causes of  
8 poverty and disadvantage in the Latrobe Valley are unique  
9 to other areas as well, and some of it has been talked  
10 about today in terms of some of the intergenerational  
11 changes that have happened in this area.

12 So, we know from the 2011 socioeconomic indices  
13 for area produced by the ABS that Morwell, for example, is  
14 one of the most disadvantaged communities in Australia as  
15 well as in Victoria, but also the recent "Dropping off the  
16 edge" report by the Jesuit Social Services showed that  
17 Morwell has a pattern of deep and entrenched and  
18 persistent disadvantage.

19 So, in terms of thinking about the services that  
20 support people facing poverty and disadvantage, the  
21 community sector is a subset of human services agencies  
22 that look at helping people overcome poverty and  
23 disadvantage. So it's a wide range of services across  
24 health and human services, but most of the agencies would  
25 have a focus on families, community members facing poverty  
26 and disadvantage.

27 So what we know about community sector  
28 organisations, and I think it is fair to preface this, and  
29 we had this discussion in our group that health and human  
30 services is one of the biggest employers in this state and  
31 as well as a growing area with the introduction of things

1 like the NDIS. So, in and of itself it is a huge  
2 industry, but the community sector organisations that  
3 specifically look at that subset of people facing poverty  
4 and disadvantage often have the best relationships with  
5 those people in the community who are most marginalised.  
6 We know that, because they have those deep relationships  
7 and often those relationships are built over a long period  
8 of time, that they are the ones that VCOSS as the peak  
9 body for the community sector heard were really  
10 struggling. They were like - an unfortunate pun - the  
11 canary in the coalmine of what was happening when the mine  
12 fire hit.

13 At the same time, community service organisations  
14 themselves were struggling with their own capacity. They  
15 had to protect their staff as well as help the most  
16 marginalised residents of the Latrobe Valley who were  
17 faced by the fire. So that kind of points to the role of  
18 the community sector as a conduit to the disadvantaged  
19 community members in an emergency. However, they are not  
20 equipped often and don't have the emergency planning for  
21 their own organisational capability in place.

22 One of the clear things that we have heard from  
23 our members is that we need to consider that we are still  
24 in a recovery phase. It's not a historical fact. There  
25 are still people who are recovering and we heard from the  
26 videos and the audio at the start with the mental health  
27 effects. One of the reactive ways we can react to an  
28 emergency like the Hazelwood mine fire is bomb in a whole  
29 lot of new activities and think that's going to help the  
30 community. But when there's existing things, there were  
31 existing mental health services with specialisation in

1 working with the most vulnerable members of the community,  
2 they have had no increase in their funding. So, we need  
3 to think about what are the opportunities that we have to  
4 build on the existing system that we have and that we  
5 still are in a recovery phase.

6 We also know that there is a need for immediate  
7 and accessible information about the health impacts of the  
8 fire and that there is an urgent need to address the  
9 concerns of the upcoming fire seasons and future  
10 emergencies. This is not just a theory. This is real  
11 fear that the community has, particularly those facing  
12 poverty and disadvantage.

13 We also wanted to recognise that whilst Morwell  
14 was the epicentre of a lot of attention, a lot of concern,  
15 that this has actually impacted on the whole of the  
16 Latrobe Valley.

17 So I guess that's kind of an introduction and an  
18 entree into some of the things that we talked about, but  
19 I will hand over to Kellie who will go further into the  
20 social disadvantage space.

21 MS HORTON: Thanks, Mary. As Mary said, we did talk about the  
22 fact that the community is still in a recovery phase here,  
23 but that a focus on the relationship between social  
24 disadvantage and health also means there's an opportunity  
25 to look at the bigger picture and the longer term and  
26 think about what might be the opportunity that this  
27 process brings to consider the social disadvantage that  
28 exists in the Latrobe Valley at a general community level.  
29 We know in relation to the broader state there is  
30 disadvantage here at a population average, but also some  
31 of the specific groups in the population who experience



1 greater disadvantage within the Latrobe Valley community,  
2 whether they be kind of place based groups, specific  
3 cultural groups, et cetera.

4 We at VicHealth have a framework called "Fair  
5 Foundations for Health Equity" which uses a tree to really  
6 think about the relationship between disadvantage and  
7 health equity. We just talked through using that kind of  
8 tree metaphor to think about the different areas and the  
9 different layers of activity that might happen over the  
10 short, medium and long term in Morwell and the broader  
11 Valley to think about this opportunity to address social  
12 disadvantage and really kind of break the link between  
13 social disadvantage and health.

14 We talked about if you think about the health  
15 conditions that people present with being the very top of  
16 the tree, that's what's visible and that's what people can  
17 see in their day-to-day dealings with people. It is also  
18 really easy to see people's health behaviours, so if  
19 people are physically active, the type of healthy food  
20 they may or may not be eating, tobacco, alcohol, et  
21 cetera. Again, they are pretty visible in terms of  
22 getting a sense of what's going on for people.

23 If you think about getting down under the ground  
24 and into the roots of the tree, that's really where the  
25 drivers of health and wellbeing sit. They are harder to  
26 see, they are harder to do anything about, it's certainly  
27 possible, but it's thinking about what are the complex  
28 environments that people live their daily lives in. So we  
29 know, for example, that education, employment, good  
30 housing, they are really the cornerstones of good health  
31 and wellbeing and they are often the things that sit under

1 the surface in terms of considering people's health  
2 status.

3 We can go even further and in the very roots of  
4 the tree in our Fair Foundations framework we think about  
5 the very big picture, so kind of the broad systems, our  
6 systems of governance, policy making, the social norms and  
7 values that dictate the way that we live our lives as a  
8 society and they are the things that again impact at the  
9 very deepest level in terms of the link between social  
10 disadvantage and health.

11 So, we talked about the importance of really  
12 thinking about the connection between the very top of the  
13 tree and the roots in that system and that action that we  
14 would want to take short term, medium term and long term  
15 really relate to each other. It's not about thinking, as  
16 Mary was saying, bombing in short term solutions, but  
17 thinking about what are the short term actions in what  
18 happened here and how does that link to what the longer  
19 term change is really trying to be here, and we are  
20 talking about decade long changes. This stuff is really  
21 hard to do anything about. It's challenging. It's going  
22 to take resourcing. It's going to take people working  
23 together in different ways. But it is possible and  
24 I think in some ways, although this is a hard topic, the  
25 group felt quite energised by the opportunity that the  
26 Inquiry and having this conversation might bring for  
27 Morwell and the Latrobe Valley.

28 I have a kind of personal interest and I feel a  
29 kind of personal energy about this because I grew up in  
30 Morwell. I live in Melbourne now, but coming back and  
31 thinking about the place I grew up in, what's happened in

1 the meantime, the fact that there has been disadvantage  
2 here for a long period of time, certainly my entire  
3 lifetime and longer than that, that this Inquiry and the  
4 conversation we have been having and the community has  
5 been having really is a chance to think about that  
6 relationship that we think about as the tree and what's  
7 going on in each of those layers and what might be  
8 possible here.

9 We also talked in that context, though, about  
10 focusing on disadvantage in some ways can be useful for  
11 services in terms of pointing to issues and problems that  
12 need to be addressed and having a conversation about  
13 what's going on in this place versus other parts of the  
14 state and other parts of the world. But for people who  
15 live here every day, it can also be really disempowering  
16 to think about themselves as a disadvantaged community  
17 because there are lots of great things going on in this  
18 community. There are lots of strengths. There are lots  
19 of assets. So, really making sure that in any kind of  
20 short, medium and long term work we build on the assets of  
21 this community and really try to be part of  
22 re-establishing community pride.

23 I think someone in the first session talked about  
24 the negative press that has happened around the fire, but  
25 I think it happens every time there's a broad kind of  
26 statewide data collection that compares local governments,  
27 and often Latrobe is either at the top or the bottom of  
28 the league table depending on how you are focusing on an  
29 issue. How you kind of take that and say, "We know that's  
30 what's going on here, but there is some great stuff we  
31 need to bring to people's attention and really make sure

1 we talk to the community about. We know there are some  
2 really positive things here we can build on and start to  
3 have some quite practical conversations about what those  
4 things could be." I will leave that there.

5 MR TONG: We acknowledge the ever-changing funding environment,  
6 and particularly some of the changes happening at the  
7 federal level and the impact they are going to have on  
8 this community, or they are having already and are having  
9 into the future, the health and hospital reforms, a whole  
10 range of service system reforms that are making it very  
11 difficult.

12 One of the examples used was about education as a  
13 pathway out of disadvantage and that once upon a time  
14 there was a much greater sense that you could sort of go  
15 from a support group into a neighbourhood house, into an  
16 ACFI program, into a TAFE, into tertiary education. Those  
17 stepping stones are so far apart and now they are looking  
18 for upfront payments in neighbourhood houses, which makes  
19 it really difficult for disadvantaged people and it is a  
20 real barrier for them to even walk in that door when they  
21 can barely afford to pay their electricity bills, let  
22 alone do any form of self-improvement and start that  
23 journey in a continuum. So, a lot of those systems have  
24 become extremely fragmented and difficult, almost nigh-on  
25 impossible for people from disadvantaged backgrounds to  
26 access.

27 Having a range of services, there is no point if  
28 you really can't get to them, whether it is transport  
29 availability, your ability to be able to use transport or  
30 even public transport. Is it accessible, is it physically  
31 accessible, is it proximal to you, can you afford to use

1 it. If you have a "build it and they will come" approach  
2 and people can't get to them, it's going to fall way off  
3 success.

4 I shared a little story yesterday. I was talking  
5 to one of the councillors on our way to a function and he  
6 said to me, "Do you know that when the SEC closed down or  
7 when the electricity industry was privatised we lost 6,000  
8 jobs. So we lost 6,000 jobs due to a change in government  
9 philosophy." My response is, "Well, they can find 6,000  
10 jobs and bring them back again if that's the case, if it's  
11 that easy to do."

12 There is still a lot of pain. We don't  
13 continually hark back because that has happened, but if  
14 that happened as a result of government intervention,  
15 government change in philosophy, then certainly the view  
16 of one councillor and myself is they can bring those 6,000  
17 jobs back in some way, shape or form. All these things,  
18 we are looking to aim to create building blocks of a good  
19 life and a good civic life and it is important. Work is  
20 important, education is important, it is a determinant of  
21 health, everybody understands that. I don't need to hand  
22 out that lecture to this group.

23 PROFESSOR DE LEEUW: One of the things that we all really  
24 agreed on is that if you want to resolve these issues,  
25 then you need to work with the communities or rather maybe  
26 communities need to work themselves. When you look at the  
27 slide, it talks about the most successful interventions  
28 and when I reflected on this in the last 10 minutes or so  
29 I thought it's not about interventions because  
30 interventions tend be to time limited and little projects  
31 that you do and then they are over again. So the most

1 successful culture approaches, ideas, ways forward, have  
2 to be co-designed starting from the community, not us  
3 experts inviting communities to tag along with us. It has  
4 to be the community that takes ownership of these things.  
5 That means that communities need to make decisions, own  
6 the decisions, with us experts as good advisers, I hope,  
7 and good stewards of the process.

8 Earlier on in the first set of presentations this  
9 afternoon we heard about participatory and deliberative  
10 democratic principles where communities actually can  
11 deliberate priorities in society and participate in  
12 resource allocation. There are some fairly radical  
13 proposals that communities can allocate resources wisely,  
14 maybe not the first time they do it, but certainly the  
15 second time they do it, and there's a very strong evidence  
16 base that that can happen.

17 In general when we look at disadvantaged  
18 communities and health inequities, the inverse care law  
19 really applies and that is that those who need it most get  
20 it least, and we need to turn that upside down. The thing  
21 is that most of the research in this area has been kind of  
22 epidemiological research. We know there is disadvantage.  
23 We know there is health inequity and we actually know the  
24 structural causes of inequity and disadvantage. But how  
25 we fix that is another issue and because it's so hard to  
26 fix, people tend to believe that inequity and disadvantage  
27 is a natural thing, this is how societies shape  
28 themselves. It's not. Disadvantage, inequity, is unfair,  
29 it can be avoided and we can do something about it.

30 I'm reading a book by a man called Denny Dorling  
31 right now, who has written about why inequalities persist

1 and he shows convincingly, I think, that they persist  
2 because we believe in a number of premises about human  
3 life that are faulty: That greed is good, for instance;  
4 that some win, some lose, that is a natural thing.

5 I think we need to challenge that and we need to really  
6 expose the bad thinking that is at the foundation of those  
7 things.

8 So you might say communities get involved in this  
9 and they need to take charge of systems change, but how  
10 would you do that? What is the thinking behind creating  
11 more equity, more access for all those who need it? Sir  
12 Michael Marmot, who is one of the great heroes of health  
13 equity thinking, he said that what use is it to treat  
14 people's ill health and then return them to the situation  
15 that made them unhealthy anyway? He's an epidemiologist  
16 by trade, not a political scientist, so his solution was  
17 to invent a new word; you know, when you can't figure it  
18 out, you invent a new word, and his new word was  
19 "proportionate universalism", the same for everybody but  
20 more for those who need it most.

21 He never really explained how that would work.  
22 So we took up that challenge, a colleague from ANU, a  
23 colleague from Monash and myself, and we recently wrote a  
24 paper about proportionate universalism and we said if you  
25 want to do this, this is how you can do it, and again we  
26 invented new words: selectivism, particularities,  
27 particularism, subsidiarity principles. But it is a way  
28 of thinking about how to work with communities and focus  
29 your resources to accomplish that mission that people who  
30 need it most get it most.

31 In that whole package of doing the same for

1 everybody but more for those who need it most, there's a  
2 whole mix of approaches and there's some good research and  
3 well evidenced research that shows that there's a place  
4 for every type of intervention, but if you single out only  
5 one type of intervention to address health in communities,  
6 if you just do communication it's likely that you increase  
7 inequities in health. Just communication.

8 There is a place for communication, there is a  
9 place for sharing information, but only in the right mix  
10 between communication, facilities, regulation and  
11 consultation. So the easiest way that governments often  
12 choose is to put up a billboard and start talking about  
13 how bad things are. That actually makes things probably  
14 worse. So there's a mix of interventions and approaches  
15 that needs to be in this. Therefore the first sentence  
16 there should not read, "The most successful intervention";  
17 the most successful approach, culture, way forward. There  
18 are a couple of examples of this, and I'm handing it back  
19 to Steve and Mary.

20 MR TONG: We use the work that Latrobe City Council have just  
21 really commenced in the last couple of weeks and that is  
22 about engagement at the very local neighbourhood level and  
23 some of the good things. I know the area in the southern  
24 part of Morwell that was subject to the first - one of the  
25 very early things they worked out was they wanted to do a  
26 walking group. That walking group started today. They  
27 were expecting 16 or so people. Apparently 60 people  
28 turned up this morning, which is just fantastic. So it is  
29 already happening. At least we are finding out and  
30 working with community aspirations.

31 Evelyne, I must say, you said "subsidiarity",



1 which is one of my favourite words. You didn't invent  
2 that. It comes from Catholic Social Justice and it means  
3 that the people who are affected by the decision will make  
4 that decision. So it's one of my favourite words; made me  
5 very excited.

6 We have seen the neighbourhood renewal program  
7 come to the Latrobe Valley. That ran for eight years and  
8 it was a very successful program. One of the challenges  
9 for us locally is that we delivered it in four sites  
10 across the municipality, in the four larger towns.  
11 I don't like to sort of compare but in other areas in the  
12 state it was delivered in the same amount of funding, the  
13 same amount of effort in one site, and we were joking that  
14 we were expected to deliver across four. It was a great  
15 program. It ran for eight years. But it was pretty tough  
16 going to be spread that thin. Mary is going to talk about  
17 Go Goldfields.

18 MS SAYERS: We believe at VCROSS that Go Goldfields is another  
19 promising initiative that really shows a way in how  
20 communities facing significant disadvantage can actually  
21 turn their fortunes around. At the heart of Go Goldfields  
22 is really a collaborative approach that actually involved  
23 people with lived experience of the problems that are  
24 trying to be solved actually informing the strategies and  
25 having a role in decision making. So all the co-design is  
26 actually working hand in hand saying, "We need to make  
27 decisions together." It's not giving away power  
28 completely and saying, "We have certain expertise, but you  
29 have expertise that we need to bring and together we need  
30 to let go of our power and share power with you."

31 So it started to turn around. If you look at any

1 of the indicators on health, human services, Maryborough  
2 is probably 79 on 79 LGAs, every single indicator. But  
3 they are starting to turn around some of the things by a  
4 really sustained and focused effort on the things that  
5 matter most to the people with lived experience.

6 So if we are thinking about a way forward for  
7 people facing disadvantage in the Latrobe Valley we need  
8 to think about how do we bring that lived experience,  
9 people who have experienced the problems we are trying to  
10 solve, actually sharing power and making decisions around  
11 what's happening. So that's probably enough. There is  
12 enough written and we will provide some more information  
13 back before 6 October on the Go Goldfields experience  
14 because I think it is a useful one. The actions are not  
15 replicable because they are unique to Go Goldfields, but  
16 the process is replicable.

17 MS STANSEN: Just before you move on, you mentioned this  
18 morning that there are significant learnings from that  
19 program because they didn't always get it right along the  
20 way.

21 MS SAYERS: Yes.

22 MS STANSEN: So that was a valuable insight.

23 MS SAYERS: And they would be the first to say they are still  
24 making mistakes. One of the biggest barriers they face,  
25 they have to break the rules all the time. They have to  
26 break the rules that programs are funding X widget  
27 outcome, and that widget has to service that target group  
28 but not that target group. So they have to break the  
29 rules that governments and service agreements put on them  
30 to say, "If we are going to address this problem  
31 systemically" - they don't break rules badly, but

1 governments like to impose, "You are going to service that  
2 person and you are going to deliver that program; nothing  
3 in between."

4 So it is how we can actually loosen off the  
5 controls and focus on the outcomes. That's really what  
6 they have tried to do, is saying we kind of need tight and  
7 loose controls; tight controls on the outcomes but loose  
8 controls on how the actions are delivered. If you are  
9 going to co-design with people you actually have to loosen  
10 off some of those controls but be tight on the outcomes.

11 MS RICHMOND: What we have been hearing in our group is there  
12 is already significant investment that we have here in the  
13 Latrobe Valley in social and health services to address  
14 disadvantage. But we are all in agreement that it is  
15 critical going forward that we all need to work together,  
16 we need to make sure we have genuine engagement, genuine  
17 consultation and have good governance structures in place.

18 As we have been hearing throughout today and  
19 yesterday, there is already a lot that we have in place  
20 here in the Latrobe Valley. We have committees,  
21 alliances, plans, co-design work that's going on, some  
22 good engagement structures. We have the community  
23 recovery committee. We have had the doorknocks that have  
24 been run by the Latrobe City Council. In the Department  
25 of Health and Human Services we have been doing some good  
26 engagement with the Aboriginal community. So there is a  
27 lot in place.

28 One of the key issues is how we build on and  
29 actually sort of integrate what we do have in place so  
30 that we can mobilise the action and activities right  
31 across the service system. So I think that's the real

1           trick here, is how to bring together all of the system  
2           actors to all align what we do.

3                       So we have been operating the children and youth  
4           area partnership model here in the Latrobe Valley which we  
5           think is a promising new model for how to do that which  
6           gets cross-sector collaboration. It brings together the  
7           police, local government, schools and the community sector  
8           to look specifically at how to reduce the vulnerabilities  
9           for young people and children. That partnership has been  
10          using as its foundation good data, good priority setting  
11          across all those players and making sure we do good  
12          co-design as well with young people themselves. We think  
13          that is a good promising model going forward.

14 MS SAYERS: One of the things we talked about is often  
15          initiatives like this - and Sally spoke very passionately  
16          about the achievements - is it only focuses on one part of  
17          the community, which is children and young people. How do  
18          we actually talk about a life course approach that  
19          actually has a plan for addressing the root causes, the  
20          things underneath the ground that cause social  
21          disadvantage in the first place? How do we bring adult  
22          services, aged services, disability services that may not  
23          be traditional players and who may not have collectively  
24          come together to plan?

25                       What we certainly heard in our consultations with  
26          the community sector is it took an emergency like this to  
27          get us together. We should be doing this all the time.  
28          But the problem is that requires facilitation. It  
29          requires resourcing, not a lot of money, as does children  
30          and youth area partnership has brokerage and backbone  
31          money for it. It does require facilitation.

1 Collaboration, when agencies are coming together, does  
2 unfortunately cost. You need some glue money, not a lot  
3 of glue money, but you do need glue money to make it work.

4 MS STANSEN: Do you want to talk about the next slide which  
5 sort of leads on a little bit to money.

6 MS SAYERS: We did talk a bit about money. Part of the context  
7 of the challenges for the services that are delivered for  
8 people facing the most disadvantage in the community is  
9 often there's shared responsibility for funding those  
10 services across state, federal and local government, and  
11 what we have seen with the federal government is a  
12 significant withdrawal and budget cutbacks, particularly  
13 in relation to emergency relief, financial counselling,  
14 child and family services and the federal government  
15 funded Youth Connections program which was an intensive  
16 case managed program to re-engage young people back into  
17 either education, training or work.

18 So it's within this context that we have a bit of  
19 a problem in terms of the federal government withdrawing  
20 really essential funding for community members facing  
21 disadvantage . Steve spoke about how that's playing out  
22 in the local community, and certainly our members have  
23 told us that they are really struggling now with the  
24 withdrawal of those funds.

25 MS STANSEN: Before you leave that, can you give a bit more of  
26 an example about Youth Connections, the number and the  
27 success rate?

28 MS SAYERS: Stepping back a bit, about 10,000 young people in  
29 Victoria either disengage completely for education or are  
30 not even on the books in terms of where the system knows  
31 these young people have got. The Youth Connections

1 program in Victoria supported about 5,000 young people  
2 every year to get back into education, training or into  
3 work. It had a success rate of 93 per cent. So it was  
4 independently evaluated. It was based on intensive case  
5 management because a lot of these disengaged young people  
6 had other problems such as drug and alcohol, experienced  
7 family violence. So the case workers would not only help  
8 them with getting them back into education but look at the  
9 underlying barriers that were preventing them from getting  
10 them there.

11 So that finished in December. A lot of the local  
12 agencies have now had to lay off staff, cut staff. We  
13 were very, very pleased with the Andrews Government  
14 education state announcements a couple of weeks ago which  
15 did look at transition funding, but they themselves have  
16 said it's not a replacement for Youth Connections.

17 So when we look at young people in the Latrobe  
18 Valley whose families are experiencing quite severe  
19 disadvantage, they need additional supports to get them  
20 and keep them engaged in school. So we have been  
21 advocating very heavily around the reinstatement, quite  
22 unsuccessfully to the federal government but also to the  
23 state government. If we are going to be an education  
24 state we actually have to ensure that those most  
25 marginalised young people are either learning or earning  
26 or studying.

27 In terms of some other discussions that we had in  
28 terms of us being in an immediate recovery phase, and we  
29 heard about it in the first session around removing that  
30 ash residue, we know that families and community members  
31 who are living in social housing, in rental properties are

1 the ones that are most likely to have not had their houses  
2 cleaned. So we didn't suggest a solution for that other  
3 than it needs to be done and we need to make sure because  
4 we are hearing of adverse impacts for the families who are  
5 living in those houses.

6 We also heard consistently that the long-term  
7 health study is not touching and not including those who  
8 are most vulnerable in the community. We heard from our  
9 consultation that we had with the Aboriginal community  
10 that they didn't know any people who are involved in the  
11 health study, and we also heard there were significant  
12 barriers to people actually participating.

13 So one of our recommendations is that we actually  
14 urgently get outreach to community members who are most  
15 vulnerable to include them in the health study and whether  
16 that requires more funding for the study so that there can  
17 be more outreach. But the community sector has those  
18 relationships with those who are most vulnerable and are a  
19 trusted source and will be a trusted introduction to the  
20 researchers to make sure that they are included in the  
21 study.

22 So I guess our takeaway message on this slide is  
23 vulnerable people aren't hard to reach; the system finds  
24 it hard to access them. So we need to make sure that the  
25 system can actually be accountable for making sure - and  
26 it's what Evelyne said; those who need it most get the  
27 least amount of support. So we need to flip that on its  
28 head.

29 MS GALLO: With many of the health improvements or measures  
30 that we are talking about we need to monitor the health  
31 outcomes, particularly looking at vulnerability. We have

1 just talked about the fact of the health studies. But the  
2 vulnerable people in the community, the people with  
3 disabilities, the refugees, people from CALD backgrounds  
4 as well as our Aboriginal and Torres Strait Islander  
5 people are not actually engaging in these health  
6 improvement screenings.

7 Our biggest concern here is it's just not  
8 accessible. We are just not giving people the information  
9 they need or engaging with them in a way that will  
10 encourage them to actually participate. Our biggest  
11 concern then is, as we improve or look to improve those  
12 health measures in the system, are we going to therefore  
13 increase the inequity because we haven't made that  
14 connection? That's where we started to talk about making  
15 information more accessible and available to people in the  
16 community.

17 We then talked a little bit about there needs to  
18 be a stronger focus on equity in education. This comes  
19 back to the new policies that have been announced by the  
20 state government. Sally is going to talk to both of them,  
21 which is the roadmap for reform for children, youth and  
22 family services and the education state policy.

23 MS RICHMOND: Thanks, Jayne. As we know in terms of addressing  
24 disadvantage, and deeply entrenched disadvantage  
25 particularly, some of the biggest pathways out of  
26 disadvantage is education and employment. On the  
27 employment side, helping vulnerable people and  
28 disadvantaged people find jobs is largely a Commonwealth  
29 responsibility. But, in terms of the state government,  
30 the state government has recently announced its reform  
31 agenda to make Victoria the education state. So this is a



1 very significant investment in schools here in Victoria to  
2 ensure that children and young people have the education  
3 and the skills that they need with a particular focus on  
4 helping children at risk of disengaging from school and  
5 also making sure that children who need extra help can get  
6 the extra help at school. So this is really quite a  
7 significant sort of reform agenda from the current  
8 government.

9 So, firstly, there is some additional investment  
10 that the state government is making in the current budget.  
11 So that's included, as you may have seen, a new primary  
12 school in Morwell as well as additional funding for  
13 programs for kids who need extra help at school and also  
14 some additional funding to help strengthen the child and  
15 family services system. So there's been some additional  
16 funding in the 2015/16 budget.

17 But, importantly, the government has some  
18 significant reform agendas that are now under way, so the  
19 education state, and then the other big one is the reform  
20 of the child and family services system that was recently  
21 announced by Minister Mikakos. That's called the Roadmap  
22 for Reform: Stronger Families, Safer Children. That  
23 Roadmap for Reform will be setting out a course of action  
24 to improve the service system for children and family  
25 services to help prevent abuse and neglect, to intervene  
26 early with families who need additional support, to help  
27 families keep together and to secure better futures for  
28 children who can't live at home. So that reform agenda is  
29 a very major reform that is being planned over the coming  
30 years, and there are some consultations here in Traralgon  
31 in a few weeks about that.

1                   So that reform agenda by the Victorian government  
2                   is a significant opportunity for us to build on and will  
3                   help to reshape the delivery of services here in the  
4                   Latrobe Valley and should make a big difference in terms  
5                   of all of us working together to improve outcomes for  
6                   disadvantaged people here in the Valley.

7 MS GALLO: Thanks, Sally. I have just been looking too, a bit  
8                   like Evelyne earlier, "move beyond a welfare state".  
9                   That's not actually what we said. What we actually talked  
10                  about was the community is not interested in a handout.  
11                  It actually wants to be self sufficient. It wants to  
12                  drive its own future.

13                  What we were talking about was it might need  
14                  additional resourcing to give it a poke in the right  
15                  direction, because you can't start new stuff usually  
16                  without some sort of resource. Through this we wanted to  
17                  develop a community vision. It's about having people  
18                  engaged on the ground deciding their future and how that  
19                  will occur.

20                  We then wanted them, a bit like Go Goldfields, to  
21                  look outside the box. What is a different way we might  
22                  utilise what we have in this community now which is really  
23                  good and take it and transition it to something else in  
24                  the future? So we talked about identifying natural  
25                  community leaders who would bring people together and  
26                  would have the courage to see this through for the five to  
27                  10 years it's going to take, or longer, and ensure that we  
28                  also bring all the community sectors, the government  
29                  bodies, everybody around the table to talk about what does  
30                  our community want for the future and then for them to  
31                  make their decisions about where they want to go.

1 MS RICHMOND: Maybe just to add to what Jayne's saying, we did  
2 talk a lot about the importance going forward of making  
3 sure we are not further stigmatising the community and  
4 just the real importance of how we take our activities  
5 into the future, and I was reminded of this.

6 A couple of weeks ago we ran some co-design with  
7 young people who have been in out-of-home care. I sat  
8 opposite a young woman who was in residential care and  
9 talking to her about what was important to her. I was  
10 just struck by how ordinary her aspirations were. Just  
11 quickly, they were things like to be able to complete Year  
12 12; to be able to read some more books, because she loved  
13 reading books; to be able to see her brother, who was  
14 living in another residential care facility; and to keep  
15 off the drugs. It just really struck me how for people in  
16 the community their aspirations are actually normal and  
17 like every other community here in Victoria. So it's just  
18 really a point about let's make sure we are not  
19 stigmatising people further.

20 MS STANSEN: Before you leave this area, Jayne I wondered  
21 whether you would talk about some of the ideas that were  
22 generated when we engaged with our observers and in  
23 particular connecting the community through the kitchen  
24 gardens or community gardens.

25 MS GALLO: It was interesting to see Stephanie Alexander's  
26 garden up here earlier because that was the one I was  
27 trying to remember, and we did talk a lot about having  
28 community gardens, places where people can come together.  
29 They might be walking past and they may not engage with it  
30 on the first time past, and then some time later they  
31 might see some tomatoes growing and somebody says, "How

1 did you get the tomatoes to grow?" So how do you create  
2 that sense of community was very much what Wendy was  
3 talking about when she was raising that issue in the  
4 group.

5 MS SAYERS: In terms of medium- and long-term solutions we  
6 talked around - and it comes to Evelyne's point around  
7 those who need the service most get the least - let's  
8 think about a universal service guarantee that actually  
9 guarantees that everyone in the Latrobe Valley gets a  
10 minimum level of service, whether it be through maternal  
11 and child health, through the health system, through the  
12 community sector, that there is actually a commitment for  
13 a minimum standard of service that everyone can access,  
14 and then tiering off that it can grow proportionate to the  
15 level of vulnerability; so in terms of nailing it up and  
16 saying, "Are we doing that? Let's measure is everyone in  
17 the community getting a minimum of what is needed to  
18 support them to live a good life and to live a healthy  
19 life?" We need to monitor and ensure there is equity and  
20 quality. It is not enough to say our service is  
21 accessible if what they get there is a crappy service once  
22 they get there. We actually need to make sure they are  
23 getting quality services.

24 So there is very solid evidence around that  
25 proportionate universalism that if you scale up off a  
26 universal service system you are more likely to get the  
27 support for the most vulnerable. However, the way our  
28 current service system was designed kind of is around we  
29 put a new program on top of another new program and  
30 another new program on top and what we have is a spaghetti  
31 tree of services. If you were designing a car it would be

1 like putting the car door on, taking it off again. Then  
2 you want to see another service, and then you actually put  
3 the car door back on again. We have designed our service  
4 system in a way that is so complex. We need to say what  
5 are the universal and minimum things.

6 This mine fire has given an opportunity to really  
7 think quite radically. If we are going to transform this  
8 community - if we are going to do the same things and  
9 think we are going to get a different outcome then we are  
10 totally going to get the same outcome. So we actually  
11 need to think about doing things quite differently.

12 We did talk around that universal platform, but  
13 I think Kellie reminded us that we really need to dig  
14 beneath the roots around those building blocks. I don't  
15 know if you wanted to add any more Kellie about that.

16 MS HORTON: I guess it's just building on what you were saying  
17 in terms of being clear that it's easier to deal with the  
18 things that you can see every day and the issues that  
19 people are presenting with to services, but we have to  
20 think about what's going on in the context of their daily  
21 lives - when they go home, what's going on - and also  
22 getting back to what are the decisions that are made by  
23 governments, that are made by us as society, that are made  
24 by the private sector that have big influences on our  
25 lives and what impact does that have; so again just  
26 thinking about the connection through the tree and make  
27 sure we are not making one decision without thinking about  
28 what the impact is on the broader system or the root  
29 system basically.

30 MS SAYERS: The last point was one that we just talked around  
31 in terms of for vulnerable people how do we create and

1 seed social enterprises that might be a pathway into skill  
2 development, into community participation, into a sense of  
3 social cohesion. The social enterprise movement in places  
4 like the UK has really gone way ahead and there's a lot of  
5 interest in social enterprise as a way of building  
6 community cohesion and capacity. So that was another  
7 thing that we kind of talked about, which was a bit left  
8 field.

9 MS STANSEN: Thank you very much. I notice the time. So in  
10 one minute or less can you give me your top one - or two  
11 if you are fast talker, keeping in mind our poor  
12 stenographer has to take this all down - the strong  
13 message you would like the board to take away or your top  
14 priority or something that you feel very strongly about.  
15 Starting with you, Sally.

16 MS RICHMOND: I will maybe just say a point that hasn't been  
17 raised, and that's really to say that social issues are  
18 obviously very complex and difficult. If you just take,  
19 for example, the issue of family violence, it's something  
20 that just is not only affecting people here in the Latrobe  
21 Valley but is affecting many people, many communities and  
22 many, many Australians. Obviously issues like that are  
23 very complex and the government has set up the Royal  
24 Commission into Family Violence obviously to explore the  
25 issue about responses.

26 But it underscores that with the social issues  
27 everyone has the responsibility, as Ken Lay has been so  
28 good in articulating in the media. So it's these complex  
29 social issues. Government has some responsibilities, but  
30 it is also community sector organisations, it's family  
31 members, it's the broader community. So it's just really

1 to make the point that it's everyone's responsibility to  
2 do their bit in terms of resolving some of these complex  
3 social issues.

4 For the service system, we need to ensure that we  
5 have integrated responses so that we have police,  
6 community sector organisations, government all working  
7 together in an integrated way so that we have effective  
8 responses going in at the key times.

9 MS HORTON: I think we have used the word "radical" a few times  
10 today and I think this is the opportunity to do something  
11 different with this community. The energy and the input  
12 that's been harnessed through this process needs to be  
13 carried on. I know the organisation I work for, I'm  
14 thinking about how I can go back and what can we be doing  
15 to support a new way of working here. Health equity is  
16 really hard. Lots of people have been doing research in  
17 this area for a long time and we are still not very good  
18 at saying that's the thing that works because it is really  
19 hard.

20 But there is an opportunity to go through a new  
21 way of working with community here to say, "Let's think  
22 about what we could do differently and let's see what the  
23 impact is." I keep coming back to whatever actions end up  
24 coming from this process and going forward in this  
25 community we need to think about differential impact.  
26 It's great to think about what happens for the community  
27 as a whole, does social disadvantage decrease, but also  
28 what's happening for the particularly vulnerable groups in  
29 this community, making sure that any investment, any new  
30 ways of working are evaluated to see what is the impact  
31 for Aboriginal communities, what's the impact for people

1 with disabilities, refugee communities, the groups that we  
2 know that struggle the most, have the worst health status  
3 and we make sure that we don't make things worse. It  
4 would be terrible to say, "Yes, we are doing some great  
5 things across the community, but we have actually made it  
6 worse for some particular groups of people who live in  
7 this area who are doing it tough."

8 MS SAYERS: Mine would be don't bomb in a whole lot of new  
9 things, build on what's already here, and the essential  
10 role of the community sector in emergency planning because  
11 there will be another emergency, if there is a heatwave,  
12 we know emergencies with climate change are an inevitable  
13 fact. The community sector struggles to keep delivering  
14 services for the most vulnerable people in an emergency  
15 because they have their own - so we need to embed  
16 emergency planning in those organisations that work with  
17 the most vulnerable in our community.

18 MR TONG: For me it's engage with the community in everything  
19 we do in a respectful way; use asset based community  
20 development approaches in all of our work; and to think of  
21 creative ways. Look at the issue of men's violence  
22 against women. Look at the fantastic work done by the  
23 Pink Sari Group where if a man is violent towards a woman  
24 in a village in India everyone puts on their pink saris,  
25 gets around there and shames the heck out of him. They  
26 use tremendous social pressure. That doesn't cost  
27 anything. That's not a government idea. That's  
28 communities taking responsibility for themselves and  
29 saying, "We don't do that here." So it effects a cultural  
30 change. It works in a most amazing way. It's the kind of  
31 work that brings great joy to my heart to see communities



1 taking responsibility for themselves. The Latrobe Valley  
2 is certainly not a basket case community. It's a strong  
3 and vibrant and dynamic community. It just needs a bit of  
4 a hand at the moment.

5 PROFESSOR DE LEEUW: Steven stole my thoughts. Respect,  
6 community, engagement. But I might want to add that a lot  
7 of people feel distrust in regular institutions and you  
8 don't easily gain that trust back again. If there is  
9 anything that we should try to do in the next two years or  
10 so is to show that institutions ask be trusted, that they  
11 can deliver. Maybe you want to start small. I was  
12 thinking about micro-financing entrepreneurial activity.  
13 Lots of people have ideas. A little loan could go very  
14 far. Again, there's international evidence that that  
15 would be working really, really well. Then in the long  
16 run we may have to re-invent the entire Valley. I just  
17 posted a tweet about a radical re-design of the mine pit  
18 in 30 years from now so that it becomes an abseiling,  
19 rock-climbing, tobogganing, BASE jumping adventure pit.  
20 Wouldn't that be fantastic?

21 MR TONG: Paintball and we're there.

22 MS STANSEN: That's our next hearing.

23 MS GALLO: Just to finish off and to add to all those things,  
24 don't expect that the vulnerable communities are going to  
25 come to you. You actually have to reach out to them and  
26 you have to prove that you are worth their time and energy  
27 by empowering them to make decisions.

28 MS STANSEN: Well said. I just wanted to pass on to the board.  
29 Any questions, comments?

30 MRS ROPER: I just have one if I can. It builds on what Jayne  
31 just said. It was to Mary. Mary, you said the vulnerable

1 people are not hard to reach but the system is what makes  
2 it hard. If you could wave that magic wand over the  
3 system what's the one or two things you would just change?

4 MS SAYERS: That's hard because it is very complex. But  
5 I think in terms of looking at those soft entry points  
6 into the service system and building off those; the  
7 universal services that the community will go to like the  
8 school, build off that; like maternal and child health,  
9 build off that; like your shopping centre. Where are we  
10 thinking around where people gather? Build where people  
11 go rather than thinking they are going to catch a bus.

12 Vulnerable people, they shouldn't know all the  
13 business that happens behind all the silos that we face,  
14 all the funding barriers that we face. It should be  
15 totally opaque to them. All they should see is a good  
16 service. But unfortunately what they have is a whole lot  
17 of acronyms, "You need XYZ service that's funded by PDXYZ.  
18 You're not eligible for that. You need an assessment to  
19 get into that." It's that no wrong doors approach. There  
20 is a lot of service re-design work that's documented in  
21 the evidence around how to do that. It's not easy, but  
22 that service system re-design needs to happen.

23 MS STANSEN: I just wanted to extend my thanks to you all for  
24 your hard work and great thoughts today. It's been a  
25 pleasure to sit and listen to you all. Thank you very  
26 much. John is going to make some comments.

27 PROFESSOR CATFORD: Thank you very much. Bernie asked me just  
28 to make some observations and close the session. It's  
29 been a fantastic day today, and that's built on two  
30 previous fantastic days. We really have broken new ground  
31 for a committee of inquiry. This was charting new waters.

1 It was frankly a bit of a risk, but you and your  
2 colleagues have really made it all happen.

3 We are absolutely delighted as a board. There's  
4 been a real spirit of cooperation. People have been  
5 connecting with each other, possibly for the first time  
6 even; agencies talking to each other; agencies from  
7 outside Latrobe Valley offering to help. There's very  
8 strong pride of place; very positive and constructive  
9 suggestions and really a genuine will to make things  
10 better.

11 We have had such a rich variety of suggestions.  
12 It's really been very difficult to track them all. We  
13 have had things from left field like three-year-olds  
14 should be measuring the blood pressure of their parents to  
15 a new railway station just outside, or perhaps this will  
16 be the new platform 1 to Melbourne right here. We have  
17 heard about more seats for more walking just from the  
18 group earlier on, which is a bit of an oxymoron. But if  
19 you want to encourage more walking you need to provide  
20 more seats. We have heard about a valley of gardens too.

21 But, more seriously, there's also been  
22 discussions about community screening days, to more school  
23 nurses, from health coaches, people helping people with  
24 chronic disease, from health coaches to health buses,  
25 buses to take kids to the beach who have never been there  
26 before. We have heard about tele-health and  
27 telemarketing, promoting the Valley as a place to be and  
28 to come to. We have heard about quit smoking campaigns  
29 and nursing programs in the community; worker health  
30 checks to mental health outreach. These are just a range  
31 of the richness from hard-end medical issues about trying

1 to find ways to encourage more doctors to live in the  
2 Valley through to actually making our emergency department  
3 around the corner more child safe and child friendly.

4 We have heard about community education programs  
5 and blended payment schemes for chronic disease  
6 management, participative planning and governance to  
7 advanced medical training programs here in the Valley that  
8 we can actually grow our doctors of the future, better  
9 training of professions, better care guidance for primary  
10 care.

11 To me the overarching theme has been one of  
12 stronger integration between hospital, community health,  
13 council and the primary care network, and this whole  
14 question of joined up leadership, agencies engaging with  
15 and co-designing with the community; very powerful  
16 messages.

17 So I want to thank you all for making that  
18 possible. A few special thanks, firstly to Matt Bigg and  
19 Sarah Kennedy, who have been amazingly transcribing what  
20 you and your colleagues have been saying. Some of you  
21 speak extremely fast and I think Matt and Sarah have done  
22 a fantastic job. So your transcripts are probably up on  
23 the website already, but will be any moment. Everyone has  
24 an opportunity to comment back to us on anything that's  
25 been said by 6 October. So please take that opportunity.

26 We would like to thank the Century Inn for their  
27 hospitality. It's gone extremely well. It's been a great  
28 place to meet. Special thanks to John for the PA support  
29 and technology support you have provided. That's gone  
30 seamlessly.

31 The inquiry team has done quite an amazing job to

1 get everyone together on these days. I know it's been  
2 enormously frustrating for many of us trying to get all  
3 the people, but it's really remarkable that that's  
4 happened. So special thanks to Genelle Ryan, who is  
5 heading up the Secretariat, and particularly the Health  
6 Lead Monica Kelly for her work too.

7 I would like to thank the Victorian Government  
8 representatives. I know for some of you it has been hard.  
9 You have so much to contribute. I know there's a code of  
10 silence, that you can't comment on future policies. But  
11 you have been extremely constructive, engaging. You have  
12 provided some very valuable information. I'm sure the  
13 community have been very pleased to see a face behind a  
14 name and a name behind a department. So thank you very  
15 much.

16 But of course very special thanks to the panel  
17 participants. We have had literally dozens of you over  
18 the last few days, and there are more to come. Of course  
19 we are now building for the next forum on 13 October when  
20 we will be debating the issue of a health conservation  
21 zone for the Valley, a health advocate and picking up this  
22 very strong theme of community engagement and  
23 communications. That will be followed then by the  
24 concluding forum on 19 October.

25 So it would be true to say from the board's  
26 perspective this has really been a very successful  
27 enterprise. We have benefited greatly from you. We will  
28 be taking on board all the suggestions, what we have  
29 received in public submissions, research we have done and  
30 further submissions potentially to try and come forward  
31 with the best possible way forward which we will be

1 presenting to the government later this year.

2 As I said earlier, there's a real opportunity to  
3 make a lasting difference here in the Valley, and with  
4 your contributions and your colleagues that could well  
5 happen and the Latrobe Valley will be a shop window for  
6 health, a national leader literally at the coalface. So  
7 thank you all very much indeed, and have a safe journey  
8 home.

9 FORUMS ADJOURNED

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