

# ENVIRONMENT, NATURAL RESOURCES AND REGIONAL DEVELOPMENT COMMITTEE

## Inquiry into the CFA training college at Fiskville

Melbourne — 27 January 2016

### Members

Ms Bronwyn Halfpenny — Chair

Mr Bill Tilley

Mr Tim McCurdy — Deputy Chair

Ms Vicki Ward

Mr Simon Ramsay

Mr Daniel Young

Mr Tim Richardson

### Staff

Executive officer: Mr Keir Delaney

Research officer: Mr Patrick O'Brien

### Witness

Ms Angela Seach, acting executive manager, organisational development, Country Fire Authority.

**The CHAIR** — Welcome to Ms Angela Seach. Thank you for coming in today to give evidence. I am just going to go through some of the formalities before members of the committee then go into questions. Thank you for your appearance today.

There are some preliminary comments I need to make prior to beginning. As outlined in the guide provided to you by the secretariat, all evidence at this hearing is taken by the committee under the provisions of the Parliamentary Committees Act 2003 and other relevant legislation and attracts parliamentary privilege. Any comments you make outside the hearing do not attract parliamentary privilege. It is an act of contempt of Parliament to provide false or misleading evidence to the inquiry. The committee may ask witnesses to return to give further evidence at a later date if that is required. All evidence today is being recorded, and you will be provided with a copy of the transcript prior to it being made public in order to ensure that it is completely accurate.

Thank you once again for coming in, and I will hand you over to Tim McCurdy.

**Mr McCURDY** — Thanks, Angela. Could you please describe your responsibilities as acting executive manager of organisational development?

**Ms SEACH** — My current responsibilities relate to a range of different programs and services within CFA, so things like workforce planning, professional development programs and services, leadership and culture programs and services as well as business partner support to the various directorates within CFA.

**Mr McCURDY** — So how would your responsibilities relate to the likes of Jeff Green, manager of OHS?

**Ms SEACH** — Jeff is a colleague, a peer.

**Mr McCURDY** — A peer, okay. What about Lex de Man, the executive manager of operational training and volunteerism — that is, before he left?

**Ms SEACH** — Sure. Lex was an executive director. I did not have a reporting relationship to him. I reported to the executive director of people and culture, who was a colleague of his. But my relationship with him involved providing advice and support services to him and his team.

**Mr McCURDY** — Okay. Can you give us an overview of your responsibilities in your previous role of manager of organisational wellbeing?

**Ms SEACH** — Sure. I hope it is okay if I just refer to notes.

**Mr McCURDY** — Absolutely.

**Ms SEACH** — I was appointed to the manager wellbeing position in 2010 and was responsible for a portfolio of programs and services for all members of CFA, so staff and volunteers, and it related to a range of psychological safety services. That included the full range of psychological risks that people are exposed to in the workplace — everything from the traditional sort of trauma services that you associate with emergency services through to workplace behaviour. My role was about setting policy and providing support services to prevent exposure to risks and respond where necessary, so it was a whole range of services across that spectrum.

**Mr McCURDY** — So if you were going to describe wellbeing, how would you describe that?

**Ms SEACH** — Sure. Sorry, in addition to what I have already said?

**Mr McCURDY** — Yes.

**Ms SEACH** — It was about making sure that CFA members, whether they be staff or volunteers, were provided with the support they needed to do their jobs effectively, recognising that it is a complex organisation with a range of risk factors involved with performing the duties of CFA members.

**Mr McCURDY** — And in terms of the CFA, do you believe their interpretation of wellbeing is all the time or is it after traumatic events, for example?

**Ms SEACH** — No, it is all the time. Historically I think it would be fair to say that the focus was on after traumatic events, but really since 2006–2007 we have been progressively trying to move to a much more proactive and protective approach rather than responding after an event, recognising that there are risks, and taking action to prevent exposure in the first place.

**Mr McCURDY** — Thanks very much.

**The CHAIR** — I am just going to ask you a few questions about the health surveillance program and the health check program. But first of all the notes that you have, did you prepare them yourself?

**Ms SEACH** — I did, yes.

**The CHAIR** — Okay. In terms of the health surveillance program, and this was the one established in response to the Joy report after the investigation into what had happened at Fiskville, first of all were you involved with that program from the start?

**Ms SEACH** — Yes, I was.

**The CHAIR** — And what has been your involvement?

**Ms SEACH** — My involvement commenced really immediately after the *Herald Sun* story broke. I was involved with a small team that set up the information hotline that was available to anyone who had a question about the *Herald Sun* story and then eventually about the investigation that Joy was undertaking.

**The CHAIR** — And who were the other members of that group, perhaps just for the record?

**Ms SEACH** — Jeff Green was involved with setting that up. We basically pooled resources, really, to respond to the event. So I had support from a member of his team; I had a couple of members of my team who were helping me to set up the hotline and to set in place the protocols that needed to be there to provide responses to people; to make sure that the information they got was clear and correct as far as we knew it at the time. And then we also used that hotline, with people's permission, to collect their contact details so that we could keep them informed of information as it became available to us. So that was the starting point.

**The CHAIR** — So it sort of started as an information in response to the media and all the people who would be worried — —

**Ms SEACH** — Yes, information provision. That is right. And then it moved into providing health checks for people. As we got more of an understanding about the terms of reference of the Joy report and as people were expressing concern for their health and wellbeing, understandably, we recognised that at the start it was going to be a three-month period before we would get any outcomes, so we started to provide health checks at that point for anybody who was concerned about their health or their exposure.

As the Joy report came out, the CFA board accepted all the recommendations and made additional undertakings, one of which was the setting up of the five-year health surveillance program. I then was appointed as the project owner for that project team. I had a dedicated team of people who then sought to identify the people who were in the high and medium risk of exposure categories, and to track them down, because quite a few of them were no longer CFA members and no longer had contact. So we had to use some pretty creative means to find people to offer them health surveillance and then to obviously respond to inquiries from people who felt they may have been at risk but may not have been.

The approach we took with those people was to provide them with a face-to-face interview to take them through the findings of the Joy report to explain how Joy had come up with the criteria that he had and then if there was

still any doubt about where they sat, we would refer them for a medical and have the doctor make the assessment in consultation with that person about where they sat.

**The CHAIR** — That is good. Thank you. Did it include any volunteers? Because there was criticism. I know the *Weekly Times* was looking into this, and it seemed that there were very few volunteers who were provided the benefits of this program.

**Ms SEACH** — I do not think that was particularly accurate reporting, to be honest. We used the Joy report classification as our starting point, but we had also done a fair bit of research into other circumstances where things like this had happened, so we looked at the deseal/reseal report from the F-111 fuel tank thing. Sorry —

**The CHAIR** — No, that is fine. You would not know that we have information on that, but we do.

**Ms SEACH** — Yes. So that actually provided us with strong guidance about what not to do in terms of health surveillance. Without wanting to be critical of any individual, the parliamentary inquiry into that event found that the ADF had been quite arbitrary in their approach to the classification of risk. They found circumstances where one person was offered the whole suite of services and programs by virtue of their job title, and then somebody else who did essentially the same job but had a slightly different job title was denied access to service. So we tried —

**The CHAIR** — So there were volunteers in the high and medium risk categories.

**Ms SEACH** — The classification was volunteer and regional instructors were classed as medium risk of exposure, so they were automatically offered —

**The CHAIR** — Sorry, volunteers who were —

**Ms SEACH** — Volunteer instructors. Participants at training, whether they be staff or volunteer, were classified as low risk. I think there may have been volunteers who had attended Fiskville on and off to be participants in training who felt that they should have been classified as a higher risk. Where they came to us, we went through the process that I just outlined, which was to meet with them and to work through their actual experience — because obviously individuals may have had different circumstances — and if they identified circumstances that they felt put them in a different classification, we referred them to the doctor for an assessment.

**The CHAIR** — So for most in the CFA it was the hotline to get information and then those in the high and medium risk were then put onto the health surveillance program over a five-year period. What did that entail?

**Ms SEACH** — It was a range of medical tests — things like blood tests, spirometry tests. I am sorry, I do not actually have all the details here in front of me.

**The CHAIR** — We just want an overview, so that is fine.

**Ms SEACH** — A battery of tests that were then taken to a medical appointment with the doctor where those test results were reviewed. The person then received a full medical examination, and then if there were any issues identified, regardless of whether they were related to this issue, the doctor would discuss that and assist them with referrals and so forth to other services if necessary.

**The CHAIR** — And at that time when it was first established did it include non-CFA people? It was a bit hazy. Were there MFB employees or those that worked in other areas but were still involved at Fiskville?

**Ms SEACH** — Our starting point was to use the Joy report classification, which did not include other services. They would have been viewed, I think, essentially as potentially low risk because they were only there sporadically. But if an individual felt that they, for whatever reason, were in a different classification, then we would refer them to the doctor, and in most cases in my understanding from the doctor — obviously we did not

discuss individual cases — to err on the side of caution we would end up providing the health surveillance. That then eventually included a whole range of people, including family members of staff who had lived on site, even though initially they had been classified as low risk.

**The CHAIR** — As well as MFB and other — —

**Ms SEACH** — Yes, as well as others.

**The CHAIR** — This committee made an interim finding or recommendation around extending the health checks. We wrote to the health department seeking clarification about if that has happened and how it has happened. They wrote back to us to say that they had sort of contracted the work out to the CFA to do what they called the health checks as opposed to the health surveillance. Again, we were a bit unclear about: are they all the same or is it separate?

**Ms SEACH** — The way we have set up the health check is that it is just like year 1. It is the same battery of tests and the same medical examination that a person would have annually if they were part of health surveillance.

**The CHAIR** — They included the PFOS, PFOA sort of testing, as well as — —

**Ms SEACH** — All that stuff, yes.

**The CHAIR** — What other testing?

**Ms SEACH** — To be honest, I am not across the detail of the particular tests, but they were based on health department — recommendations from experts, yes.

**The CHAIR** — And, I suppose, based on the illnesses that are likely to come about as a result of exposure to particular chemicals?

**Ms SEACH** — Yes, that is right. I am happy to have a look at my notes and see if I have got a list of the tests, if that would help?

**The CHAIR** — Maybe we can get them from you a bit later.

**Ms SEACH** — Sure, yes.

**The CHAIR** — We have made you wait for a bit of time, but it would be good if we could get them after the hearing, if you could send them to us or give them to us today, whatever is convenient.

**Ms SEACH** — Sure, yes.

**The CHAIR** — Thanks for that. I want to go through a couple of the comments we have had in submissions from people who have been not happy with the way they have been treated by the CFA — these are public submissions —

**Ms SEACH** — Of course, yes.

**The CHAIR** — really to give you an opportunity to tell us about it. The first is a quote from a Mr Michael Whelan, who received information about the health surveillance program. He applied for it. What he says is, and I will quote his comments:

I am appalled at the way CFA attempts to represent itself as a caring organisation.

The letter from Mick Bourke CEO states ‘Please be assured the CFA will continue to provide ongoing welfare assistance and support including the Health Surveillance Program for members of the ‘high’ and ‘medium’ risk groups ... ‘ This is misleading the attached brochure ‘Health Services’ details a level of support for ‘current CFA members and their families’ and over the page merely listing the ‘Community Services’ available to former members. At best this saves the trouble of a 2-minute Google search.

This is self-explanatory.

**Ms SEACH** — Sure, yes.

**The CHAIR** — What do you say about that? Have things changed, or is it continuing?

**Ms SEACH** — Obviously I have not seen his statement.

**The CHAIR** — No, that is right.

**Ms SEACH** — Is Mr Whelan a former member of CFA?

**The CHAIR** — No, I think he was — —

**Mr McCURDY** — He was a regional officer from 78 to — —

**The CHAIR** — Yes, to 95.

**Ms SEACH** — Yes, the program that I set up was available to current and former members, so he would have been able to access any of the services that we offer to current members. It was not limited to only current members; it included former members who were exposed to any sort of things that would be of concern to them. I am happy to take that up as an individual case because it is certainly — —

**The CHAIR** — I think he is saying that what the CFA was saying were services that they were providing were actually just listing other things that people can already access.

**Ms SEACH** — No, we did produce a range of referral services for members of the public who had had no involvement previously with CFA, because we did get a number of inquiries from the public when the *Herald Sun* story first broke. I remember responding to some inquiries from the postman who delivered mail. So the referral services that are talked about there were for people who are in no way actually connected with CFA or Fiskville. Anyone who had been a member or who had been a staff member, including current members, were provided with direct services. It was not just a case of, 'Here's the contact numbers. Go and look after yourself'. I would say that is possibly more a communication breakdown than anything else.

**The CHAIR** — We also have another one, a Mr Michael James. He was a part-time instructor with the CFA and at Fiskville. He was there between 87 and 2000. He made the following comment about the health program. First of all, he said:

In my opinion the health monitoring program needs to change. It needs to be extended beyond the medium/high-risk group that was identified as a result of the reports up until now. There is a range of people who have been potentially impacted by Fiskville who have not really had health monitoring made available to them. That includes, for example, people who were not instructors, people from external agencies and a whole range of other people, some of whom this committee has already heard from. I believe it needs to be extended to a wider group.

That is again, I suppose, reiterating some of the comments from the previous extract that I raised.

**Ms SEACH** — Sure, yes. As I said, our starting point was the classification structure that Joy had provided, but where individuals had a view that they should have been classified as at higher risk, we worked with them and the doctor to provide them with health surveillance if it was deemed to be appropriate for their personal circumstances.

**The CHAIR** — Did you accept most of those people that — —

**Ms SEACH** — We accepted the vast majority, yes.

**The CHAIR** — But there were some that you did — —

**Ms SEACH** — There were only one or two who the doctor said ‘No’ to, having regard to all the circumstances, including their psychological wellbeing. That was a factor that we were very clear about with Dr Sargeant, that that was a valid — if people were really concerned, then absolutely, that is a valid — health concern and should be taken into account in addition to any of the technical assessment of their exposure.

**The CHAIR** — So of those who applied or sought to get a different point of view, in terms of them being part of it, you accepted all other than those that may not have been included for other reasons, whether it was their mental wellbeing or something?

**Ms SEACH** — Yes. That is right, yes.

**The CHAIR** — Just another, I suppose, observation from Mr Michael James. Bear in mind that some of this was about — because we did ask, ‘What are some of the solutions? How can we do things?’. He said, and this is another quote from him:

It —

the program —

needs to be extended for an indefinite period of time, not five years, because some of the health issues which may or may not be identified are long term, certainly for occupational cancers, and some have been referred to. The period of time for detecting those may be many years, many decades even. I believe the health monitoring program should be indefinite for the lifetime of the individuals. It should still be optional.

What do you think about that point of view?

**Ms SEACH** — I am certainly not a doctor. I am by no means an expert in the long-term prognosis or incidence of various cancers. I think that is probably a matter for the health experts.

**The CHAIR** — So at this point in time — —

**Ms SEACH** — It is five years at this point in time.

**The CHAIR** — It is five years for each individual person, as I understand. It does not finish in 2017. Five years — when it started — —

**Ms SEACH** — That is correct, yes. It is five years from when you start, yes.

**The CHAIR** — For each person, based on the time they start?

**Ms SEACH** — That is right, yes.

**Mr RAMSAY** — Thank you, Ms Seach. In response to the previous question, particularly in relation to Michael Whelan, who I understand was vice-president of the United Firefighters Union, in his submission he indicates that we should get rid of the CFA and the CFA board and amalgamate the two services. I am not sure whether some of his testimony was somewhat tainted in that he had little regard for the CFA; in fact he suggested that we should get rid of it altogether and have one service, so I am aware that perhaps he did not support its past practices and probably would not in the future in the current form it is in.

My question is more around a document that I understand you were party to in relation to *Prevention of Discrimination, Harassment, Bullying or Violence at CFA*. It was dated 2006 and has your name as the author. My question to you in relation to that is: did you prepare that policy, has it been updated since its implementation and how was the policy implemented at the Fiskville site?

**Ms SEACH** — Sure. I was responsible for the process of developing the policy. It was actually developed in consultation with a whole range of members — I did not just sit at my desk and type up a policy. I led a consultation process to develop the policy. That is the first part of your question. I think the next part of your question was about the implementation of it.

**Mr RAMSAY** — Yes, at Fiskville particularly.

**Ms SEACH** — Yes, at Fiskville. Obviously the policy was implemented across the organisation. That was through a communication plan that utilised a whole range of media — CFA brigades online as well as the staff intranet site, where people were well versed with looking up policy updates. Back then we did not have blogs and Twitter and Facebook and all that sort of stuff; the intranet was the main source of information for people, but we also then backed that up with face to face education sessions for members. That were about rights and responsibilities. We also implemented a program targeted at operations officers and operations managers, who are essentially the officers in charge of various worksites, to ensure that they understood what their obligations were to provide a safe workplace from a psychological point of view. It was quite comprehensive.

In working with the people from Fiskville, the work was around making sure that everybody who worked there had a baseline understanding of their obligations and the new policy, and then working with the course coordinators and instructors to build the education programs into promotional courses and recruit courses — to build the updates into those courses, because obviously the previous policy, I think, had been written in the late 90s, so it was about updating all of that. I worked with the people at Fiskville quite directly on rolling out the policy through them to a whole range of people across the state.

The policy is currently — there has been an update done on the policy, because obviously there have been changes to the legislation in 2011. That is in the process of being finalised through our formal consultation processes at the moment. A new policy will come out shortly, but the advice we have had is that the existing policy is still sufficient for the changes to the legislation that occurred.

**Mr RAMSAY** — So in concert with that, do you have any views on the recently announced review of gender equity in the workplace and workplace culture being undertaken by the Victorian Equal Opportunity and Human Rights Commission? I remember vaguely, I think in the last two days, there has been some commentary about that.

**Ms SEACH** — Has there? I have not seen the recent commentary. CFA absolutely welcomes the review that is being undertaken by the equal opportunity commission. We have been talking to the equal opportunity commission for a little while now about getting their assistance to understand why we have low representation of women across the organisation. In fact I was involved in a conversation with Kate Jenkins a couple of weeks ago where we talked about the fact that organisations need to move away from this idea that they can just look at themselves and decide how they can improve. Organisations need to get independent expertise in to understand what the things are that need to change, in order to make a real difference. We are very excited about that review.

**Mr RAMSAY** — My last question, and I am going to refer to some minutes taken by the Health, Safety and Environment Committee of the CFA on 12 August 2013. You will not have these, I am sorry, but I will read it to you: presentation to the subcommittee by Angela Seach — yourself, you probably remember — discussion of CFA internal research, cultural findings across the state, weakness deplored, keep a stiff upper lip, need to be tough and strong, and the committee discussed the psychological health and decided to keep it on the agenda for future meetings.

**Ms SEACH** — Sure, yes.

**Mr RAMSAY** — My question is in relation to those points that were made out of that meeting. Do you agree with the findings or the outcome of that discussion within the committee, can you provide the committee with some further context about the methods by which these findings were gained, if that was indeed factual, and can you provide the committee with any further details about the findings themselves?

**Ms SEACH** — Sure. If I am correct in my assumption, you are referring to a survey that we undertook in 2012 on member wellbeing, and that survey was conducted by an external provider. We did it in order to get an understanding of where our people were at in terms of their attitudes towards mental health generally, as well as



help-seeking behaviour, their mental health literacy and their level of satisfaction with the response services that CFA at that time provided around counselling, support and so forth.

What that survey told us was that there was a fair bit of disparity across the state about mental health literacy and attitudes towards mental health, that we had a range of issues around quite traditional views about gender roles and about men being tough guys — and firefighters in particular being tough guys — and that to admit that you were struggling, particularly with a traumatic event, was not the done thing. So that probably confirmed what we suspected, and what it told us was that we needed to seriously dial up our education and our messaging around mental illness and mental health difficulties, and make it part of a normal conversation to talk about mental health. That was part of our broader strategy — to move away from a compliance response focus towards a recognition that everyone is a human being, everyone from time to time needs help and that it is not a weakness to actually acknowledge that and to seek help. So the survey was quite useful for us in identifying where we needed to target our messaging.

**Mr RAMSAY** — That internal survey was done within the brigades, I assume, the volunteers and career —

**Ms SEACH** — It was open to everybody.

**Mr RAMSAY** — It is quite interesting. I was just wondering what actions have taken place since then.

**Ms SEACH** — There has been a lot done.

**Mr RAMSAY** — You have obviously seen fit to have psychological issues on the agenda for that health committee, so what are they doing, say, for local brigade volunteers in respect to psychological health?

**Ms SEACH** — We used that survey to inform a whole lot of additional interventions that we set up, so we have produced a whole lot of new education programs to work with brigades to improve their resilience and to improve their support for each other. One of the things that did come out of that survey was that people wanted to be able to help each other, but they really did not know how. So we set up a whole range of additional services that will assist people in having a difficult conversation about, ‘I have noticed that your behaviour has changed a bit lately. How can I help you? How can we help you as your fellow brigade members?’. So we put a lot of emphasis on skilling individuals to be able to have the conversation right then and there when it is needed, so giving them the backup and the toolkit and the language to use to have a conversation about mental health, then providing additional services to skill captains and team leaders and managers around providing a safe workplace and making it okay to talk about mental health.

We were very lucky that the beyondblue stuff came out — the timing of it could not have been better, because there was this tidal wave of conversation across Victoria about mental health and about having the conversation, so it was actually a really powerful time. We have massively increased people’s willingness to talk about mental health and to acknowledge that there are issues and to seek help.

**The CHAIR** — Did that include bullying as well in terms of mental health? There is nothing wrong if there was not — and I know it is the operational — but I just wanted to take this as the time when we are talking about that.

**Ms SEACH** — Yes, so we actually did want to start to expand people’s horizons about what constitutes psychological safety. We did not ask specific questions about workplace bullying. What we did do, though, was we provided people with opportunities to provide us with free-text responses about their issues. We did identify that managing conflict was an issue — and having the tools and the language again to be able to set up an environment where it is okay to have differences of opinion in the first place but then equipping brigade leaders, whether they be staff or volunteers, with the language and the skills to deal with issues early so that they did not become matters that warranted a complaint process, although that complaint process was there.

**The CHAIR** — Are you the person who takes complaints?

**Ms SEACH** — I was when I was in the wellbeing role, yes.

**The CHAIR** — And were there very many?

**Ms SEACH** — There was a range of issues raised. So people did make complaints, and we had probably, off the top of my head, I would say between 50 and 60 formal complaints per year across the state. Then we would have a couple of hundred requests for assistance for services to resolve issues informally.

**The CHAIR** — Did the free text — in any organisation, it does not matter where it is, some are publicly raised and others are not, I suppose would be the difference.

**Ms SEACH** — Yes. So in the survey we asked people, if they were going to provide us with information, it would be ideal if they would provide us with their contact information because obviously it was an external survey that was conducted, so we did not have any of their personal information. It was all de-identified, so we specifically said that, ‘If you have an issue that you want CFA to respond to, please provide your contact details within the free text’, so that we could do that. Probably about 30 of those people took that opportunity, and of the 30 there were probably about seven or eight that related to interpersonal conflict or bullying.

**The CHAIR** — Okay, thank you. Sorry, Simon.

**Mr RAMSAY** — No, that is okay. It is an interesting and important issue, and I was going to refer to the fact that the government indicated that there was specific bullying within the firefighting service, particularly against female firefighters, and I heard a very powerful interview by Neil Mitchell on 3AW with a female firefighter who refuted that within her own cohort in relation to women firefighters being victimised or harassed or bullied by male firefighters. In fact they suggested that it was merely creating a divide between female and male firefighters. In fact there was not the sort of level of bullying going on within the genders of firefighters. From your perspective I was going to ask you your observations in relation to CFA anyway, in this case, in relation to the work that you are doing in relation to harassment or bullying by male or female firefighters. Have you seen a noticeable increase of contact to you in regard to that?

**Ms SEACH** — Sorry?

**Mr RAMSAY** — Well, you are the first port of call, as I understand it, in relation to the CFA firefighters that you are working with. Have you seen an escalation of harassment or bullying by male firefighters to female firefighters?

**Ms SEACH** — No, I have not seen an escalation. I do not believe that that is the purpose of the equal opportunity commission review. My understanding is that the purpose of the review is to identify any structural barriers to entry and progression for diverse groups, and women in particular, because across the state, emergency services are underrepresented — females in operational roles in particular. But in relation to your question about: have I seen particularly any issues between the genders — not particularly, no. The issues tend to be about interpersonal relationships rather than discriminatory behaviour.

**Ms WARD** — Hello. How are you holding up?

**Ms SEACH** — Fine, thank you.

**Ms WARD** — Good. You are doing well. We have got a couple of areas that we have concerns or interests in, and one of them is the way that the testing of the Lloyds has been managed. We have had some challenges in trying to really unravel the proper narrative around that and exactly what has and has not happened. We know that one of the first challenges they had was actually trying to get the tests in writing to them. I just want to refer you to an email that you sent on 1 October. I think our secretariat will pass it over to you. Do you want have a quick look through?

**Ms SEACH** — This is to the counsellor.

**Ms WARD** — Yes, and CC'd to Sherry Hernan.

**Ms SEACH** — Yes.

**Ms WARD** — Can you just talk us through your involvement in regard to the CFA's liaison with the Lloyds and how you played a role?

**Ms SEACH** — Yes. The first thing is that me and my team, in terms of management of the health surveillance program and the stuff that came out of that progressively, we managed the administration. We've never held or received any medical records or test results. They all went straight to the doctor or to the person's treating doctor. The involvement that me and my team had was in two ways: obviously I organised a suitable referral to a provider in Ballarat to provide counselling and support to the family, and I provided some background information as it had been given to me at that time.

The second thing that my team did was work with Mr and Mrs Lloyd to arrange the PFOS testing. A member of my team, a guy by the name of Peter Davis, was in contact with Mr and Mrs Lloyd to work through the best way to get the testing done. I understand that there was obviously some sensitivity. It is a really small town, so there were a number of different options around where the testing would take place. I think it ended up happening in their home. That was the end of the involvement that me or my team had.

**Ms WARD** — So the pathology clinic conducted the testing?

**Ms SEACH** — I think so. Actually I do not know who conducted it, I am sorry.

**Ms WARD** — This is the first test. They have had two tests — they had two blood tests? In your email you talk about that the first results were unreliable and then arrangements have been made for retesting, and that is when the children were tested as well.

**Ms SEACH** — Yes, so they obviously did have two lots of tests.

**Ms WARD** — Do you know who conducted either of those two tests?

**Ms SEACH** — Not off the top of my head, I am sorry. I could certainly find out.

**Ms WARD** — Yes, that would be helpful, thank you, if you could get back to us with that. What is your understanding about the provision of written blood test results to the Lloyds? We have got a lot of people saying a lot of different things when we try and get an answer to this question, and if we could get some clarity on it, it would be really helpful.

**Ms SEACH** — From time to time we would be contacted by people saying, 'I had my appointment. I want to get the test results in writing'. Obviously because we did not hold the records we explained to the person that we did not have the records and that they needed to go directly to Dr Sargeant's rooms to request those records. Obviously if we could help them with that in any way we would, but ultimately they had to make that contact with Dr Sargeant's rooms directly. We could not do it on their behalf.

**Ms WARD** — So they had to go through a considerable process in order to try and get those written results.

**Ms SEACH** — It should not have been a considerable process. It should have just been an email or a phone call.

**Ms WARD** — Can you explain why it has been such challenge for them to try and get the written results?

**Ms SEACH** — No, I cannot. I am sorry.

**Ms WARD** — Are you aware whether the results have been consistent all the way through in what they have been supplied?

**Ms SEACH** — My understanding from Dr Sargeant was that he would go through a process of explaining the test results to people. If they asked for a copy of the results he would give them to them. If they came back later and asked for the results, he would give them to them as well — provide the various records of blood readings on different things.

**Ms WARD** — Yes, and are you satisfied with the way that Dr Sargeant has managed this process with the Lloyds in particular?

**Ms SEACH** — Obviously there has been evidence that people have not been happy, and obviously that is really disappointing because it is people's medical information. They should be able to get it, and they should be able to get it promptly.

**Ms WARD** — In your email you also refer to any other referrals that are also required. This is at the bottom of your email, just before 'Regards Angela'. Were any other suggestions made to you of any other referrals that the Lloyds should undertake?

**Ms SEACH** — No, I was never provided with any further information about the situation with them.

**Ms WARD** — And what is your view overall on how the CFA has managed the challenges that are being faced by the Lloyds?

**Ms SEACH** — I think obviously there is evidence that things could have been done better. There is no doubt about that. My own personal view is that there was not any deliberate intent to make life difficult. Errors are made; people are human. I think, clearly, we could have done better.

**Mr RICHARDSON** — Thanks, Angela, for coming in today. I just wanted to take you to some of the CFA committees. Our committee is aware of the people strategy committee and its charter for 2005. Are you familiar with that committee and its work?

**Ms SEACH** — I am familiar with the current committee. I am not familiar with the charter or the work of that committee in 2005, I am sorry.

**Mr RICHARDSON** — Was that the people, remuneration and culture committee? Did that replace the people strategy committee?

**Ms SEACH** — I would imagine so, yes.

**Mr RICHARDSON** — Okay. The broad charter gives an overarching statement, and it probably applies to the current committee as well. The charter notes that the board should ensure that appropriate people strategies are developed and in place and that a safe, healthy and inclusive corporate culture is promoted, enabling people to fulfil their accountabilities, responsibilities and obligations with safety, fairness and without discrimination. So that seems to apply holistically. Just quickly, were you present during Mark Glover's evidence this morning?

**Ms SEACH** — Yes, I was.

**Mr RICHARDSON** — My colleagues might correct me, but that, I think, was the first moment someone from CFA has said that they were responsible for an area that was not met — on that particular occasion. Mark actually said in evidence that he was responsible for doing a report that was not commissioned. At the moment we have had buck-passing over and over and over. Do you think that it is still systemic, some of those cultural issues, that accountabilities and responsibilities are not forthcoming from representatives of the CFA?

**Ms SEACH** — I think there are certainly cultural issues within the organisation and structural issues within the organisation, and those two things tend to go together. Our culture surveys that were conducted in 2012 and 2014 indicate that role clarity and role conflict were contributing to a culture where people were unclear about their scope. — —

Firstly, there is not one single culture within CFA. There are different cultures depending on where you are or what group you are part of. But the consistent theme was around what is called, on the scale that we used, a 'passive-defensive style of interacting'. So what that means is that people engage in ways that are self-protecting. They follow the bouncing ball. They dot every i and cross every t and make sure that everything is nailed down to a procedure. If there is greyness, then they moved into self-protecting behaviour, which is about pushing accountability upwards or engaging lots of people in the problem.

I think there are absolutely still issues around culture and accountability. I think those issues are being addressed by the organisation in a proactive and active way, and some of the structural issues that influence that behaviour have recently been addressed through the completion of a restructure. The next phase of that process is to work through the business processes that need to support the structure to ensure clear accountability.

All of this also needs to be seen in the context of people at CFA. I think there has been a pretty significant shift since the royal commission into the fires where people, I think, feel at risk. That is human nature, and there is plenty of evidence that points to the impact on organisational culture of disaster and disaster response. I think people in CFA have had a tendency to seek safety in their decision-making. So it is not about avoiding decision-making just generally; it is about avoiding risk where something might be controversial. And I suspect you have probably seen the effect of that. — —

**Mr RICHARDSON** — So it is being driven by the consequences of what might happen to them rather than, for example, a report to WorkSafe, notifications or briefing employees.

**Ms SEACH** — Yes, that is one way of describing it. I think CFA people have been subjected to something like 14 separate reviews in the last 10 years, and they are human.

**Mr RICHARDSON** — Just going to the people, remuneration and culture committee, is that the one you referred to that you have dealings with now or interactions?

**Ms SEACH** — Yes.

**Mr RICHARDSON** — The overarching statement is that it is responsible for advising the board of any risk or good practice that it considers are not being adequately addressed. Do you know if this committee has considered practices at Fiskville?

**Ms SEACH** — This committee sits alongside the health and safety committee that was established as a result of the Joy report and has now become a standing health and safety committee. The people and remuneration committee does not oversee the health and safety issues. The health and safety committee does.

**Mr RICHARDSON** — So that committee you are referring to — —

**Ms SEACH** — So there can obviously be a crossover of issues, but the health and safety portfolio is specifically delegated to the health and safety committee.

**Mr RICHARDSON** — Just going finally to the welfare and wellbeing advisory committee, which I understand was created after Black Saturday, which was very significant for the CFA.

**Ms SEACH** — That is right, yes.

**Mr RICHARDSON** — The CFA's annual report of 2010–11 says it was developing a member welfare and wellbeing strategy. Has that been finalised, and can you give a bit more detail on that?

**Ms SEACH** — As it was being worked up then, the strategy was called the member welfare and wellbeing strategy. It ended up being folded into the CFA health and safety strategy for 2013–2016, and it related to objectives of creating accountable health and safety leadership within the psychological safety realm and skilling people and providing the appropriate services to improve the resilience of our people — from a psychological point of view.

**Mr RICHARDSON** — What is its application, if any, to Fiskville?

**Ms SEACH** — It was applied at Fiskville in the same way that it was to other parts of the organisation in terms of members who were at Fiskville. But again, Fiskville, because of the nature of what they do there — they train recruits and we have people going through there doing all kinds of training at different times — they were the conduit through which we educated a whole lot of people. I worked with the course coordinator, Chris Bigham, to enhance and expand the psychological safety components of the recruit course, and Chris was really on board with making sure that recruits were safe both from a physical and psychological point of view. Also then working with other instructors and course coordinators to increase the content around promotional courses. For some of the promotional courses we would have a clinical psychologist come in and work with our instructors to skill our leading firefighters, senior station officers and operations officers in managing psychological risk and managing it proactively.

**Mr RICHARDSON** — Extrapolating that finally, and I was interested in your point about mental health broadly, I think that is a systemic thing across emergency services and their operation.

**Ms SEACH** — I think it is across society.

**Mr RICHARDSON** — We have seen police as well with challenges. To those people in risk categories from high, medium and low, what support has been provided by CFA to those people who have now been notified they might be in a high or medium category to supplement that ongoing health and wellbeing? Is there any ongoing assistance?

**Ms SEACH** — There is ongoing assistance available to them if they need it. Obviously not everybody takes up that kind of support, but it is available. For the team that I got together once we formed the formal project structure around the Joy report, I selected for those roles of making contact and doing the case management work, if you like, people who were appropriately skilled to have constructive and helpful conversations with people about both the technical needs of the testing but also their psychological wellbeing.

**Mr McCURDY** — Going on from that, at a parliamentary inquiry in 2012 in Western Australia you spoke about training people to understand their emotional and psychological responses in disaster.

**Ms SEACH** — Yes.

**Mr McCURDY** — Just going on from what Tim was talking about, was that particular training done at Fiskville?

**Ms SEACH** — Yes, it was. Obviously it is horses for courses, depending on the nature of the work that you do for CFA, but that work has commenced. It is being progressively rolled out at role level. We do things like managing your own anxiety or self-soothing techniques, as well as looking after each other in an event. Preventing exposure where possible — that is a big thing in emergency services. Historically there has been a tendency to assume that because of the nature of the work; stuff just happens and there is no way you can actually prevent it, when in fact when we look at the activity there are things that can be done to prevent or minimise exposure. We are working progressively to improve all of those services for people.

**The CHAIR** — On what you were saying about the culture, I do not necessarily know the reason but when we received submissions when the inquiry started a lot of them were confidential from volunteers and others — firefighters — who worked within the CFA. There was a real worry and a concern about making sure that they were going to be confidential. There seemed to be this worry that something would happen to them if it was public — not that they were worried about their private information being made public, but they were worried that something would happen. What would that be? Is it justifiable? There were a number of submissions. It was not just one or two; there were lots. They did not go into an explanation, but it seemed there was a pattern there.

**Ms SEACH** — There would be any number of reasons why people might seek to have their information kept confidential.

**The CHAIR** — It was a concern that they did not want it to get out. They were worried about what might happen to them.

**Ms SEACH** — In some respects I think emergency services is a big community and in other respects it is quite a small community. I could not really speculate on why people might have felt that they needed to have their information confidential. Certainly from my experience with CFA there is an intent at transparency. It does not always happen, but I do not see evidence of people being in any way persecuted for their opinions. People are entitled to hold their opinions, and they do. The CFA is actually a pretty democratic organisation in that regard. We see lots of people making lots of comments about all kinds of things, including just within the last few days there has been talk about a female firefighter who was breastfeeding at a community event, and lots of people got on the CFA social media websites to comment about that — thankfully in a positive way.

**Ms WARD** — It was a nice photo.

**Ms SEACH** — It was; it was a good story. So CFA is pretty democratic in that regard. There are a lot of avenues for people to raise their issues, and they do. I really cannot speculate on why people would feel at risk because I do not think there is any reason for them to feel at risk.

**Ms WARD** — Can I quickly read out a couple of quotes to you? One is that ‘occupational health and safety is a pretty boring subject’, and that ‘WorkSafe and the EPA could sometimes be more of a hindrance than a help’. What do you think of those comments?

**Ms SEACH** — Well, I certainly do not agree with them..

**Ms WARD** — Does it concern you that a former officer in charge of Fiskville has those view or had those views?

**Ms SEACH** — Yes.

**Ms WARD** — Do you think that subsequent officers in charge at Fiskville may have shared those views?

**Ms SEACH** — No, I do not. Obviously I started with the CFA at the end of 2002, so my involvement and work with people at Fiskville did not really kick off until late 2003, 2004. But my experience of all the officers in charge and all of the course coordinators that I have worked with up there is that they are professional and they are very clearly focused on providing a safe environment for people. In my attendance at Fiskville — I was probably there 10 to 12 days a year — it was always very welcoming and very warm. It is obviously disappointing to see what has happened to the people involved up there, but my experience is not that safety was not considered important.

**The CHAIR** — Thank you very much for your time today and answering our questions.

**Ms SEACH** — That is no problem. Thank you.

**Witness withdrew.**