



WITNESS STATEMENT OF JANE ANDERSON

I, Jane Anderson, Latrobe Health Advocate, of Level 1, 154 Commercial Road, Morwell, say as follows:

Background

Please detail your background and experience, including your qualifications.

- 1 I am currently the Latrobe Health Advocate (a role which I describe further below).
- 2 Prior to my role as the Latrobe Health Advocate, I was the Regional Director of Anglicare Victoria. In this role I had the responsibility for leading the operational, strategic and quality performance of programs within Gippsland. I worked at Anglicare for 17 years; 12 of those years were in a regional leadership position.
- 3 I also worked for 11 years as a Victoria Police Officer and 7 years as a practising lawyer. I also worked in Morwell during the time of the Hazelwood Mine Fire supporting communities' recovery.
- 4 I have nearly 20 years of experience working with Latrobe Valley communities, and fighting for better and more services to improve health and wellbeing. I am passionate about social justice, the health and wellbeing of Gippsland communities and the natural environment. I have lived and worked in the Latrobe Valley for 20 years, and I am an active member of Regional Partnerships Gippsland.

Please describe your current role and responsibilities as the Latrobe Health Advocate

- 5 As the Latrobe Health Advocate, I provide independent advice to the Victorian Government, on behalf of Latrobe Valley communities, on system and policy issues affecting their health and wellbeing.
- 6 The local area of Latrobe City is located approximately 150kms east of Melbourne. It is one of Victoria's major regional centres, and is one of six local government areas that make up the broader Gippsland region.
- 7 Latrobe is home to 73,929 residents and 5,019 businesses. Latrobe City is made up of four central towns - Churchill, Moe, Morwell and Traralgon - and several rural townships: Boolarra, Glengarry, Toongabbie, Tyers, Traralgon South, Yallourn North and Yinnar.

- 8 Latrobe has traditionally been recognised as the centre of Victoria's electricity industry, with local coal mines and power stations providing significant employment opportunities, and contributing to the local economy for much of the past century.
- 9 My focus as the Latrobe Health Advocate is on strategic outcomes and systemic change, ensuring advice and activities within the Latrobe Health Innovation Zone (discussed below) are informed and underpinned by a strong collaborative approach.
- 10 I report to the Victorian Minister for Health. I am required to prepare an annual Statement of Intent outlining priority areas of work for the year ahead. I also prepare an annual report that includes my key recommendations for the Victorian Government, services and communities.
- 11 My responsibilities are to:
- (a) research, monitor and report on current and emerging issues affecting the health and wellbeing of Latrobe Valley residents;
 - (b) provide strategic advice and informed and collaborative leadership on health-related matters in the Latrobe Valley;
 - (c) enable, advocate and mediate system change and improvement to address barriers, or improve opportunities, for good health and wellbeing in the Latrobe Valley;
 - (d) provide leadership and an independent public voice to engage directly with the community, particularly more marginalised members, about health matters;
 - (e) actively engage and adopt a collaborative approach with stakeholders across the community in executing my terms of reference, namely:
 - (1) community members;
 - (2) business;
 - (3) industry;
 - (4) agriculture;
 - (5) health services;
 - (6) community organisations; and
 - (7) all levels of government
 - (f) engage and work collaboratively with the Department of Health and Human Services (**DHHS**), the Latrobe Health Assembly and the Hazelwood Long Term Health Study Ministerial Advisory Committee as relevant; and

- (g) chair the Latrobe Valley Asbestos Taskforce, which brings together governments, agencies and communities for the purpose of bringing about consistency, collaboration and improved community engagement and awareness for the management of asbestos in the Latrobe Valley.

What is the purpose of the Latrobe Health Advocate, the Latrobe Health Innovation Zone and the Latrobe Health Assembly? How and why were these established?

- 12 In 2014, a fire ignited and took hold in the Hazelwood coal mine. It lasted for 45 days. Latrobe communities were significantly impacted by this event. As a result, the Hazelwood Mine Fire Inquiries (**Inquiries**) were held.
- 13 The Inquiries found that the health profile of the Latrobe Valley, in particular Morwell, is poorer compared to other local government areas in Victoria and the average for the state.¹ The Inquiries established that there was a strong case for the health of the Latrobe Valley to be substantially improved, and highlighted the need to work differently to address health inequalities and entrenched disadvantage experienced by Latrobe Valley communities.
- 14 In response to the Inquiries, the Victorian Government:
 - (a) designated the Latrobe City local government area as a Health Innovation Zone (**the Zone**), the first of its kind in Australia; and
 - (b) established the Latrobe Health Assembly (**the Assembly**), and the role of the Latrobe Health Advocate. The Assembly and the Latrobe Health Advocate are key structures within the Zone that empower communities to have influence on health promotion, health planning, priority setting and service and program design.

The Health Innovation Zone

- 15 The Zone is a geographical designation, aligned with Latrobe local government area boundaries, in which voice is given to community aspirations in the planning and delivery of better health and wellbeing outcomes.
- 16 Developments and projects in the Zone are characterised by a new, innovative, community-led approach of co-design and community engagement.
- 17 Individuals and organisations are engaged with as part of any developments and projects, ensuring all people, including those who are marginalised and under-represented, have

¹ Hazelwood Mine Fire Inquiry Report 2015/2016 Volume 3, page 22.

choice, control and a voice in developing the supports and services they need in their lives.

- 18 Central to the Zone is the Victorian Government's commitment to enable changes in the pattern of investment in health services in the Latrobe Valley.

The Assembly

- 19 The Assembly was established in late 2016 as an incorporated association to facilitate new ways of working to enable local communities, local and state-wide agencies and governments, to work together to improve health and wellbeing in Latrobe. It has a leading role in the development and implementation of the Zone.

- 20 The Assembly brings together government departments and agencies, health and social services and communities as one legal entity. It has an executive board comprised of an independent chair, four community representatives, the CEOs of the Latrobe Regional Hospital, Latrobe Community Health Service, Gippsland Primary Health Network and Latrobe City Council, and a representative from DHHS. There is a broader general membership that includes a diverse range of community members and other health and social services. The constitution of the Assembly requires its membership to have a majority of community representatives.

- 21 The Assembly is supported by a team of staff that enable and facilitate engagement of its membership, and promote community participation in local health and wellbeing initiatives and activities.

The Latrobe Health Advocate

- 22 As stated above, the role of the Latrobe Health Advocate was recommended as part of the Inquiries. The Board of Inquiries envisaged that the Advocate would provide:

“a trusted and independent voice for the Latrobe Valley community, while also working in an integrated manner with the Latrobe Valley Health Assembly and its Board, to ensure the community is engaged with the development of the Latrobe Valley Health Innovation Zone.”²

- 23 The Board intended that the Latrobe Health Advocate be “primarily focused on the wellbeing of the community” and “maintain an appropriate level of independence”.³

- 24 The purpose of my role is therefore to give a voice to Latrobe Valley communities on issues relating to health and wellbeing. I act as a go-between for the Victorian

² Hazelwood Mine Fire Inquiry Report 2015/2016 Volume 3, page 123.

³ Hazelwood Mine Fire Inquiry Report 2015/2016 Volume 3, page 124.

Government and Latrobe Valley communities, providing advice to the Victorian Government on system and policy issues affecting their health and wellbeing.

How does the role of the Latrobe Health Advocate contribute to the Zone?

- 25 As the Latrobe Health Advocate, I act as an advisor to the Assembly and organisations within the Zone. I have a clear mandate to advocate for the best interests of Latrobe Valley communities.
- 26 Victorian Government departments and agencies, as well as local health and social services, regularly seek my advice and feedback on how their strategies and initiatives might relate to community views.
- 27 Governments, organisations, businesses and industry representatives often seek my advice about community engagement strategies, and opportunities to prioritise health and wellbeing, as part of their work.
- 28 Since commencing in the role, I have maintained a commitment to engaging with Latrobe communities, and hearing their views about and aspirations for health and wellbeing. I listen to the stories, concerns and aspirations from people in Latrobe. I share them with key stakeholders and decision makers within local organisations and all levels of government. This amplification of community voices forms the basis of conversations and decisions about systems change and innovation, with the intention to improve health and wellbeing outcomes in Latrobe.
- 29 I engage with communities across all towns in Latrobe, hearing from people from across the lifespan that represent a broad range of demographics. I have made a deliberate effort to reach out to those that may not usually have their voices heard.
- 30 My engagement techniques have been formal and informal, in person, through the local media and online. I have had conversations with people on buses and at bus stops, at community events and activities, in their workplaces, at neighbourhood houses, at local gathering places such as community gardens, multicultural centres and men's sheds, and online via social media and other digital platforms.

How in your role as the Latrobe Health Advocate do you work with the Assembly?

- 31 A key part of my role is to ensure that the voices of Latrobe communities are heard and considered by governments and services. I also seek opportunities to achieve strategic alignment of health and wellbeing and engagement activities within the Latrobe Valley.
- 32 I meet with the Chair and Executive Officer of the Assembly on a regular basis to identify shared priorities and ways of working. I attend Assembly meetings to elevate the voices

of Latrobe communities and to hear from members about what they are hearing from people in Latrobe.

- 33 I attend Board meetings to discuss and identify ways of working together and opportunities to align our work. This is valuable when the voices of communities highlight the need to design, and deliver, a health system that is well coordinated and cohesive, with good collaboration between services. Having community members, and the leaders of the major health services, in the room together creates a space where the status quo can be challenged and where opportunities to work together to make improvements can be identified.

Reflecting on the recent changes in the Latrobe Valley, including the introduction of the Assembly, the establishment of your role and designation of the Zone, from your perspective:

What are the strengths of such models?

- 34 Place-based approaches such as the Zone have a focus on community leadership and participation. There is a greater awareness of, and respect for, the local context, with consideration of how broader population health and social issues manifest in the everyday lives of everyday people.
- 35 There is recognition that different people and communities will be impacted by the same issues but in different ways. Therefore, acknowledgement that the intervention or delivery of services need to be designed in a way that is fit-for-purpose.
- 36 Involving communities in decisions that affect them can result in outcomes that are more grounded in community and relevant to their needs. Enabling ongoing community participation in decision making can enhance trust in governments and services.
- 37 Place-based approaches and participatory engagement methods can empower communities and individuals to have more control over their lives. Having control over and improving your own health is recognised by the World Health Organisation (**WHO**) as a core component of the Ottawa Charter for Health Promotion.
- 38 The Zone ensures a focus on community health and wellbeing and builds on the strengths of a community, which combined with economic development provides opportunity for prosperity.

Is there potential for broader applicability in other communities? Why or why not?

- 39 The concept of the Zone or other place-based approaches could absolutely be considered for other communities.

- 40 It would be important to consider the context and needs of a community upfront. The Latrobe Valley, for example, is a complex community with a number of compounding health and social challenges, some of which are inter-generational. It is also recognised as a community that is experiencing an economic transition.
- 41 Consideration would also need to be given to how a place-based approach might relate to the broader context of state and national policies and services. It is important to adequately resource the approach at a local level, and to create ways to enable and support change at a broader level.

Are there any early lessons or other factors that should be taken into account when considering replicating similar models in other communities?

- 42 Collaboration is more than just bringing communities, governments and services together. It relies on trust and an ability to compromise. It requires recognition and acknowledgement of the different perspectives and expertise that everyone can contribute (for instance, government and health services offering policy and technical expertise, and communities bringing context expertise and lived experience).
- 43 Trust takes time to develop and it requires an investment into building relationships. In many relationships there are power dynamics that may be unintentional, however, they need to be considered. Deliberate efforts need to be made to create neutral spaces where there is a balance of power.
- 44 It is important to build the on the existing strengths of community and enhance existing infrastructure, systems and services.
- 45 It is also important to identify a common agenda and, wherever possible, to align policies, strategies and plans. Consideration should be given to existing strategies such as any existing health and wellbeing plans.
- 46 Stakeholder and community engagement needs to be meaningful and ongoing. It needs to begin with an emphasis on establishing relationships and ways of working together. There is a risk that communities will lose interest if they do not feel listened to or valued, or if they can't see action.
- 47 It can be difficult to influence state-wide agenda and policy directions from a local perspective. Government departments and peak bodies often have a centralised, or Melbourne-based, operating model that is not designed to be responsive to the needs and aspirations of local communities.

- 48 The role of governments and services needs to continually evolve. Place-based approaches and collaborating with communities require a different way of thinking and a different way of working. There is often uncertainty and a need for letting go of control.

Community resilience

Reflecting on your time in the Latrobe Valley, please describe: some of the challenges and hardships that the community has experienced; and how these hardships have impacted on the mental health of individuals.

- 49 I am always careful about highlighting the challenges and adversity facing Latrobe communities. It is important to identify and understand the issues, however, it is equally important to provide a balanced perspective and highlight the strengths and assets of a community. There is a risk that if emphasis is only placed on what is wrong, this could exacerbate the problems and perceptions that others have of a community, and that a community might have of it.
- 50 People in the Latrobe Valley, however, have faced a number of significant events in recent decades. These include the impact of privatisation, the 2009 bush fires, the 2014 Hazelwood mine fire, and the recent closure of the Hazelwood mine and power station. As well as these events, there are health and social challenges impacting local communities.
- 51 The Hazelwood Mine Fire Inquiry Report stated that the poor mental health of the Latrobe Valley community is a "growing concern".⁴ The Board was advised, by the expert panel on mental health, that there is "a need to transform the mental health services system" in order to improve health in the Latrobe Valley.⁵
- 52 In my conversations with people in Latrobe, mental health and wellbeing is the most common issue raised. Latrobe communities have demonstrated that they care about the mental health and wellbeing of themselves and each other. Most of the time, concerns about mental health are associated with other factors such as violence, alcohol and drugs, or the broader determinants of health such as employment and education. Concerns for the mental health and wellbeing of children and young people have been raised on several occasions. People also talk to me about social isolation, loneliness and the importance of community connectedness.
- 53 Through my research I have come to understand that:
- (a) people in Latrobe experience higher levels of psychological distress than most Victorians;

⁴ Hazelwood Mine Fire Inquiry Report 2015/2016 Volume 3, page 43.

⁵ Hazelwood Mine Fire Inquiry Report 2015/2016 Volume 3, page 46.

- (b) alcohol and drug related harm is significantly higher in Latrobe than most places in Victoria;
 - (c) people in Latrobe are almost three times more likely to suffer from family violence;
 - (d) Latrobe has the fifth highest unemployment rate in Victoria; and
 - (e) people in Latrobe are twice as likely to smoke, and they are frightened to quit because smoking is their coping mechanism.
- 54 The needs of the Latrobe communities are known and documented. The Inquiries brought to light the entrenched and systemic challenges facing the Latrobe communities.
- 55 The Hazelwood Health Study (HHS), which was established to examine the impacts of the fire in the Morwell open cut brown coal mine, found that the fire:
- “had a substantial impact on community wellbeing, most notably a loss of trust in the authorities dealing with the crisis. The main factors leading to this loss of trust were the problems with communication and information, the lack of an emergency plan and a sense on the part of some in the community that the government, authorities and GDF Suez (the owners of the mine and power station) had not accepted responsibility for what happened and were not held accountable.”⁶*
- 56 The HHS interviews with students from schools in Morwell and Traralgon found that the fire, and the resulting air quality incident, impacted on some children’s social, emotional and academic wellbeing.⁷
- 57 The HHS also found that students experienced “key symptoms of distress” associated with the fire, including: dreaming about the event, feeling more restless, or trying to avoid thinking about it by distracting themselves with other activities.⁸ Students also reported that family, friends and school personnel played an important role in supporting them at the time.⁹ Students stated that in preparing for and responding to future events, clearer communication about the nature of the event and potential impacts, as well as information about what they can do to look after themselves and their families would be beneficial.¹⁰
- 58 The HHS Adult psychological outcomes study assessed the psychological impacts of six weeks of exposure to smoke and ash from the fire. The results of the self-report survey indicated that, “on average, the Hazelwood mine fire continued to generate moderate levels of distress in the local community more than two years after the event”.¹¹ The

⁶ Community perceptions of the impact of the Hazelwood mine fire on community wellbeing, and of the effectiveness of communication during and after the fire Research Summary (May 2019).

⁷ Children’s perspectives on the impact of the Hazelwood mine fire and subsequent smoke event (September 2018).

⁸ The ongoing experiences of students following the Hazelwood mine fire (March 2019).

⁹ The ongoing experiences of students following the Hazelwood mine fire (March 2019).

¹⁰ The ongoing experiences of students following the Hazelwood mine fire (March 2019).

¹¹ Adult psychological outcomes following the Hazelwood mine fire: A mixed methods study (November 2018).

interviews highlighted the “increased vulnerability of people with pre-existing mental health concerns”.¹²

59 Through my engagement with people in Latrobe, I have had the privilege of hearing many ideas and aspirations for a prosperous and healthy future. There is significant goodwill amongst communities, a desire to be part of the solution and willingness for change to occur.

60 People in Latrobe want to have their voices heard. They are ready for change and want to participate in the design and delivery of a health system that meets their needs.

In terms of recovery efforts and supporting the mental health and wellbeing of communities in the Latrobe Valley:

What models work well and why?

61 Providing opportunities for communities to come together and to enjoy recreational and social activities helps to build resilience. These activities need to be accessible and inclusive in the way they are delivered.

62 Some examples from Latrobe include the Yinnar Health and Wellness classes, Men's Sheds, Parkrun and Street Games, which is an initiative that was developed as part of the Zone. The Latrobe City Council and a range of other local organisations, including sporting clubs and neighbourhood houses, do a good job of providing these opportunities for the community.

63 Through my engagement with local Aboriginal communities, I have observed numerous examples where people can come together to celebrate who they are, where they have come from and to support each other to enjoy good health and wellbeing. I attended a number of activities during NAIDOC week and was inspired by the breadth and diversity of activities on offer.

64 The Tamarack Institute, based in Canada, suggests that there are four characteristics to a resilient community. These include:

- (a) positive attitudes and values;
- (b) proactive and ongoing leadership development and planning;
- (c) a localised economy; and
- (d) access to infrastructure and resources.

¹² Adult psychological outcomes following the Hazelwood mine fire: A mixed methods study (November 2018).

What factors impact on a community's resilience? Why?

- 65 According to VicHealth, "resilience" is broadly defined as 'the ability to stay balanced or to deal with and recover from adversity'.¹³ VicHealth states that their approach to increasing resilience across the Victorian population focuses on three broad areas of: encouraging personal strengths, fostering supportive relationships, and creating positive communities.¹⁴
- 66 Experiences in Latrobe have shown that for some resilience can be strengthened through adversity. During and after the 2014 Hazelwood mine fire the community had a strong voice and it is evident now that community leadership is growing.

What can be done to support and improve community resilience? Please describe these opportunities in the context of the role of:

Governments (Commonwealth, State and Local)

- 67 Governments at all levels could consider a broader definition of the 'health system'. A different way of thinking would allow for policies and funding to go beyond the traditional health and social sector. This would be enhanced if funding models had built-in flexibility with a focus on long term outcomes rather than inputs. In addition, community resilience would be enhanced if there were provisions to enable a responsiveness and degree of flexibility that allows for a localised context.
- 68 Broadening the definition of the 'health system' to include existing community assets, such as community groups, sporting clubs and neighbourhood houses, could increase both the reach, accessibility and uptake of health services and interventions.
- 69 Governments also need to consider their ongoing role in relation to participation in democracy and their responsiveness to voices of the community.

The mental health and broader health, education and social services sector

- 70 There is a consistent voice from Latrobe communities that they are looking for health professionals, services providers, organisations and governments that are approachable, and that have the capacity to demonstrate empathy. Latrobe communities are looking for services that are available to them at times, locations and in ways that are meaningful for them. One person once said to me that "we need someone in our towns and schools that we can go to, but don't call them a doctor or social worker". Another person said to me

¹³ <https://www.vichealth.vic.gov.au/search/resilience>

¹⁴ <https://www.vichealth.vic.gov.au/search/resilience>

that one day they accessed a service “because the door was open” and they felt comfortable walking in.

- 71 The fabric of Latrobe communities, like many other Australian communities, is such that there is a diversity of people, places and interests that provide opportunities for people to interact and participate in society. There are numerous community groups, clubs and associations, schools, workplaces, professional and social networks where people interact on a regular basis.
- 72 People in Latrobe have spoken of their connections to grassroots organisations and networks. This is what they understand and can relate to. They struggle to understand, and participate in, health services that are becoming increasingly complex and difficult to navigate.
- 73 Often, when people talk to me about their aspirations and suggestions for improved health and wellbeing outcomes, they talk about local solutions and services that are grounded in communities, and that are fit-for-purpose and fit-for-place. Suggestions include having health professionals available in schools, local exercise programs run by exercise therapists, community events designed for specific age groups and demographics, more accessible and inclusive clubs and facilities, and greater flexibility in government funding to achieve more relevance and localisation.

The community

- 74 Latrobe communities have identified the importance of social inclusion. It is the third most commonly raised issue.
- 75 People in Latrobe have said that people may experience social isolation or exclusion for a range of reasons, which may include physical or geographical separation, inability to access social events and activities, a lack of events and activities on offer to suit their interests or needs, or an inability to interact with others due to physical or mental ill health.
- 76 Latrobe communities have identified the stigma associated with mental health and have expressed a desire to address this. They have described their vision for mental health to become an everyday topic of conversation that is talked about as openly as physical health issues such as a common cold or flu.
- 77 The Assembly, in partnership with Lifeline Gippsland, has developed a campaign called ‘Hello’ that aims to promote and enable greater connectivity amongst local communities, and raise awareness of mental health and wellbeing. The campaign is intended to act as a precursor to the RUOK? campaign, recognising the importance of having an existing relationship or familiarity with someone, and building on that to support them to enjoy good mental health.

Disadvantage, education and employment

- 78 There are many drivers of poor mental health. People experiencing hardship may have multiple challenges such as financial stress, family violence, addiction issues or trauma. When you consider Maslow's hierarchy of needs you realise that for some people looking after their mental health falls down the list as a priority – it can become about day to day survival.
- 79 There are some areas - the Latrobe Valley is one - for which there is a stigma about the location. The stigma is often initiated by sensationalised reporting of events and this perpetuates negative views of self-worth. There is considerable effort being expended within Latrobe, particularly through a social media campaign called 'We Are Latrobe', to strengthen pride of place and to dispel negative views of the area and community.
- 80 Both education and employment are known social determinants of health, and it is recognised that they interrelate. Unfortunately, in Latrobe unemployment is higher than in any other Gippsland local government area, and is in fact the third highest in Victoria. This manifests, not only in people not participating in the workforce, it has also been described as creating a sense of hopelessness for individuals and their social networks. 8.6% of people in Latrobe, which equates to approximately 6299 people, are receiving income support.
- 81 People in Latrobe understand the connection between education, employment and mental health, and have shared their experiences and frustrations with me about some of the challenges associated with training and job seeking.
- 82 People from multicultural backgrounds, with valuable skills and qualifications have identified their own challenges in gaining employment, and the negative impacts the job seeking process can have on their mental health.
- 83 A number of people have expressed the view that they want to work and contribute to their family and society. There is a general desire to see more education and employment opportunities afforded to young people, new arrivals and other job seekers.
- 84 People have described education and employment as something that gives a person a sense of purpose. Often, when Latrobe communities describe their concerns about young people, social isolation and community safety, it is associated with unemployment.

Responsive services

Looking to the future, what can be done to prevent mental ill health and better meet the mental health needs of communities? Please describe these opportunities in the context of the role of:

*governments (Commonwealth and State);
the mental health sector; and
the community.*

- 85 Consideration should first be given to the overall context in which people live their lives. This would enable a shift from a medicalised model of health towards a social model of health – a reorientation of the mental health system. There needs to be a greater emphasis on prevention, with grassroots and community settings recognised and supported for the contribution that they make.
- 86 The WHO Social Determinants of Health highlight the individual lifestyle factors, social and community factors and broader socio-economic, cultural and environmental conditions that can impact on a person's health and wellbeing.
- 87 Further, the WHO Social Determinants of Mental Health go beyond this, and recognise that there are factors across all ages and stages of lifespan that can impact mental health and wellbeing, noting the importance of life before birth and early childhood. It is noted that social inequalities are associated with increased risk of many common mental disorders and that action needs to be universal: across the whole of society and proportionate to need in order to level the social gradient in health outcomes.
- 88 It is in this context and against these frameworks that current investment into mental health should be assessed. It may be that existing funding models, performance measures, health workforce challenges and orientation of services inhibits their capacity to respond to community needs and aspirations, and ultimately hinder their ability to help the very people that they are there to help.
- 89 People in Latrobe have consistently expressed their expectation that decisions that affect them should involve them. They are looking to be engaged and to be heard. They want to participate in the design and delivery of reformed health services that are responsive to their needs. They also want to contribute, in their own ways to improving the health of their community.
- 90 People in Latrobe have described a health system that is based on a medical, rather than a social model. They have expressed concerns that the way government policy and funding is designed, as it results in a fragmented delivery of care that does not take into account a holistic view of a patient or allow for consideration of carers, family and friends.

What significant social changes are likely to affect reform efforts aimed at better preventing and responding to mental health challenges?

91 The Interim Emissions Reduction Targets for Victoria (2021-2030) Final Report stated that:

"The Latrobe Valley's coal-fired power stations have provided cheap, reliable power to Victorian households, businesses and industries for the past 40 years. A structural transition away from coal power generation is now under way.

As the power stations in the Latrobe Valley reach the end of their operating lives, alternative sources of income will be needed, implying significant economic change in the region. A number of key indicators related to unemployment, education and health show that the region is also more socially disadvantaged than the Victorian average.

The key messages were that the economic transition in the Latrobe Valley needs to be orderly and planned, with closures signalled in advance, and must involve investment to grow existing businesses and support new opportunities and retraining for workers."¹⁵

92 Other factors that may affect reform efforts include climate change, an ageing population, and the impact of advances in technology. Further, there are increasing expectations at a community level for governments and services to engage with each other, and with communities, and for services to continually evolve, respond and remain relevant to their needs.

93 It is interesting to consider the role that technology might play. On the one hand it may be able to positively influence communications and engagement techniques, but on the other, there is a risk that the importance of face-to-face human contact and relationships could be overlooked. There is a further risk that those that don't have the means to access technology or progressive communications methods will fall behind.

94 Communities in Latrobe often talk to me about the importance of establishing a trusted relationship with health professionals, and express a desire for health professionals to show empathy and kindness and demonstrate strong interpersonal skills.

What can be done to ensure these efforts are accessible and responsive to the needs of local communities?

95 People in Latrobe have shared their concerns about the accessibility of health services. They talk about not knowing where to go, or who to talk to. They talk about having to retell their story too often, and the importance of having someone to go to that they can trust.

¹⁵ Independent Expert Panel, Interim Emissions Reduction Targets for Victoria (2021-2030) Final Report, page 102.

They have expressed an expectation for health services and organisations to engage with each other, and to provide a more coordinated response to community needs.

Drawing on your experiences, how should local communities be engaged on the design, implementation and delivery of reform efforts?

96 I would encourage governments and services to:

- (a) value the context and lived experience expertise that communities can provide;
- (b) be authentic and approachable, be open to take conversations where people want to take them, without being restricted by a predetermined agenda;
- (c) engage with purpose and with an awareness of the context in which people live their lives;
- (d) be committed to a deeper understanding of the conditions that hold a problem in place and work towards delivering systems change that meets the needs expressed by communities; and
- (e) reach out to communities at times and locations convenient to them demonstrates a willingness to truly hear from people without requiring them to come to you.

sign here ▶

J. Anderson

print name Jane Anderson

date 18 July 2019



Royal Commission into
Victoria's Mental Health System



ATTACHMENT JA-1

This is the attachment marked 'JA-1' referred to in the witness statement of Jane Anderson dated 18 July 2019.

Curriculum Vitae of Jane Elizabeth Anderson

Qualifications:

1999 Admitted to practice as a Barrister and Solicitor of the Supreme Court of Victoria
 1993 Victoria Police Prosecutors' Training Course
 1993 Victoria Police Senior Constable examination
 1988 Victoria Police Constables' Course

Education:

2011	Masters Human Services Management	Monash University
1998	Bachelor of Laws (Honours)	Deakin University
1986	Higher School Certificate	East Doncaster High School

Professional Experience:

Victoria Government

Latrobe Health Advocate – June 2018 – present

As Latrobe Health Advocate I provide independent advice to the Victorian Government on behalf of Latrobe Valley communities on system and policy issues affecting their health and wellbeing. I maintain a focus on strategic outcomes and systemic change, ensuring advice and activities within the Latrobe Health Innovation Zone are informed and underpinned by a strong collaborative approach.

Anglicare Victoria: Area Manager / Regional Manager / Regional Director Gippsland / Acting Director Client Services - April 2006 – May 2018

Anglicare Victoria supports around 80,000 children, young people and families every year. Through a range of services, the focus of the agency is on transforming the futures of children and young people, families and adults. The work is based on three guiding pillars – Prevent, Protect, Empower. In Gippsland, I manage a budget in excess of \$10 million, 150 staff and offices in Morwell, Warragul, Leongatha, Bairnsdale and Wonthaggi. As the Regional Director I have the overall responsibility of the leadership of these services; development, implementation and achievement of business plans and budgets; maintenance of progressive and credible profile of service amongst other providers and key stakeholders; implementation of organisational policy, standards and objectives; and leadership of the management team. I have responsibility to maintain and develop cooperative partnerships and relationships with organisations that enable children and families in Gippsland to be safe, well and achieve their aims. As the Acting Director Client Services, I have responsibility for all regional activity across the state (1400 staff), as well as business development and clinical practice.

Gippsland Community Legal Service, Anglicare Victoria: Solicitor, Principal Solicitor / Team Leader - January 2001 – April 2006

The Gippsland Community Legal Service provides free community legal services to people who live, work or study in Gippsland, with a particular focus on disadvantaged groups and those with special needs. I administered the coordination of management of staff, management of legal practice, training and supervision of junior solicitors and supervision of volunteers. I provided casework, delivery of community legal education, participation in law reform activities, and undertook professional development.

Tyler Tipping & Woods Barristers and Solicitors: Solicitor / Articled Clerk - January 1999 – December 2000

I completed articles at this firm and then became the solicitor in charge at the Moe satellite office. I provided client consultations, court appearances, preparation of documents, legal case management, legal education, staff management, and legal research.

Victoria Police: February 1988 – January 1999

Senior Constable, Regional Prosecutors' Offices and Research and Training Division

As part of my role in the Victorian Police I was involved in prosecution of briefs of evidence at the Magistrates and Childrens' Courts and had responsibility for final decision on prosecutions. I trained students at the prosecution course and undertook legal research at the Research and Training Division.

Constable and Senior Constable at inner city and metropolitan Police Stations, Constable at Commonwealth/State Joint Task Force and District Support Group

As a Constable and Senior Constable I was involved in mobile patrols, investigation of criminal offences, community liaison and assistance, analysis of criminal trends, supervision and training of junior Police officers, covert surveillance and investigation, preparation of briefs of evidence and search warrant applications.

J.B. Were & Son Stockbrokers: Stock Book Clerk - 1987

Board and Committee Memberships:

Gippsland Regional Partnership - Member

Regional Partnerships provide regional communities with greater say about what matters to them and ensure their voices reach the heart of government. The partnership increases collaboration between communities, industry, businesses and government to address the most important challenges and opportunities in the region. The partnership members engage with the Gippsland community to identify priorities for the region, harness good ideas, energy and passion and present the priorities to the Rural and Regional Ministerial Committee.

Inner Gippsland Child and Youth Area Partnership Committee - Member

Intergovernmental departments and community organisations addressing the needs of vulnerable children. Children and Youth Area Partnership is a Department of Health and Human Services (DHHS) and Department of Education and Training (DET) led committee that focuses on providing support for all children and young people that are vulnerable to achieve positive outcomes in life.

Child FIRST and Integrated Family Services (CFIFS) and Placement Prevention Inner Gippsland Alliance – Chair

The partnership consist of Anglicare Victoria, Uniting Care Gippsland, Berry Street Victoria, Quantum Support Services, West Gippsland Health Care Group, Bass Coast Health Services, Ramahyuck and District Aboriginal Corporation, Queen Elizabeth Centre and the DHHS. The focus of the CFIFS Alliance is to divert families from the Child Protection system by providing a range of interventions to work with families to improve the safety, wellbeing and development of children, to keep children safe at home and to reunify children with their family. The Alliance is a governance group with responsibility for data analysis, catchment planning, workforce development and training, community education and information strategies and partnership maintenance.

Youth Justice Group Conferencing Regional Advisory group - Chair

Youth Justice Group Conferencing is a restorative justice program that addresses offending behaviour of young people through a facilitated meeting with the young person, their family, the victim and the Police. The Advisory Group informs the development and direction of the program and includes key stakeholders from the Courts, Victoria Police, DHHS, Education pathways, Victims of Crime, and Legal representatives.

Outer Gippsland Leadership Alliance (OGLA) - Member

The OGLA drives strategic direction and leadership in community and human services in the Outer Gippsland Area (OGA). It promotes a model for integrated community and human services and leads cultural change across the OGA service system. It will ensure active participation in testing, evaluating

and further development of service delivery as part of the government co-design process and reform agenda.

Lifeline Gippsland - Board Director

Lifeline Gippsland is a community organisation that supports people in times of crisis and equips individuals and local communities to be resilient and suicide safe. As a Board Director I am involved in making decisions about governing the organisation in accordance with legal responsibilities. I am a member of the Nomination and Remuneration Committee which has responsibilities including the performance of the Chief Executive Officer and recruitment of Board Directors.

Gippsland Regional Aboriginal Justice Advisory Committee (RAJAC) - Member

Regional Aboriginal Justice Advisory Committees (RAJACs), with accountability to the Aboriginal Justice Forum, advocate for and promote improved justice outcomes and Koori justice initiatives to both Koori communities and government agencies. In addition to participation in general Committee business, I report at the meeting on cultural developments within Anglicare Victoria, activities at Kommall and performance of the Koori Youth Justice program.

Anglicare Victoria Reconciliation Action Plan Steering Committee – Co-Chair

The Reconciliation Action Plan (RAP) Steering Committee provides oversight for all matters relating to Anglicare Victoria's Reconciliation Action Plan. The goal of Anglicare Victoria's RAP is to turn good intentions into measurable actions that support Aboriginal and Torres Strait Islander people achieve equality in all aspects of life. Anglicare Victoria's RAP includes all activity across the organisation that builds positive relationships, respect and other opportunities between Indigenous and non-Indigenous people.

Latrobe Indigenous Community Partnership Project (DHHS 'Secretary's project') - Member

Intergovernmental departments, community organisations and community members coordinating response to achieve the aspiration of 'a vibrant connected and empowered community where culture is acknowledged and celebrated, people are proud to be Indigenous Australians, families are strong and able, children are happy and healthy and where young people can dare to dream and are supported to create futures of their choice'.

Parish Partnerships Steering Committee - Member

Anglicare Victoria has a rich and diverse relationship with the Diocese of Gippsland and hold bi monthly Parish Partnership meetings. Through combined efforts of the Parishes and Anglicare Victoria the Steering Committee have supported the community through a number of projects and grants that provides money aimed at impacting local communities. Projects supported by the grants program include "mainly music" groups, parish camps, community days, school breakfast program, play groups, and events throughout Gippsland.

Primary Care Partnerships Central West Gippsland – Past Governance Group Chair

The Central West Gippsland PCP is a partnership of health and community support agencies who are working together in the municipalities of Baw Baw and Latrobe. Our vision is that, by working together, we enhance the wellbeing of all people in our community. The PCP Strategy is funded by the Victorian government to improve the health and wellbeing of community members by strengthening relationships between primary care providers across a catchment area so they are able to implement improved service coordination, integrated health promotion and planning and joint programs.

Basslink Consultative Committee – Past Member

Elected community member of the government committee instituted to address community concerns in the Basslink electricity connection between Loy Yang and Tasmania.