

Appendix 4

Hazelwood Mine Fire Social and Community Recovery Sub-Plan

(For inclusion in the Hazelwood Mine Fire Recovery Plan)

Version	1.3
Date	20/3/14
Review	

Approved by:

Regional Recovery Coordinator

Date:

18/3/14

Distribution:

Social and Community Recovery sub committee
Hazelwood Mine Fire Recovery Committee
2014 State Recovery Coordination Team (via State Recovery Coordinator)

Document Control

This is version 1 of the Hazelwood Mine Fire Social and Community Recovery Sub-Plan.

PREPARED by: Andrea Spiteri DATE: 14 March 2014

ENDORSED by: Hazelwood Mine Fire Recovery Committee DATE: 18 March 2014

ACCEPTED by: Michael De'Ath DATE: 18 March 2014
 (for release) Regional Recovery Coordinator

1. Build Status:

Version	Date	Author	Reason
1	14/03/2014	Ellen Sheridan	Draft working plan
1.1	17/03/2014	Ellen Sheridan	Draft sub plan presented to sub committee for feedback.
1.2	19/03/2014	Andrea Spiteri	Draft sub plan presented to sub committee for further comment. Appendix 1 and demographics added.
1.3	20/03/2014	Andrea Spiteri	Amendments from Sub-Committee meeting 20 March 2014.

2. Distribution:

Copy No	Version	Issue Date	Issued To

1. Background

Task

The Department of Human Services was tasked by the State Crisis and Resilience Council (SCRC) to coordinate social and community recovery planning across State Government Departments and agencies for the social and community impacts on Morwell.

Purpose

The purpose of the social and community recovery sub-plan, which will form part of the Hazelwood Mine Fire Recovery Plan, is to outline and enable arrangements to provide social and community recovery planning that is locally relevant, can be locally led and be supported at the local, regional and state levels as a result of the Hazelwood mine fire.

End State

The ultimate goal for this sub-plan is:

- social and community recovery activities meet the needs of individuals and the community
- recovery activities are timely and effective
- recovery activities complement established objectives for the community's wellbeing and harness existing partnerships
- the capacity of local agencies and their staff is enhanced through involvement in social and community recovery activities.

2. Overview

Context

The demographic analysis of the Morwell and surrounding communities indicates a population with a range of financial and social challenges and capacity. The experience of the emergency will be varied for different people.

Latrobe City Council demographics

The 2011 ABS social-economic indexes for areas (SEIFA) reported that out of 79 Victorian LGAs (with 1 being the lowest), Latrobe ranked 7 for the index of relative socio-economic disadvantage, 7 for the index of economic resources and 2 for the index of education and occupation.

Morwell demographics

The ABS 2011 census reported the Morwell population of people aged 65 years and over (16.6%) was higher than the state average (14.2%). 10.7% people in Morwell reported being unemployed which was significantly higher than the state (5.4%) and the Morwell median weekly income (\$399) was significantly lower than the state (\$1,216).

Age structure - service age groups

Morwell - Total persons (Usual residence)

Service age group (years)	2011		
	Number	Morwell %	Latrobe City %
Babies and pre-schoolers (0 to 4)	940	6.7	6.6
Primary schoolers (5 to 11)	1,138	8.2	8.8
Secondary schoolers (12 to 17)	1,038	7.4	8.5
Tertiary education and independence (18 to 24)	1,427	10.2	9.6
Young workforce (25 to 34)	1,567	11.2	11.8
Parents and homebuilders (35 to 49)	2,559	18.4	19.5
Older workers and pre-retirees (50 to 59)	1,702	12.2	13.7
Empty nesters and retirees (60 to 69)	1,559	11.2	10.7
Seniors (70 to 84)	1,645	11.8	8.9
Elderly aged (85 and over)	368	2.6	1.9
Total population	13,942	100.0	100.0

Source: Australian Bureau of Statistics, Census of Population and Housing 2006 and 2011. Compiled and presented in profile.id by .id, the population experts. <http://www.id.com.au>

The major differences between the age structure of Morwell and Latrobe City were:

A *larger* percentage of 'Seniors' (11.8% compared to 8.9%)

A *smaller* percentage of 'Older workers & pre-retirees' (12.2% compared to 13.7%)

A *smaller* percentage of 'Parents and homebuilders' (18.4% compared to 19.5%)

A *smaller* percentage of 'Secondary schoolers' (7.4% compared to 8.5%)

Culture and ethnicity

Morwell

Population	2011		
	Number	Morwell %	Latrobe City %
Aboriginal and Torres Strait Islander population	396	2.8	1.5
Australian born	10,604	76.1	80.5
Speaks a language other than English at home	1,504	10.8	6.9

Source: Australian Bureau of Statistics, Census of Population and Housing 2006 and 2011. Compiled and presented in profile.id by .id, the population experts. <http://www.id.com.au>

2,348 people living in Morwell were born overseas and 9% arrived in Australia within the last 5 years. Of these 184 people spoke a language other than English and did not speak English well or not at all.

Emerging groups

Between 2006 and 2011, the number of people born overseas increased by 154 or 7.0%, and the number of people from a non-English speaking background increased by 228 or 16.5%.

The largest changes in birthplace countries of the population in this area between 2006 and 2011 were for those born in:

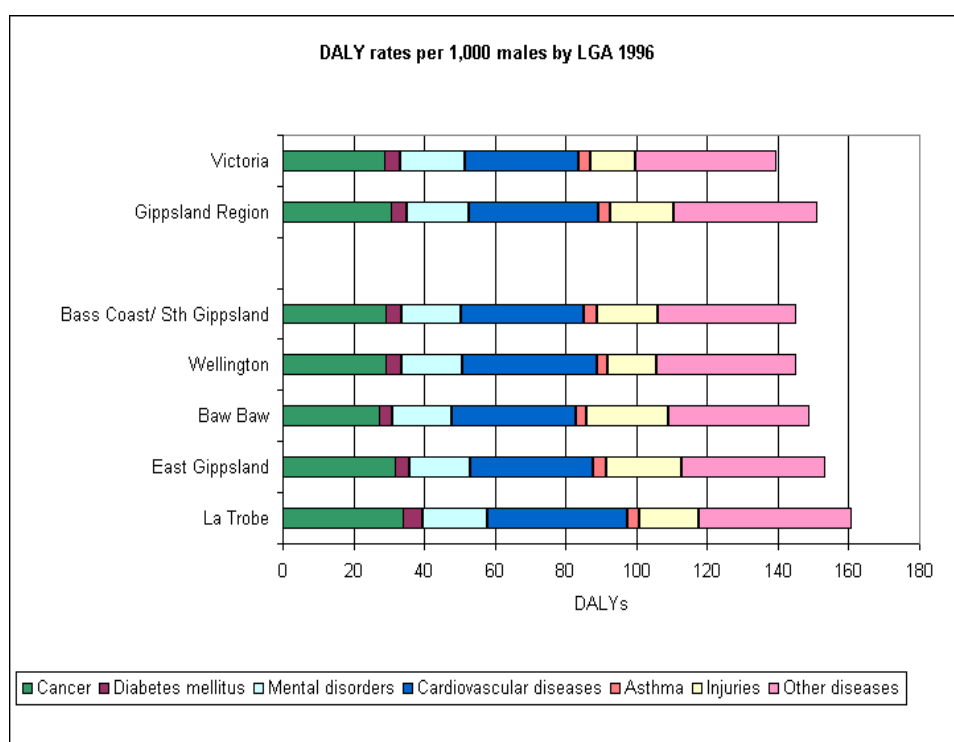
- Sudan (+108 persons)
- United Kingdom (-81 persons)
- India (+50 persons)

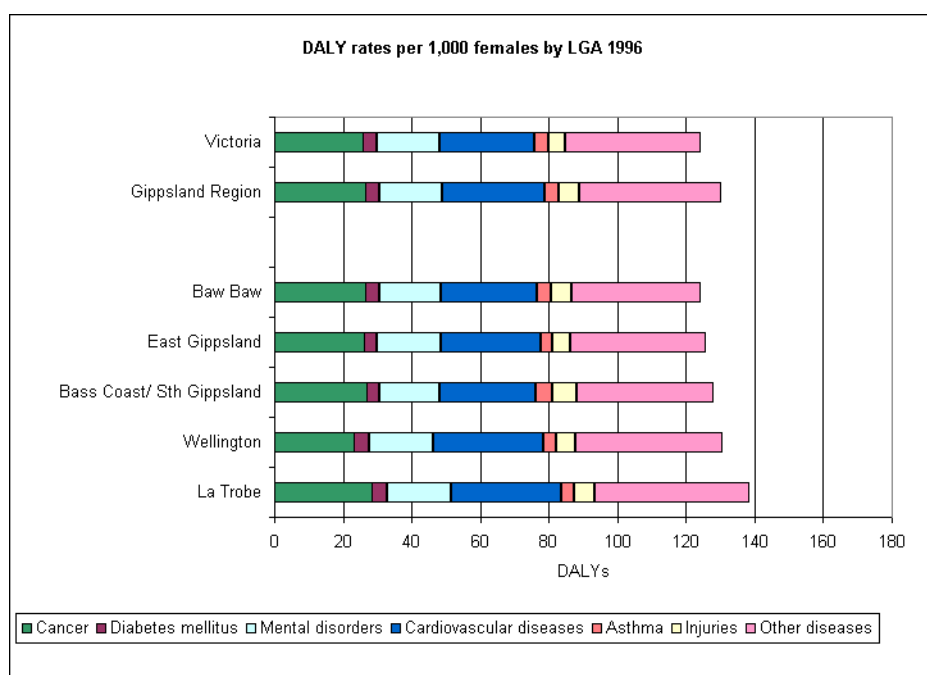
Morwell has an Indigenous population of 396 persons, or 2.8% of the population.

Burden of Disease

The Disability Adjusted Life Year (DALY) is a measure of the disease burden in a population combining the loss of years of life due to premature mortality with the loss of healthy years of life due to disease or injury. DALYs are the sum of years of life lost to premature death (YLL) and years lived with disability (YLD) adjusted for severity.

DALY rates for 6 National Health Priority areas





Source: Burden of Disease 1996, Department of Health

The tables above indicate that the City of Latrobe has higher aggregate DALY rates than Victoria as a whole and each of the other LGAs in the Gippsland region. Men in the City of Latrobe have DALY rates higher than the state average for diseases including cancer, cardiovascular, injuries and diseases in the “other disease” category. Women have higher than state average DALY rates for cancer, cardiovascular, and diseases in the “other disease” category.

In terms of life expectancy Gippsland has a statically significant lower than state average life expectancy for both males and females with males in the Gippsland region having the third lowest life expectancy of males in any region of the state and females in the Gippsland region having the lowest life expectancy of females in any region.

2,348 people living in Morwell were born overseas and 9% arrived in Australia within the last 5 years. Of these 184 people spoke a language other than English and did not speak English well or not at all.

Demographics for the southern area of Morwell

The median age in the area is significantly older than the rest of Victoria. It varies between 43 to 56 with the median age for regional Victoria being 41 and just 37 for the whole of Victoria.

This is further indicated through the percentage of low income households across the area varying from 32.0% of households up to 47.3%. This is compared to 25.4% of households for regional Victoria and 19.1% for Victoria as a whole.

24.6% of the population in this area are 65 years or older. Again, this is significantly more than regional Victorian (17.5%) or for the whole of Victoria (14.2%).

10.6% of the population in the area have indicated that they need assistance due to a disability (defined as people who need assistance in their day to day lives with any or all of the following activities – self-care, body movements or communication – because of a disability, long-term health condition, or old age). This compares with 5.6% for regional Victoria and 4.8% for Victoria as a whole.

Unsurprisingly, the number of children aged 0 to 4 years old is lower in this area (4.7%) compared to regional Victoria (6.3%) and Victoria as a whole (6.4%).

The 2011 Census data range collected across 4 census collection areas indicates that in the southern area of Morwell (the area to the south of Commercial Road) rental properties account for 22.8% (128 properties) of the housing stock with the ABS indicating that 102 or 79.6% of renters were in rental stress.

The median household income for this area varied between \$455 up to \$757 pw. This is compared to the median household income of \$1,216 pw for Victoria and is significantly lower than regional Victoria (\$945 pw).

Source: ABS 2011 Census (Place of Usual Residence)

Key Considerations

- Social and community recovery needs will vary and change over time.
- Recovery activities must prioritise a strong capacity building approach that strengthens the inherent resilience within individuals and the community as a whole.
- Supports and services should aim to utilise the local supports and expertise and plans within the community rather than reliance on external supports and services that will not be available to the community in the long term.

Priority groups

- Older adults
- Children and youth
- Families

3. Leadership and Coordination

Overview

The Department of Human Services is responsible for coordinating social and community recovery planning across State Government Departments and agencies.

The Department of Human Services led Hazelwood Mine Fire Recovery Committee is responsible for leading activities with oversight of implementation. There are six sub-committees who are developing recovery sub-plans that will feed into the Hazelwood Mine Fire Recovery Plan. The other sub-plans are in the areas of: health, clean up, economic, natural and agricultural, and community engagement. Each sub-plan closely links to the other.

The Department of Human Services and Latrobe City Council have primacy in planning local operational activities related to their social and community recovery program. This planning and associated implementation will be supported by the Hazelwood Mine Fire Recovery Committee.

The social and community recovery sub-plan will link with the relevant strategic directions of the Latrobe City Council Municipal Public Health Plan 2013-2017 so that recovery activities complement established objectives for the community's wellbeing and harness existing partnerships.

The social and community recovery sub-plan will also link with the Community Recovery Plan which is yet to be developed.

4. Relief Activities and support

Social and community activities/programs that existed prior to the fire continue and in some cases have been expanded. Additional social and community recovery activities have also been implemented to support the psychosocial wellbeing and recovery of the affected community. Additionally financial support was available to ease the financial burden and associated stressors attached for eligible residents seeking respite or relocation away from Morwell.

Information

This work links with the Community Engagement sub-plan. Actions to date:

- The Department of Human Services is making the services of Dr Rob Gordon and other consultant psychologists available to assist communications staff at the state, regional and local level in ensuring that messaging is appropriate for the population particularly considering the levels of anxiety and distress.
- Establishment of an Information and Recovery Centre

Respite, Relief and Relocation

The psychosocial wellbeing of the community has been supported through access to a range of relief and recovery assistance, enabling targeted assistance to help the most vulnerable. Actions to date have included:

- Psychosocial support provided through the various centres established to support the community seeking information, respite or relocation
- Establishment of respite centre in Moe with free bus service
- Free V/Line travel from Morwell
- Free and discounted entrance to places such as Melbourne Zoo, Werribee Plains, Healesville Sanctuary
- Free/discounted travel and entrance to a range of events within the region
- Financial assistance was provided to eligible residents in the form of either a respite or relocation payment. These payments were available from 21 February 2014 and ceased on 17 March 2014. A \$500 respite payment was available for eligible residents of Morwell. A relocation payment was available for eligible residents of South Morwell of \$750 for an individual and \$1250 for a family per week while the voluntary relocation order of the Chief Health Officer remained in place.

Timeframes

Timeframes are variable depending on the type of support. Some activities/programs have ceased on the Chief Health Officer's advice relating to the safe return of people to Morwell, while other activities/programs will continue to respond to ongoing needs.

Estimated costs

Funding to support current recovery activities is being sourced from Department of Human Services and Latrobe City Council (NDRRA category A expenses)

The estimated costs for delivering these activities/programs is to be confirmed.

5. Post-fire social and community recovery

Overview

It is usual for the social and community recovery needs of individuals and the community to vary and change over time. It is important therefore, to match these needs with appropriate and timely strategies and to monitor their effectiveness.

Information

Those staying within the community need to continue receiving clear and regular information. Potential activities include:

- Support for people needing to undertake clean up of their homes including assisted cleans and self managed cleans, associated equipment and information. (links to the Clean up sub-plan and Economic recovery sub-plan)
- Opportunities for people to talk face to face to discuss their concerns and options, which is particularly relevant for this community with literacy levels lower than much of Victoria.

Health

There may be stress and anxiety around current and future health issues that needs to be well managed. This stress and anxiety will be dependent on the environmental quality, the effects of the event on individuals circumstances and individual's personal qualities. Some members of the community are concerned that they are not being told the truth about the health risks and are worried about long term health issues (links with the Health sub-plan).

Community engagement

Community information is important and building in some work with pre-existing groups will allow people who do not usually have a say to be heard and have good discussion (links with the Community Engagement sub-plan).

Promoting community pride

In the last Latrobe City Municipal Health and Wellbeing Plan, 91% of Latrobe residents (broader than Morwell) said they can get help from friends, family or neighbours when needed *and they want*:

To promote and support a healthy, active and connected community

To provide facilities and services that are accessible and meet the needs of our diverse community

To enhance the visual attractiveness and liveability of Latrobe City

To provide a well planned, connected and liveable community

Events to help overcome some of the stigma related issues associated with the portrayal of Morwell and confirm for the many residents what they feel about Morwell. Potential activities include:

- One or more large regional events hosted in Morwell that encourage people across the region to come to Morwell and let the residents feel that it is a place that they want to be
- Identifying assets people want highlighted in their community e.g. trees, streetscapes, historical markers (link to natural and built environment plans, <http://www.morwellhistoricalsociety.org.au/>), a photograph display in the art gallery
- Dedicated programs to help people feel better about themselves (e.g. opportunity for people to get together at social days) and/or evidence based programs around building self-esteem.

Psychosocial support

Anxiety/distress and related issues arising from community dislocation are expected in the medium to longer term. It will be important to watch for increases in alcohol/substance abuse and family violence. Potential activities include:

- Increasing pre-existing prevention/awareness programs
- Alcohol-free, smoke-free community events
- Community Information Sessions
- Professional development for agency staff.

Innovative service models will build upon the outreach already underway. Potential activities include:

- Counselling staff undertaking visits to people's houses particularly where people are house bound.

Many people (e.g. volunteer fire fighters, Red Cross volunteers, and other service clubs) are already supporting neighbours and vulnerable people within the community and there is an opportunity to capitalise on this intra-community support. Potential activities include:

- Professional development/support program for people providing support to others in the community
- Celebration dinner activity to thank the volunteers with appropriate media coverage.
- Development of a sculpture around Morwell's history with coal and coalfires
- Community activities which align with health and wellbeing such as further developing the Waterhole Creek Plan

Children and youth

Young children will have their unique experience of the event which may involve higher levels of distress or excitement than their parents. They may also be affected by higher levels of family stress and anxiety related to the mine fire and/or relocation of schools.

Some teenagers and young adults may experience a higher level of disengagement and difficulties accessing supports. Potential activities include:

- Parenting programs to address the concerns that parents have for their children
- Programs that allow the children to have their own experiences either with or without the parents.
- A dedicated youth engagement strategy (e.g. establish a youth recovery committee and provide young people with opportunities to be able to talk about their issues, concerns or experience of adventure and opportunity).
- Schools programs based on input from DEECD. It is important to link these to broader community activities rather than being solely school based.
- Professional development and support for teachers who need to deal with behavioural challenges of the children.

Older adults

Consideration of the unique needs of older people should be considered, ensuring engagement is appropriate. Potential activities include:

- Utilising existing organisations will assist in this approach

Implementation

The first phase of recovery for this community can be described as the period stemming from the start of the incident to the safe return of vulnerable people to the community. The Chief Health Officer announced the safe return of those who have relocated on 17 March 2014..

Early recovery planning needs to be mindful of the people who have relocated from Morwell. Although many of these people will be able to manage their own needs and find information in the media and on the web, it is prudent to follow up with people whilst they are relocated (those that we know about) and to have a more dedicated follow up program for those that are considered as having higher needs.

Timeframes

The estimated timeframes for delivering these activities/programs is documented in Appendix 1.

Estimated costs

Funding to support recovery is primarily provided through the Natural Disaster Relief and Recovery Arrangements and the Natural Disaster Funding Arrangements managed through the Department of Treasury and Finance.

It is envisaged that additional requests for funding under these arrangements will be endorsed through the recovery committee for consideration by State Government.

The estimated cost for delivering these activities/programs is documented in Appendix 1.

Refer to Appendix 1: Social and Community Recovery Programs

6. Communications

The Department of Human Services and Latrobe City Council will coordinate communications and public messaging through the community engagement sub-committee and sub-plan. To ensure continuity with communications and provide a consistent and accurate message, information about the social and community recovery activities will be communicated through channels already established. Communication pathways include:

- The Department of Human Services Recovery website
- Local government avenues
- Existing forums such as the Emergency Management Joint Public Information Committee.

Additional public information will be developed as required to support the social and community activities as required (links with the Community Engagement sub-plan).

7. Reporting and Monitoring

The main effort will be to reinforce existing reporting methodologies, as outlined in the Hazelwood Mine Fire Recovery Plan, allowing issues and risks that cannot be treated at appropriate levels to be immediately escalated.

This will be undertaken by the Hazelwood Mine Fire Recovery Committee to the State Recovery Coordination Team. A parallel stream built within the same reporting methodology focussing on reporting financial expenditure (or projected expenditure) across a range of criteria will also be established to ensure clear and accurate reporting for the state, in line with agreed requirements particularly in relation to NDRRA.

WORKING DOCUMENT

Appendix 1 – Social and Community Recovery Programs

This register identifies impacts, associated risks and recommended programs to address those risks for the Hazelwood Mine Fire and related fires. The risk ratings are provided in the context of the risk to affected individuals and communities. It is anticipated that low level risks will be managed within current agency/local arrangements, as applicable, and high and extreme level risks will be escalated to the state level for consideration and decision.

Impact number:	Impact/Damage/Loss (description)	Risks to be managed (description and rating – see risk assessment matrix)	Recommended response (description)	Estimated Cost	Responsible Agency (agency and contact officer)
1	Impact to local services due to increase in demand for services	High - accumulative stress and impacts across disadvantaged population and diverse age groups and in reference to demographics (see section 2)	Additional capacity into local services (12 months): <ul style="list-style-type: none"> • Generalist counselling • Relationship/family counselling • Financial counselling Targeted programs including: <ul style="list-style-type: none"> • Parenting support programs • Supporting the supporters • Drug/alcohol services 	Staff: <ul style="list-style-type: none"> Generalist counselling \$180,000 Relationship/family counselling \$60,000 Casework support \$120,000 Programs \$65,000	Department of Human Services/Department of Health

<p>2</p>	<p>Dislocation resulting in loss of social connectiveness. Diminished pride of place.</p>	<p>High – lengthy media coverage, multiple and extended relocations of households, schools and other services/activities</p>	<p>Community development program (12 months)</p> <ul style="list-style-type: none"> Community development officer Community Engagement and Communications support (see Community Engagement sub-plan) <p>Targeted Programs</p> <ul style="list-style-type: none"> Community leadership Youth leadership Community events Activities (story telling, history, arts projects) Professional development 	<p>Staff \$180,000</p> <p>Programs \$90,000 total:</p> <p>Community & youth leadership (\$40,000)</p> <p>Community events (\$25,000)</p> <p>Activities (\$25,000)</p>	<p>Latrobe City Council</p>
<p>3</p>	<p>Increased levels of family stress, disengagement by children and youth</p>	<p>High – accumulative stress coupled with unique experience of the event by children and youth</p>	<p>Targeted programs</p> <ul style="list-style-type: none"> Activities School programs 	<p>Programs \$55,000</p>	<p>Latrobe City Council with DEECD</p>
<p>4</p>	<p>Social isolation and/or lack of connection with existing support agencies</p>	<p>High – social isolation evidenced during outreach during response phase</p>	<p>Outreach program</p>	<p>\$20,000</p>	<p>Latrobe City Council</p>

Risk Assessment Matrix

Likelihood	Consequence				
	Insignificant	Minor	Moderate	Major	Severe
Almost Certain	M	H	H	E	E
Likely	M	M	H	H	E
Possible	L	M	M	H	E
Unlikely	L	M	M	M	H
Rare	L	L	M	M	H

WORKING