

Australian Institute of Environmental Health



National Local Government Environmental Health Workforce Summit

*The changing landscape of the environmental health workforce
in local government:
turning threats into opportunities*

2 - 3 July 2007, Brisbane

Summit Report



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Food Standards Australia and New Zealand

Government of South Australia, Department of Health

Government of Tasmania, Department of Health and Human Services

Government of Western Australia, Department of Health

New South Wales Government, NSW Health

Northern Territory Government, Department of Health and Community Services

NSW Food Authority

Queensland Government, Queensland Health

State Government of Victoria, Department of Human Services

Executive Summary

Background

At its meeting in October 2006, the Board of the Australian Institute of Environmental Health (Institute) accepted the recommendation of the Educators' Forum to conduct an environmental health workforce summit focusing on local government. The specific issues identified by the Institute in relation to the local government Environmental Health Officer (EHO) workforce included:

- A critical current shortage of EHOs and projected worsening of the situation
- Regulatory requirements are not being met by government agencies
- There is no broad national information on and response to the EHO workforce and future workforce planning
- There is a declining university intake for EHO courses
- The changed demographics of EHOs from predominantly middle aged male to either a mainly young females or near retiring workforce
- Employers (state and local governments) not valuing a generalist EHO workforce
- Government and particularly local government restructures have tended to categorize environmental health as purely a regulatory function and thus preclude participation in strategic planning and wider community planning activities

The Summit was conducted on 2 & 3 July 2007 and its purpose was to:

- provide a forum to identify, discuss and comprehend the issues pertaining to the local government environmental health workforce;
- develop a national consensus on the current and future issues facing the environmental health workforce in local government; and
- suggest courses of action that will address current workforce shortages and prepare for future demands in environmental health.

Summit Outcomes

This Report of the Summit Proceedings summarizes and synthesizes the material presented by various guest speakers over the two days of the Summit. Importantly, the ideas and suggestions put forward and discussed by participants will be explored further and used as a basis for the development of a national strategy around the four key themes: Indigenous Health, Role of Technicians in Local Government Environmental Health, Recruitment Issues/Sexing Up Local

Government Environmental Health, and the Retention of Local Government Quality Environmental Health Workforce.

The specific actions and suggestions arising from the discussion of the four key themes were:

1. Indigenous Health

Indigenous health and environmental health standards are poor. There is a need to support the role of indigenous environmental health workers and to provide opportunities for career advancement and employment for these workers. Suggestions included:

- The Institute making its position clear on indigenous environmental health and the workforce;
- Local government needs to engage more effectively with Indigenous Australian communities;
- Proposed mentoring schemes should include Indigenous Australians;
- Need to ensure the technician role articulates with the Environmental Health Worker concept and opportunities provided for Indigenous Australians to become technicians;
- Need for the Institute's Special Interest Groups in each state to develop and recommend practical policies.

2. Role of Technicians in Local Government Environmental Health

The role of an environmental health technician and environmental health officer is unclear, as is the level of risk associated with the employment of seemingly less qualified personnel.

Suggestions/issues included:

- Having different levels of training for different tasks, such as, Scientific Officer (Non-EH Degree or Advanced Diploma) or Technician (Certificate III or IV);
- Technicians could work in one Council under supervision or across work environments and several councils;
- Technicians could be appointed as authorized officers under Public Health Act;
- Technicians must not be employed just because they are cheaper;
- Need for national consistency and legislative frameworks to protect both public health and EHO roles in local government;
- Technicians could undermine EHO cadetships and thus workforce development;
- There could be demarcation issues between roles.

3. Recruitment Issues / Sexing up Local Government Environmental Health

Attracting staff to local government requires a different approach to recruitment as local government is not seen as a preferred employer. The pool from which potential EHOs could come needs to be expanded. Suggestions included:

- Exploring government funding opportunities (including funding for critical skills area) to support environmental health marketing;
- Achieving consensus on the EHO role amongst stakeholders;
- Development of targeted marketing to raise local government environmental health profile (council websites, direct email to community databases) including the identification of resources for marketing;
- Development of an environmental health media presence;
- Development of flexible recruitment pathways including enhancement of relationships with other professional bodies as a marketing strategy, re-engagement of previous EHOs;
- Explore opportunities for funding students in local government placements.

4. Retention of a Local Government Quality Environmental Health Workforce

There are a number of factors that will influence the retention of local government employees. Suggestions included:

- The development of a local government public health role framework for Australia;
- The development of a national approach to increasing the profile of environmental health;
- The development of a scoping paper and memoranda of understanding between ALGA, AIEH, and enHealth to promote consistency in regulation;
- The development of a strategy to increase the value of the environmental health workforce especially to Local Government Senior Management and CEOs;
- The development of models for mentorship, CPD opportunities, and career pathways.

Future Action

The Summit identified the four key themes as pivotal in the future development of the local government environmental health workforce. The Summit set the scene by highlighting important events and major national and international initiatives already undertaken in the area of environmental health workforce. The roles of the Environmental Health Technician and Indigenous Environmental Health Workers were discussed at length and, at the same time, the

importance of how other stakeholders played a vital role in workforce development were examined.

Of particular importance is the need for a collaborative approach between all stakeholders; the State and Territory jurisdictions, the Commonwealth, education providers, employers and peak bodies including the Institute as well as the coordination and integration of current workforce initiatives.

The next stage of the Institute's process is to undertake research to compare and contrast the actions and suggestions within the four themes with international directions and strategies. This will be completed in May 2008. In the third stage of the process, workforce goals and strategies will be drafted together with a set of action plans. Consultation will be undertaken with stakeholders attending the Summit with the aim of collaboratively implementing these strategies. It is planned that this will be drafted in June 2008.

Jim Smith LFAIEH
National President
Australian Institute of Environmental Health

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DAY 1

1.1 Setting the scene for the Summit

Opening and welcome to participants

Catherine Bermingham, *Councillor, Brisbane City Council (BCC)*

Cr Bermingham recognized that there are skills shortages in many areas of local government (LG). However, Environmental Health Officers (EHOs) have a very important role monitoring environmental health, including Health Impact Assessment, food safety, immunisation, health promotion, (all aspects of life), health and safety of our communities, and most importantly, as policy makers and educators.

Margaret Allison, *Divisional Manager, Customer and Community Service (BCC)*

Margaret Allison recognised the challenges facing environmental health, and reported on Brisbane City Council's (BCC) current initiatives including reducing energy and water usage, to renewable material used for building. In BCC's Green Star Rating, the venue building has achieved 5 and 4.5 stars. BCC is also educating children through library story time programs, encouraging a change in attitudes and behaviours on being water wise.

Current challenges faced by EHOs at BCC include:

- Stage five water restrictions – with level six on the horizon. BCC is focusing on changing attitudes and behaviours through education and enforcement;
- Noise nuisance, lights from urban living;
- An informed and demanding public, especially with responses to nursing home issues, public prosecutions and food premises;
- Cost shifting between state and local government;
- Increasing density;
- 800 applications for water tank rebates.

BCC recognised that EHOs feel poorly valued, with frustration in enforcement roles and lack of professional development. In response, BCC has researched retention strategies, developing initiatives such as the development of a Corporate Cadet Program which includes Aboriginal and Torres Strait Islanders.

Jim Smith, National President AIEH

It was acknowledged that the environmental health (EH) workforce is more than just EHOs in local government. It is a diverse workforce including federal, state, local governments and the academic and private sectors. It was observed that Australia was experiencing an acute problem in Environmental Health, with local government experiencing the frontline impact. There is a need to build capacity; including the extremely poor indigenous environmental health status. Currently, governments are taking a reactive approach to acute shortfalls in workforce with band aid solutions. There is a need to work from a national level to support the states and territories. To achieve this it is necessary that all stakeholders are informed, find a consensus, and decide what specific action should be taken. This is the purpose of the Summit.

What should the strategies be? What are the actions we can take?

George Negus, Facilitator

Environmental Health Officers are experiencing an identity crisis – the community does not understand their role. We need more qualified EHOs not fewer. The state and federal governments blame each other. All blame local government. Problems with federalism – issues do not stop at state boundaries.

EHOs: where are we now, where to from here?

Melissa Stoneham, Consultant

What do we know already? (Summation of summit pre-readings)

A summary of the key issues contained in the National Environmental Health/Public Health workforce reviews conducted in Australia to date was presented. All of these reports were conducted to address the skill shortage at the local government level. The profession is facing a national shortage of EHOs and the two key questions that really need addressing relate to input and output:

- Why can't we attract students at the undergraduate level into Environmental Health courses? and
- How can we better support qualified EHOs to prevent them from leaving the profession?

The National Environmental Health Strategy sets out the overall workforce issues, such as sustainability and a changing workforce, opportunities for professional development and training, and raising the profile of environmental health to that of allied health professionals. The shortage of EHOs also engenders concern over low morale and the quality of local government public health services – particularly in rural areas where recruitment is even more difficult.

There have been a number of Environmental Health Workforce Reviews which identified the following issues which impact on the workforce:

- Low career satisfaction;
- Need for family friendly policies and workplaces;
- Problems of recruiting and retaining EHOs, particularly in rural areas;
- Workers' feelings of being undervalued;
- Provisions for professional development need to be made;
- Need for mentoring;
- Greater support for Indigenous communities;
- Trend towards a more feminised and younger EHO workforce (less likely to work in rural areas);
- Poor fit between expectation of role and levels of satisfaction.
- Significant numbers of EHOs intending to retire in next 10 years.

The Wall Report also discussed how Environmental Health Para-professionals (EHPPs) could supplement the role of EHOs, under supervision. They would have workplace training with diploma level qualifications provided under legislation. Tasks undertaken by EHPPs would be risk-assessed and deemed appropriate for EHPPs to perform.

Currently there are nine accredited university courses however, intake issues are affecting these. The Institute's Environmental Health University Program Accreditation Framework (EHUPAF) contains six EH literacies to assist in improving the quality of graduates.

Recommendations from all reports include:

- The development of a register of employable EHOs;
- Support rural/remote councils in recruitment (including cadetships);
- Support Indigenous Environmental Health Workers (EHWs) through training, uniformity in pay, scholarships etc;
- Recruitment of EHOs from retirement, career change, maternity leave;
- Provide non-standard employment options (part-time) for family friendly workplaces;
- Target school leavers and mature age entrants;
- Developing role and training frameworks of EHPPs;
- Explore Councils' likelihood to engage technicians with limited authority;
- Explore cadetship opportunities for suitable Councils (supervision, location, budget etc);
- More coordinated professional development opportunities (implement AIEH CEHP and CEHT schemes);
- Provision of mentoring and administrative support (rural, remote, younger professionals especially);
- Improved community understanding of environmental health and environmental health professionals and support from elected members and peers.

See also Summit Report Appendices <http://www.aieh.org.au/conferences/Workforce/index.php>

George Negus, *Facilitator*

We are seeing a shortage factor, an identity crisis, and low morale. A lack of appreciation, you are so busy working you forget to tell people what you do. The community does not understand your role, if they did the government would also hear and understand.

1.2 Morning 1: Changing nature of tasks for local government Environmental Health Officers

Kevin Buckett, *Director Public Health, South Australian Department of Health*

The future challenges facing environmental health and implications for practitioners

It is easy for the public to forget about environmental health now that major advances have already been made. However, 25 of the 30 years of life expectancy gained have been due to public health interventions. New public health challenges are being faced including Indigenous health, climate change and extreme weather events, terrorism, chronic disease (heart disease, diabetes), skin cancer. For local government tools on climate change, see www.greenhouse.com.au

Local Government (LG) is the frontline of Environmental Health. There is a diverse range of Councils differing in size, population and budgets leading to an extreme range of capacities to undertake effective public and environmental health measures (See the Australian State of the Environment Report on LG sizes and land mass). LG is under threat and has pressure from fiscal unsustainability, amalgamations, LG numbers in gradual decline since early 1900s, and they have enhanced accountability. LG also faces a community that is demanding, vocal, educated and distrustful. Devolution is occurring leading to new work. Local Government perceives increasing cost shifting from state governments. LG is the least resourced level of government in Australia but has been given additional roles from 1980s on. LGs role in prevention is very important but is not always understood.

Half of the EHOs earn less than \$50,000 in a stressful role – if you want a career, get out of Environmental Health! Non-standard employment options need to be considered as the workforce is ageing – baby boomers are set to retire taking with them irreplaceable levels of workforce experience. There is a sharp drop in new entrants joining workforce from 170,000 a year, to a predicted 125,000 in a decade (2020-2030).

There is a need to consider new models of recruiting and retaining staff including attracting young workforce, paraprofessionals, and mature aged workers.

The role of the EHO is changing from reactive, hands on approach of enforcement and inspection to one of:

- Direct or indirect management of issues;
- A prevention approach based on evidence and risk;
- Facilitated public participation;
- Use of important risk assessment tools e.g. Health Impact Assessment (HIA).

How did we get here?

- Resistant to change;
- Blockers;
- Buck goes no further;
- Should we reach out? The Planning Institute, for example, has put out a health statement. So there is the question of engaging with Planning, with Environmental Protection; and Public Health.

There is a need to change the culture from blockers to “can do”.

See also Summit Report Appendices <http://www.aieh.org.au/conferences/Workforce/index.php>

Chris Reynolds, *National Centre for Public Health Law, Flinders University*

Legislation development and regulatory responses of government to environmental risks

The more successful EHOs are in the management of Environmental Health, the more invisible it becomes. It is only when something goes wrong that EHOs are noticed. In the last 20 years there have been changes in public health (PH) legislation which shape the role and practices of the EHO. EH legislation exists in the structure of public health law for issues such as sanitation, communicable disease control, food legislation, non-communicable disease control, to the 21st Century issues of lifestyle diseases, sustainability, pandemics and disasters.

The context for this is that before the 1980s it was a simpler and less complicated role. Legislation was developed with *reactive* changes to urban environment crises. Utilitarian ideas were the basis for these – the greatest happiness for the greatest number. Legislation controls were also driven by the miasmatic theory of disease which was wrong but the subsequent actions were appropriate.

The first public health laws were a reactive, top-down process, and mostly still are. PH law came from state health departments down to LG. That LG responsibility has remained. The challenges for new laws are how to make them proactive. How can we recast environmental health legislation?

EHOs continue to be authorized, appointed officers with continued formal statutory functions to perform. But across the states there are still different methods, qualifications, skills and requirements to be an EHO. Mutual recognition principles for employment arise with fears that if the lower standards are accepted they could become the de facto national standard.

If the formal role has not changed much, the legislation has not changed much either. In a Victorian laneway the sign 'Commit no nuisance' still stands ... and technically still relevant. John Snow would be quite comfortable. Most Acts were just amended and are not consistent leading to a need for a rethink of public and environmental health legislation.

Look at lessons of history, for example Port Pirie – 15,000 people near smelter, exposure to workers (from air/marine) from zinc and cadmium. Although influencing human health, issues such as lead, sulphur dioxide and cadmium are regulated under the Environment Protection Act to reduce harm, yet there are also human health issues. Advocacy, health promotion, why Indigenous children have higher blood/lead levels, socioeconomic issues, human behaviours and so on provide a strong argument for EH regulation. They are EH issues.

There needs to be a broadening out of capacity to respond to issues due to:

1. limitations from sanitary origins;
2. the inability to deal with new and emerging EH issues;
3. oversight of EH issues by EPA controls.

The National Public Health Partnership 2000 organised a new approach to 'risk to health' as a key idea and organizing principle. An argument for a **risk-based approach** was made frequently e.g. in Food Acts. When is food unsafe? We have a duty to protect the public's health by, for example, taking all reasonable and practical measures to eliminate the possibility of harm to the consumer. You could have offences causing a risk to health or causing a 'serious risk to health'.

'Good legislation' does not always lead to 'good things' but it is easier with 'good' legislation. Environmental health based legislation which supports the EHO is the way of the future, and this is probably the way that the states are moving.

See also Summit Report Appendices <http://www.aieh.org.au/conferences/Workforce/index.php>

George Negus, Facilitator

Social reform of policies, strong argument for Environmental Health based approach. The current approach is limited – stuck in a legal rut. Need to rethink approach by focusing on risk to public health, duty of care, idea of public health, happiness for majority.

Lyn Russell, Local Government Managers Association, CEO City of Thuringowa, and National Skills Shortage Steering Committee

Recruitment and retention: two different issues

Environmental health, planning, engineering and building surveyors are the current critical workforce shortage areas in local government currently (See National Industry Skills Report, Developing a National Strategy - see link below).

With 700 local authorities trying to solve problems in their own way, a greater alliance needs to be formed. If there is not a collaborative approach, then it is a waste of time. Since ABS has no decent statistics on the Environmental Health Workforce, then research must be done workplace by workplace. EHOs is a “best kept secret” and it needs branding, marketing, and the promotion of LG as employer of choice. LG has an image problem, and needs strong leadership for the attraction and retention of staff. There is a need to specify career pathways in local government.

Five key initiatives from the National Strategy:

- Centre for Excellence;
- New ways of working
- Promoting Local Government as an Employer of Choice Brand;
- Training and Professional Development;
- Attracting new workers.

There is a changing culture in local government from enforcers to problem solvers. From protecting the Council to respecting the customer (see power point). There is a need for new leadership skills to communicate EH vision, run flexible strategies and motivate workers.

Old approaches to recruitment are not working and there is a need to change the antediluvian attitudes and stereotypical ways of thinking. Need to learn how to work with a more diverse

workforce (aged, disabled, long term unemployed, ethnic, Indigenous). “Poaching” does not assist in creating a new workforce. Offering employment is not “doing them a favour”. Advertising practices for recruitment are out of date – newspapers/national press – young people use the internet to find jobs. 51% of the older age-group employees work part-time. Need to look after the unsuccessful candidates too.

Important factors in recruitment and retention for EH workforce:

- Consistency (toolkits, checklists /guides – consistency);
- Family friendly workplaces;
- Career pathways for EHPPs;
- Attracting migrants, older, single women, indigenous people;
- Employer of choice brand – government advertisements, national brand;
- It is more affordable to retain your staff – people work for organisations but leave Supervisors;
- Succession planning should be based on growing your own people to be managers; administration personnel can be grown into EHPPs;
- Provide challenges, stimulation, encouragement for staff e.g. conferences, training.

See also Summit Report Appendices <http://www.aieh.org.au/conferences/Workforce/index.php>

National Industry Skills Report – available at:

http://www.dest.gov.au/sectors/training_skills/publications_resources/profiles/national_industry_skills_report.htm

1.3 Facilitated Discussion

Panel: Professor Ian Lowe, Ms Kathy Kelly, Dr Chris Reynolds, Dr Kevin Buckett, Ms Lyn Russell

Ian Lowe: Three models

- *1. Increase Retirement Age:* No sense in a model making people work a 60hr week until 60. The earlier you stop working these hours, the longer your life is! We need flexible ways to utilize the experience and wisdom of our ageing workforce, humane phase out, work phase in.
- *2. Cadetship model* – my own experience. It's a good way into workforce for people, better induction, phasing into work during study, resulting in a productive worker.
- *3. Feeling Valued:* Increasing importance of EH – the most significant determinant to health. There are high expectations of environmental health worker (impact, risk, sustainability etc.) from a demanding government. There is a need for recognition of the value of EH. In the current climate there is little appreciation by decision makers of the demands of the job. *Problem:* Environmental health practitioners are considered to be a burr on saddle of decision makers. We need to develop better community understanding of EH roles.
- Principles:
 1. every dollar spent saves dollars later;
 2. every effort now reduces human suffering later on.

Kathy Kelly – Training framework for para-professionals:

We have the knowledge, the policies but no money for training. Skills shortage was a key issue 4-5 years ago. Staff have nowhere to go for training and development. We assume all have acquired qualifications – 45% of senior workers have never gone through formal qualifications, or received on the job training. Another solution is to look to developing and retaining the workforce we have. 82% of the workforce does not want to take up full time retirement. We do not have programs in place to provide upskilling and career diversity. Major concern with paraprofessionals (PPs) is that it must not erode universities. Need a framework for EHPPs.

Framework regarding EHPPs:

- Training for those working in the discipline – minimum two years employment;
- Will have qualified practitioners to deliver a 6 day course – will be assessed by a qualified panel and their employer;
- People allow qualified planners to meet demands;
- 12 months ago, steering group (QLD, QUT, HLT, BCC, AIEH);
- How to qualify;
- Level of risk;
- Best training is qualified EHO in Council;
- Candidates work on job related projects;
- Launch course in August, 15 pract. 6-day course, over 5 months, EH projects in workforce, EHO officer and panel;
- To support EHO – no EHO, rural, splitting duties (RISK).

What is the level of risk if they become para-professionals in the field?

Jim Smith: There must be diverse workforce. Cadetships are good idea as you learn the skills to practise. I am concerned about local government taking a minimalist view i.e. what is the cheapest option and therefore forgetting about the community. Environmental Health Standards are about the community.

Kevin Buckett: We think we are invisible. People relate roads, rates, rubbish to our jobs, and nothing more. Need for growth in risk approach, not clipboard approach. LG wants to do the right thing, but faced with cost shifts – fundamental tension; how will it support EH? By low skilled minimum qualification workforce, working just to minimum standards? Need better legislation.

Chris Reynolds: Responsibilities delegated down to LG but HIA will pick up issues which do affect health of people – a holistic approach to EH. Prevention is better than a cure. Our first town planners were EH planners e.g. discharge levels set and perhaps EHOs need to ask further questions. Pick up small developments; try to get systems of control through LG level, legislative strands come together, feeling that town planners come first then environmental health practitioners.

George Negus: *Why is that?*

Chris Reynolds: Idealism of '70s has gone, planning new technology, rather visionary– importance taken out of LG. Economic development weighed against EH - triple bottom line.

Lyn Russell: We need a sea change. The strategic role is viewed as sexy while the statutory, operational role is seen as routine. Building/planning is glorified. If we sell EHO status as routine roles, we will not get graduates... sell it as sexy, graduates' expectations are not met in their role! Maybe if called Environmental Engineers, can make it more attractive...

Chris Lease: What made the EH agenda so different from the public health agenda?

Chris Reynolds: Historic rise of EPAs in 70s/80s/90s with human health large role in EPAs. Sustainability, fate of the environment, clearly impacts on humans. Environmental Health overshadowed by Environmental Protection. What EH has to offer human health is being lost e.g. discharge limits, NHMRC standards.

George Negus: People are always getting sick and dying, they didn't think the planet would too. Maybe new name of: Environment and Health Officers, rather than EHOs.

Ken Brown: Public health non-government organisations put pressure on governments.

George Negus: Need lobbyist – rock n roll star?

Ian Lowe: Political reluctance to regulate if threats to economic profitability (Mt Isa e.g.).

Louise Dunn: Must provide quality placements in learning and at universities. Will cadetships produce what you want? Problem of environmental health nomenclature – who understands it? Need to look at opportunities. The quality of mentors is a problem.

- Education provided via workplace learning...placed in industry 12 months;
- Recruitment (international, work/study, demographics);
- Retention (need quality mentors (skills/ability of mentor), link to higher education);
- Flexibility of program (what models appropriate, work in learning, what evidence, other options, credit bearing of subjects);
- What plan? Range of things to explore;
- Opportunity there to improve; look at more flexibility including cadetships.

Kathy Kelly: Workplace EHO would be the best person. Quality training in workplace is probably impossible. It is a critical issue with so many people leaving – we are losing mentors, as well as staff.

- Recruitment – what the career, role, responsibility of an EHO is – increase identification;
- Mentor quality – misunderstood, people think ‘anyone’ can do it.
- Quality training required for mentorship or cadetship – can’t assume any workplace can do it.

George Negus: Retrenchment is cutting the head from EHOs. Two way mentoring process – over 45, [life] sitting in office under 25.

Ian Lowe: Divorce of education and work, those old don’t work vice versa. Degrees needed use-by date, update/upgrade training. Formal renewal.

George Negus to Virgil Kelk (Qld Health): What are the characteristics of EH at the local level? What do they deliver? Have minimised level of risk but how can we deliver what we want to?

Virgil Kelk: Challenges in defining what an appropriate EH service is – therefore, how can you evaluate effectiveness of service. EHO does not equal good service if only working one day a month. What would it look like, what would it deliver? We have just done our best to minimize risk? What do we need to deliver, specifics, generalists? EPA has a big stick in Qld, but there is no big stick in Qld for food safety laws.

Chris Lease: I agree with Lyn (see Lyn’s *Summit Report Appendices* <http://www.aieh.org.au/conferences/Workforce/index.php> – old role of EHO is enforcement based.) The old role can still be relevant. Local councils can be too client focused, as company can know of inspections ahead of time. EPA has the sanctions – can put you in jail but EHOs and councils cannot. No significant penalties. PH legislation does not have them.

Question to Lyn Russell: On the strategic side, how much is there? How much work is needed to tease out the structure to bring in EHP as a business, economic development?

Lyn Russell: Need EHOs with baseline fundamentals and then create career path upon these to get to the strategic roles e.g. climate protection issues.

Q: Louise Dunn: The community development PH role has migrated to other people.

Lyn Russell: The 3 principle bottom line does have EH staff being brought in to advise Council administration on policy. There are economic benefits, society benefits, EHOs have an important role to play in environmental aspects. There is a need for multidisciplinary teams in council to counter the silo structures.

Kevin Buckett: Lots of people in EH to progress their career leave and do something else. May be we need a new vision of EHOs as Health Impact Analysts – that is the new approach, the broader scope. This is important.

Q: John Coombe: EHOs have a serious image problem. CEOs take you for granted, see you as soft targets, not up there with the rest of the professionals, and do not take you seriously. If money is left over, maybe it can be for EH. There are people out there who still see you as an inspector (unqualified). We are not strong, no direct industry support. The image must be changed, must provide reports to Council, must attend Council meetings. CEOs take you for granted.

Q: John Cohen: CEOs misled by others. We have heard the same arguments for the past 30 years - cadetships, EHPPs are dumbing down and will make the profession less professional. EHOs need to build the profession to make it attractive by marketing separate streams to work in (not all strategic). Very few people apply for jobs when advertised. Profession is a wide range of jobs, of streams, a lot that EHOs can do, not simply a split between organisational and strategic roles.

Lyn Russell: Questioner is very lucky to have a team of 30 EHOs. Not many councils have EHOs who have peer support and professional development – or the option of choosing a 'stream' rather than the complete array of EHO responsibilities in LG. It is an exception – (not 30, only 1 or 2 EHOs). There is an issue of professional loneliness in rural situations.

Gary Smith: The Department of Human Services in Victoria and the AIEH pumps millions into EHO professional development even when they do not work for them. LGAs are not good providers for PD, seen as a state responsibility. AIEH found bizarre employer practices, little PD. LGAs should contribute.

Kathy Kelly: There is a shortage of people in the field to train people in professional development. Responsibility if we want it, we can do it, but what is available? Try AIEH, otherwise universities. Shortage of trainers, lecturers, practitioners to train in what we need and want.

Q: Sophie Dwyer: How can we articulate the role of EH professionals – why is Environment more prominent, more recognized? What is the role of LG in PH, rather than asking what is the role of EHOs. LG has a statutory role in PH, this is fundamental, in water, in waste and the health perspective is lost. What is PH in LG? And then go on to fit the EHO into this. An appreciation of EHOs by CEOs, not the role of EHOs. What is the role of LG in PH?

Ian Lowe: Advise people to lift the standing of EH. Environment Health lacks charisma. There is a need to understand that humans are in that category not just polar bears...it affects humans too. Politicians do not see risk to voters. There is value in the awareness of harm to humans. Maybe we should have bumper stickers saying 'charismatic megafauna at risk' to highlight EH risks to humans in our ecosystem.

1.4 Summary of Discussion

- Increase retirement age, need flexible part time work for ageing workforce.
- Cadetship model – requires framework.
- Mentorship, workplace training requires framework from research to achieve quality results.
- Need for increased PD, and increased responsibility of employers to assist in providing it.
- Increase the value of EHOs within workplace and in the community.
- Need for EHO identity and a positive image.
- EHOs need to become a presence in LG – to attend Council and other meetings, to provide reports to Council.
- Suggestions to change name of EHO to make role clearer.
- What EH has to offer human health is being lost.
- No political pressure to enhance role and image.

1.5 Afternoon 1 – Changing nature of EH workforce in local government

Lise Windsor, *Principal Policy Officer SA Department of Further Education, Employment, Science and Technology and Australian Institute for Social Research, The University of Adelaide*

Changes in public sector and local government workforce and current approaches to workforce management

We are experiencing a demographic change and impact of an ageing workforce. One third of the current workforce is approaching retirement thus re-engaging older people is critical. Poaching causes labour costs. Youth is working in jobs apart from EH to survive. There is a skills shortage, as well as a labour shortage with a significant pool of unemployed and underemployed which could be targeted. A focus on workforce participation shows that demand will outstrip supply of workers. Lise also covered the following:

- EH Workforce challenges – current issues;
- Complex environment;
- Current and anticipated shortages;
- Education and training issues – develop skill levels of all staff regardless of age;
- Difficulties in attracting and retaining workers.

We have recognized the need for a national workforce development strategy, but are yet to develop a multi-faceted national approach. SA has a workforce development strategy. The states and the Commonwealth need to collaborate in the design of a suite of policies and programs. Much focus has been on the fiscal implications, not on workforces. Workforce must be integrated with human relations, budget, strategic information. Develop strategies and plans to address gaps. It must be on demand and supply – analyse gaps; create strategies.

See also Summit Report Appendices <http://www.aieh.org.au/conferences/Workforce/index.php>

Dr Thomas Tenkate, Mr Jim Smith, Associate Professor Nancy Cromar, Dr Richard Lugg, Mr Kel Irwin (Gold Coast City Council) and Tanya Bell (Principle EHO, BCC)

Responses to changing nature of workforce: education providers, peak body, examples of current models for accreditation

Thomas Tenkate:

Overview of pressures on EH Programs at a university level, including the following issues:

- Non-university providers – over 100 competing with university;
- Government funding decrease – target overseas students;
- Market forces will decide what stays and what goes;
- IT delivery/use – online delivery mechanisms meaning few face-to-face courses;
- Changes in relationship with students due to online delivery, student/staff ratios etc;
- Tension overdrive of financial development vs. traditional role;
- Class size EH (field trips etc) do not fit with financial models for universities;
- UK EH courses closing/vulnerable (80% decrease in applications);
- UK experience reveals a need for flexibility here to survive;
- Postgraduates – to bring in more EHOs to open up opportunities (*see power point*);
- Student: Staff ratios from 8.5:1 to 20:1.

See also Summit Report Appendices <http://www.aieh.org.au/conferences/Workforce/index.php>

Nancy Cromar:

Surveys from the UK have demonstrated that EH work contains many of the characteristics which are seen as desirable by today's graduates, however students do not know what they are. We need to raise the profile and knowledge about the work that EHOs actually do, rather than the negative perceptions that are in the public's mind.

- Attractive job elements – seven of the eight top characteristics for desirable employment fit the EH market.
- Many interested people are not aware of degree requirements.
- Shortage in student numbers has led to increase in numbers of unconventional students (i.e. not normally accepted) being accepted into courses to make up enrolments – this has potential to decrease the quality of workforce.
- Many factors are important in assisting in the choice of EHO as a career, however 47% of students in EH programs in UK were influenced by doing council work experience, 35%

influenced by talk by EHP. These are most important strategies for EH here in Australia in gaining potential new graduates.

See also Summit Report Appendices <http://www.aieh.org.au/conferences/Workforce/index.php>

Richard Lugg:

The Board in WA accredits professional EH courses in tertiary institutions and advises on professional and ethical issues. In WA there is new-look PH legislation, which will sweep away old provisions. This is an excellent conclusion. But unless employers and the community value EH there will be problems for EHOs. Need determination to stay the course.

See also Summit Report Appendices <http://www.aieh.org.au/conferences/Workforce/index.php>

Jim Smith:

The AIEH has undertaken a number of initiatives:

1. University EH Course Accreditation and Accreditation Policy (EHUPAF) which includes both undergraduate and post-graduate pathways;
2. Development of Workforce Summit
3. Certified EH Practitioner Scheme (CEHP) – the program includes Professional Development (PD) and mentoring program.

Under consideration:

- Cadetships, undergraduate and postgraduate;
- Work experience placements;
- Professional development, recruitment and retention strategies;
- Profile of EH profession and role of EH in the community.

See also Summit Report Appendices <http://www.aieh.org.au/conferences/Workforce/index.php>

Kel Irwin:

Gold Coast City Council has 38 EHOs in regulatory area, of these 33 are field staff, 30% in first year of work. Twenty four left the team in the last four years, 30% left to travel, 60% left for different experiences (promotion, other organisations). Currently – 8 vacancies (extra staff approved).

Retention strategies:

- Reintroduce new mothers to flexible roles and work times; 5-6 currently on maternity leave;
- Working with universities for placements;
- Gain students by working on project work as part of their course, then placement;
- Gold Coast works well for them – they have an edge because of where they are situated. People want to come to work there;
- Be flexible for retirees and Gen Y – lifestyle;
- Remuneration – incentive 20% above award – engineering, planners; proposing to include EHOs in this incentive payment;
- Designed a 'toolbox' for helping staff in their work;
- Are reviewing remuneration as EHOs with a degree get less than receptionist and so they will leave;
- Complete Management System – identity (in a.m. educator/in p.m. prosecutors);
- Identify priorities and the skill sets required;
- Training/ mentoring/support needed.

George Negus: *Another recruitment strategy for the Gold Coast...sweep up the 'schoolies'*

Tanya Bell: *Principal EHO, BCC*

BCC has a Corporate Cadet Program (which covers other staff as well)

- Is trying to bring in students early in their studies – very flexible, in semester part-time and can do full-time in semester breaks;
- Study and F/T work: in semester flexible hours, and full-time option during university breaks;
- Pay \$25,000 study allowance and benefits;
- Rotated through different parts of Council, including Consultancy Group, Disaster Management and so on;
- Have e-line recruitment;
- Two cadets at the moment, expected to increase to 5 within 3-4 months;
- Cadets – look at graduate program.

1.6 Facilitated Discussion

Panel: Dr Thomas Tenkate, Mr Jim Smith, Associate Professor Nancy Cromar, Dr Richard Lugg, Mr Kel Irwin (GCCC) & Tanya (Principle EHO, BCC)

Discussion on Cadetships or Apprenticeships

Q: Zane Hughes: I have noticed large problems with the professional focus on cadetships/scholarships forgetting TAFE/VET (government funded and a good place to start). VET in school is the way to catch people, Level 1 LG – literacies/numeracies, grab before students leave school. This is the next generation. Need to target students from schools in your own area as a pathway, and then they are more likely to stay with you.

Panel: Jim Smith: Do it all, all kinds of pathways, look at undergraduates, postgraduates, look at them all!

Zane Hughes: Cadetship does not meet apprentice system which attracts funding. NICP (National Indigenous Cadet Program) recipients, receive \$8,800 financial assistance. Could give say \$5000 to employer to take on an apprentice. Why not Indigenous cadets within boundaries of LG? Could offer to local Indigenous people an education near where they live. If it is where they live, they will stay.

Kel Irwin: The NICP means we must commit to employ.

Zane Hughes: This is a grey area, capacity to train without forcing to employ.

Jeff Stanton: NSW Health is training 8 ATSI trainees F/T now in EH. After six years, they will meet competencies for a degree from University of Western Sydney. Trained from rural areas, and stay in rural areas. They do struggle with the education and a small number will get through but there is a huge role for them at diploma level by distance, but it is difficult to do by distance because it is over 6 years; it is too long. Life experiences also impinge for obvious reasons. Many favour PP role.

Lise Windsor: There is money to be found in the vocational education training sector, and apprenticeships. Why isn't the government subsidizing cadetships? There is a need for employers to offer apprenticeships first to obtain EH jobs.

Jim Smith: The AIEH will look at cadetships.

Melissa Langhorne: We have one F/T cadet. It is difficult to keep members of the younger generation for longer than 12 months, how could you keep them for 5 or 6 years? To get a degree is 6 years if working F/T and doing degree P/T. It is twice as long. Fulltime students – 2 years F/T study, 1 year work exp. 1 year finish.

Lisa Bricknell: Central Qld University – has a 3 term year, flexible courses, if students are committed, can finish in four years instead of 6. Students can study over Christmas.

Thomas Tenkate: QUT excited about postgraduate pathways, postgraduate cadetship model. Like Flinders, QUT and Curtin have a 2 year P/T program, 1 year F/T. Shortens timeframe, however, might want more pay as a postgraduate.

EHO programs at universities are vulnerable but other broader programs are robust. EHO training is narrowed down to the specifics; this is a paradox because undergraduates are very interested in sustainability and EH; are very interested in the broader issues.

George Negus: Do they then go into environmental science?

Most students are interested in EH and sustainability. Broader programs quite robust, but EHO training program is narrowed down to the specifics. Undergraduate students are all very interested but thought it was not sustainable as a profession. Things that happen in the UK, happen here. We can learn from the UK experience. There is a window of opportunity to plan ahead.

Lise Windsor: Young people are not choosing EH as an occupation as conditions are not good, there is an old style management, poor pay. If people don't stay in the job, change the job itself.

Jim Smith: Good point. Lots of public policy, specialist/generalist, huge food safety push, pressure for food safety (FSANZ) workplace change, public policy arena. FSANZ putting pressure on EH workforce across Australia in food safety standards, now we have to implement it.

Louise Dunn: The federal government is rewarding universities for demonstrating employability. There is a need to dedicate some resources to marketing and recruiting for a strategic approach.

TAFE students are a good source [as evidenced by Swinburne that has both TAFE and University].

Lise Windsor: State workforce development fund in SA for youth and older workers. DEST puts a lot of money into workforce.

Jim Dodds: 60% are leaving the course. After 3 years, we turn out graduates with the same expectations. Chris said a lot of decisions shifted from the Chief Medical Officer to the EPA so that there is not a lot of PH influence. Is there a legislative solution that needs to happen?

Chris Reynolds: Ensure that there are connections and links made early so that they are EH problems. Essential to ensure points of referrals. Must ensure standalone inquiries into environmental health more routinely. More delays in planning process - government trying to speed up, to deal with problems at the outset (prevention). Essentially allow chief EHO to put more checks in the planning process for those trying to speed it up. Try and break down the silo thinking in this area.

Lyn Russell: Change thinking, rather than putting EHOs at the end of the process. Turn it around and break down barriers. Regarding high turnover – who are we recruiting? School leavers, do not know what they want to do; want to travel, leading to a high turnover. Be clever about a different type of worker; look at others – from other careers who want a change, cadets from high school, committed to region.

Jim Smith: Pay not too bad, for example, starting wage is \$45,000 when starting with a degree. Issue with award system is that it is non-incentive, which is needed to attract and retain people.

John Coombe: GC pays 20% above award. Change EHO mindset to important role, clear thinking, planning, development, maintaining healthy community. Needs change of mindset in this area, and for CEOs to change their mindset too, as to how do we achieve a healthy community. Make sure the message gets across to senior people in LG and elected representatives.

Chris Lease:

Q: Is enforcement a problem for EHOs, especially if the EHO is smaller?

A: Have had to train people particularly in this role.

Virgil Kelk: Finds that when students are in the work role they find it very difficult in the actual work environment. Face to face enforcement causes problems with the retention of young people

because of intimidating situations. Could be faced with drug addicted people, with poisons, and with interpretations of legislation, it is incumbent on the employer then to go out with them and give them support.

BCC: Depends on the person. Some officers enjoy enforcement more, for the action and adrenaline, whereas some are resistant.

George Negus: Training for EHOs includes being tough, conflict resolution. Training should include details of practice e.g. carport application/enforcement, drug dependency. Clear understanding from university might not be there, need more understanding of the role before going to university.

Virgil Kelk: Regardless of act or person a support network is important (mentoring scheme, support program). Don't send staff where they are uncomfortable or to things that they are not trained for.

Lise Windsor: Starting point for universities – what to deliver, what outcomes do you want? If enforcement, recruit people who can do that sort of work. Need to get the right people for the right job. More roles, VET job streams, Graduate streams. Education providers – not in touch with real world so have cadetships to create EHOs with skills you want.

Thomas Tenkate: Regulation is different from baseline professional role, some see enforcement as a less skilled role. Most legislative risk based approaches require understanding of scientific principles, of EH principles. Skills enforcement has a very specific framework, with basic science principles – if you divorce the two it would be detrimental to improving environmental health standards.

Shane Worley: When thinking of EH professionals some roles are 'sausage machine', they are routine. A lot of audits and applications and because of the nature of this work there will be a high turnover in those areas. They will go off to policy areas or elsewhere but cannot exclude those repetitive roles. Ameliorate the basic nature of the job to reduce high burnout – make it more palatable, but not a different job altogether.

George Negus: Practice, policy, analyst, enforcement- all different, all part of one job.

Kirsten Ross: Does placing people in cadetships result in more EHOs, or take jobs from graduates? If you are taking cadets, perhaps you do not take university placements. Be sure that the scheme would increase the number of professionals, not take away from university courses.

Rosemary Nicholson: Huge range of mature age students who have come from a trade and are quite comfortable with the regulatory environment and enforcement role. Preparedness for moving into regulatory roles, target range of ages and types. Be realistic about what we tell them to expect. Regulatory role is very exacting not a low unskilled area and should be approached that way.

Jeff Standen: Cadetships are a good idea; enforcement is a very skilled technical area.

Dean Bertolatti: Undergraduates - most are not school leavers, 50% are mature age. Of 500 Graduates from WA, we have employed 230. Where have 200+ gone?

Darren Ponton: Different name for cadetships - Trainees, or Environmental Health Assistants (cadets demeans them). As to where graduates go, some choose other careers. It might be quite an informed choice, into the food safety industry, private practice – not LG.

Eric Johnson: Upsets him when people denigrate the regulatory environment right up to international trade level e.g. seafood etc, ask about systems we have in place for exporting product. The employer is important in creating a supportive work environment, where EHOs are valued, rewarded.

Cameron Earl: Issue of the image of the job. Some cannot get out quickly enough. Sick of grief from public/colleagues/even people at parties! Negative community perceptions. There are social pressures.

Thomas Tenkate: Non-retention can be viewed as positive. It indicates the training received is highly transferable and highly valued. Higher achievers identify that those skills are transferable, positive because people in other areas want to employ them and can be used as a springboard. The mix of legislative understanding and scientific principles is very important. These things are also valued by employers apart from LG.

Jan Bowman: EHPs are members of large multidisciplinary teams and are highly valued there. EHOs make up 20% in her unit and 20% in communicable diseases because they can do legislative development.

Bruce Morton: There is no money available to assist with cadetships. VET sector receive 1.6 billion government support for traineeships. UK has a national fund for £10,000 cadetships for EH planners (from 2004 report). Becoming an employer of choice is important.

1.7 Summary of Discussion

- Look at the viability of cadetships; perhaps LG could utilize to a greater extent the National Indigenous Cadet Program for ATSI trainees in their LGA, or consider the VET/TAFE sector both for cadets and as a way to start training earlier at school and to attract funding.
- Regarding cadetships, consider the difficulties of keeping members of the younger generation for the time it takes to get a full degree (6 years part time).
- Ensure cadetships do not take places from university students.
- Postgraduate cadetship pathway interesting, but might demand more pay.
- Consider different name for 'cadets' such as Environmental Health Assistants.
- Target people from your own area (from local schools). If from the local area, they are more likely to stay there for employment.
- Need to consider carefully training for EHTs – must not see enforcement as a lesser skill as it still requires understanding of scientific principles.
- Consider less conventional sources for employees such as mature workers, career change people, people with a trade background.
- Need to create a clear identity for EHOs if we are to attract undergraduates who are interested in sustainability and EH, and give students a clear idea of the occupation before graduating.
- Need to change profile and perhaps the role of EHOs to attract the younger generation – they see occupation as having poor conditions, poor pay, and old style management. Focus on importance of role, of maintaining healthy communities.
- Increased pressures on EHOs – how can we relieve or reduce.
- Need to break down silo thinking.
- Need for financial incentives and pathways within the role of EHO.
- Look at enforcement roles which cause problems in retention, and repetitive jobs (permits, inspection) which can cause burn-out.
- Provide excellent support networks for staff.
- Work on community perception of EHOs.

DAY 2

2.1 Morning 2: Resolving Workforce Shortage

Michael Essery, *Team Leader, Queensland Department of Local Government, Planning, Sport and Recreation*

Keynote Address – Employers, workforce and legal risks

Address looked at the legal risks of a reduced or differently skilled workforce. There are advantages of being an EHO including varied work and different people, inside and outside work, range of skills and knowledge, comradeship, adaptability, university training, international recognition, workplace learning, strong and prominent professional association (AIEH). There are also disadvantages of being an EHO, such as increased workloads and smaller budgets, focus on roads, rates and rubbish.

For EHOs there are issues of liability such as civil/criminal liability, negligence, duty of care, breach of duty and causation. There are personal and agency liabilities and duties. There are statutory defences for agencies and employees. Civil Liabilities Act (Wrongs Act VIC) Sect. 35 protections for Council. Statutory Defence – employee does not incur liability if they acted honestly/without negligence. This is highly relevant to the workforce issue of the paraprofessional and issues of appropriate training and supervision.

Two Case Studies:

- Pyrenees and Sutherland Shire Cases

Pressures on LG:

- Maintain enforcement responsibilities;
- Hire competent people –consider experience and expertise;
- Seek alternative ways to obtain employment;
- Maintain budgets;

- Minimum exposure;
- Employee pressures – more tasks, less experience (see slides), actions outside experience;
- Legal risks for reduced or differently skilled workforce, although new they have the same experience as skilled experienced workers, judged under same Acts.
- Less chance to learn from older people (60+).

Ongoing training and CPD is essential, as is the provision of mentoring and colleague support to nurture and care for staff. Traineeships are valuable for the level of workplace experience. Promotion of EHO work important to combat workforce shortage.

Mr Greg Sullivan, *Manager, Licensing and Compliance, Brisbane City Council*

Symposium on successful workforce strategies

With 70 qualified EHOs, BCC is one of the largest employers in the country. BCC is currently experiencing a 12% attrition rate per annum. To maintain required employment levels must grab 100% of graduates to continue to function. Current situation is unsustainable, and the cost of turnover is huge. With the high numbers of temporary staff, risk increases. Initial strategy is to use risk prioritization (A Licensing and Risk Management System [ALARMS]) to analyse and prioritise tasks based on risk. Reallocate some tasks to Law Officers (clear offences), while EHOs deal with technical issues. These strategies have worked well.

Currently, around 40% of EHOs have been at BCC for less than 2 years, 21.5% are likely to retire within the next 10 years. A survey on retention issues found the four most critical issues for EHOs were training and CPD, permanency of employment, volume of administrative work, and career progression opportunities.

The Environmental Health Future's Program focuses on recruitment, retention and promotion. Uses a holistic approach to analyse workforce trends, review reports, policies, strategies and initiatives and identify specific BCC issues:

- Promote profession, raise importance, to increase pool of employees;
- Retention of staff prioritized, keep skills, better work output;
- Promote voluntary compliance in community to reduce workload;
- Create Links & Partnerships e.g. Working with QUT, Griffith, Diploma Courses, and AIEH;

- Alumni – stay in contact with past employees;
- Specialist training (e.g. emergency management);
- Retention – create higher team leader positions for career progression;
- Work experience, cadetships, graduate programs;
- Convert temporary employees into permanent ones (as quickly as possible);
- Recruitment – from overseas, from educational institutions ahead of vacancy to be ready.

In the future, we will grow our own EHOs, intercept school leavers, recruit (domestic and international). There is a need for multiple strategies, isolated strategies do not work. Implement strategies to increase permanent staff, slow the attrition rate, and achieve success attracting cadetships and new staff.

Mr John Coombe, CEO Alexandrina Council, SA

Symposium on successful workforce strategies

Overview of own strategies implemented to retain and recruit staff, maintain reputation as a Work Choice employer. Organisation built through teamwork, respect, trust, quality leadership, and good relationships. All staff are made to feel important (not just Councillors or CEOs) and are involved in strategic direction of Council. Evidence that it is working: some staff live in Adelaide and drive to Alexandrina – driving 1.5 hours each way for work. It is likely that Council will be open 7 days a week within 10 years and this has implications for workforce development.

Initiatives which make Alexandrina an employer of choice include the following:

Work environment:

- Respecting all staff;
- Pleasant environment;
- Organised events (social, birthdays, morning teas);
- Maternity care – bring babies in, family feeling;
- Management has genuine interest and care in work area; wants to keep up with developments;
- Council up with latest trends;
- Feeling safe;

- Fairness: staff members are valued, treated equally. EHO proud of organisation because can contribute to others;
- Limited supervision which promotes a feeling of trust and responsibility;
- Management know staff by name (greet by name, ask questions about how they're doing);
- Flexibility of hours.

Support for Staff:

- Administrative support – so EHOs can focus on areas of expertise;
- Management support and encouragement;
- Open-door policy at all levels – discuss issues without discomfort;
- Helpful budget – purchasing, things done and acquired to do job;
- IT helpful, prompt, understanding;
- Recognition that staff have a life and family (more important);
- Accommodation assistance for say community late night meetings e.g. attendance, motel accommodation to stay overnight, safety issue travelling long distances at night;
- Financial support for people traveling long distance (fuel, car if required);
- Equity for staff who live outside the area e.g. increase super contributions;
- Keep healthy, counselling if necessary;
- Growing/learning experience, family life impacts.

Incentives and Training Initiatives:

- Financial reward;
- Organise opportunities to be part of professional body that knows its business;
- Training;
- Organisational recognition of good work – tell others, if win award or pass exam, make presentation to staff member;
- Mentorship;
- Experience skill development (public speaking, speed reading, report writing, tai chi);
- Support CPD all disciplines;
- Opportunity to work on special projects (outside area of expertise, for experience);
- Workplace challenge – thinkers in residence;
- LG management challenge – including outside workforce.

Recruitment/Retention Strategies:

As leaders in sustainable leadership strategies, Alexandrina does not support poaching - better marketing by increasing awareness of EHO role. Target schools and develop community interventions to promote the role as important in maintaining the health and safety of their community. Strategies include:

- Talk to schools, career teachers/advisors, who have very little knowledge of work of EHOs;
- Provide work experience for locals in tertiary studies – find and contact them, offer paid part-time work where they will learn more in two months, than from two years of theory.

As a strong council, we share support services to other councils (5 neighbouring councils). In other areas, EHOs are a soft target for CEOs. EHOs are not prepared to challenge, and fight hard for budget. Not innovative – cannot overcome stereotype of regulator. EHOs are not making themselves heard via reports or reporting to Council. EHO are led, and not leading. The need is to challenge the existing perceptions of EHOs to engender a healthy, strong and vibrant community. Work hard to change perceptions. Summit supports action now for positive outcomes in EH workforce.

Jeff McNamara, Central Coast Council, Tasmania

Risk based activity levels in Environmental Health practice

It has taken 6-12 months to implement the current risk management system and addressing the issue that most of the EHOs work is not complete at the end of the day. More Acts, more work, new areas to act on – legislative reform increases roles and responsibilities. Need more staff to be able to cope, however, EHOs in short supply (TAS, regional). Find more staff to issue more rates, fines. We have calculated the time needed to cover all responsibilities, and need at least four or five EHOS – we only have two.

To cope, translate 'good' management theory into practical actions, making operational and organisational changes. We used an evidence and merit based system. Promote delegation and autonomy. Divide work by function rather than by geography. Change from reactive to programmable work priorities – prioritizing risk management as High, Medium, Low priority. Focus on high priorities, allowing some time for reactive work (calls, emails, meetings...) and project work. It is a balancing act. 70% is programmable and 30% reactive (must do).

Educational regulator rather than enforcer (promote prevention, self-regulation). Nuisance = annoyance (noise complaints), threats = cause harm (higher priority – water quality, food safety). Even with evidence of addressing highest risks with time and resources given, Mayor still wants “just a bit more low priority”.

Pay-off...our high risk is their high risk. EHOs feel they are doing what they are trained for which inadvertently creates a competitive advantage. Important, meaningful work equals job satisfaction and retention of staff. Strong supporter of a multi-tiered EH practice model – SWOT analysis. Solutions would be to legislate roles e.g. an EHO does this, EH technicians that. Need to talk to the insurers involved before implementing.

Related Discussion:

Q: Jeff Fraser: Low risk gets done? **No.** In our LGA, the trivial information led to the largest problems, they are trigger points that prioritise work. Low risk: neighbourhood complaints, lead to high risk hits and misses, high performance, bang for buck.

A: Priorities – back to legislation, why it exists. Revisit legislation – what it is trying to achieve. Risk prioritization analysis - everyone doing some risk in some ways. We have formalised prioritization method to function on limited resources. Best defence for CEO, identify potential risks and show to elected members... if you accept risk, you accept the consequences. If not, factor into budgets so EHOs have more resources. Flavour of the month, priorities, local issues...

Xavier Schobben: Private health nuisance, public health nuisance – defined difference high risk within legislation. 250 years precedent of nuisance.

Chris Lease: Can distinguish between private act and public health nuisance. The word is used both historically and actually. Nuisance is not just an eyesore but there are many nuisances. Courts decide public or private. Do not need to hang on to word ‘nuisance’ (Chris Reynolds).

Darren Ponton: There are about 3 sets of state government legislation to oversee EH services. Responsibility on state to oversee local Risk Management. Why aren’t the state governments filling vacancies for LG?

Roscoe Taylor: Ability to appoint EHOs in LG, pay bill. We haven’t done so. Short-term fix for system. Long-term issue, develop whole strategy and people support so EHO gets assistance

(with permits) etc. Some workforce surveys show EHOs are burnt out from repetitious stuff, related to environmental management (permits etc).

Squadron Leader David Taplin, Australian Defence Force

An overview of the ADF structure including EH and EHOs was provided. There are three main areas of work: preventing casualties, vector control, and prevention of occupational injuries. Successful workplace strategies for retention of EHOs and EH surveyors (Navy and Army have higher exit rates of EHOs which doesn't apply to Air Force (which is a sexy defence job with aeroplanes!) including that ADF reimburses membership of AIEH, raised the retirement age, and death benefit scheme after twenty years of service.

Recruitment Strategies

It is difficult to get EHOs with EH degrees. Hence the development of Project Vector which aims to recover EH capability. This includes the review of entry methods to be sustainable, define roles, rank structure and career streaming (promotion, defined career pathways). Used to train EH Surveyors but became top-heavy as all surveyors up-skilled to EHO.

Reviewed entry options, such as direct entry from degrees, accept postgraduate as training/traineeships, undergraduate training. Graduate Diploma EH for people with science degree (new), with Flinders University. They work with health units in ADF. Have arrangements with Flinders, Griffith, La Trobe, Swinburne. Furthermore, ADF pays \$30,000 while studying – although participants have to commit to 4 years service. Also have arrangements with EHOs from Qld Health – 7 days per year on call.

Marketing Strategies

Web resources clearly define roles and responsibilities of EHO in ADF, clear identity for those looking at the role. Also undertake university presentations, acceptance of Graduate Diploma as an entry qualification and investigating career marketing at career expos.

Discussion

Local Councils could look at supporting students in Graduate Diplomas and then getting them to work for them for say 2 years, like ADF. Sponsorship/mentoring – could AIEH offer sponsorship for university placements for EHOs outside the ADF?

See also Summit Report Appendices <http://www.aieh.org.au/conferences/Workforce/index.php>

2.2 Case Studies

Ms Jan Bowman, Chair enHealth

Case Study: The Wall Report

The Report was concerned with an examination of the role and training of environmental health paraprofessionals. What has enHealth done about EHO shortages? It is timely. It is important. Skill shortage exists but variable workforce from BCC to ADF, to rural, to remote and urban councils. Not why but what can we do?

Wall narrowed it down in his report to paraprofessionals (PPs) and technicians in other fields. He came up with a report on frameworks for employment of paraprofessionals. Risk management as a framework. The key is that state and local governments work together to:

- Commence training of PPs;
- Introduce Certificate III & Certificate IV courses under LG or PH frameworks (this is controversial);
- Ensure that this is accepted by the stakeholders (enHealth responsibility).

EHPP Issues from the Wall Report discussed include:

- EHPP training and competencies;
- Relevant authorities under legislation;
- EHPPs working under support of EHO;
- Activities for EHPPs are risk assessed and appropriate to their training;
- Articulation entry point (Cert III) to fill EHO qualifications;
- What name for this position: Environmental Health Technicians (term PP).

Concerns/Feedback on Report:

- Concerns on undermining current qualifications/training packages. Dollars better spent on scholarships. Existing training report concepts not developed enough, research first before action;
- “Dumbing down” skills in EH;
- Professionalisation and then need for career development;
- Recruitment and retention;

- Rural and remote areas;
- Cheaper options;
- Legal risks – what can people with Certificate III or IV do?;
- Workplace – high workloads, liability, are workplaces ready to accept EHPPs?
- PH concerns most emotive. If we do this, we will not get PH outcomes. What about UK experience?
- Credibility of the report itself – suggested it is not in line with recommendations of other reports, made with limited consultation. What underpins philosophy? How does this impact on PH outcomes?

EHPPs are not the one solution, but part of a range of solutions to the workforce shortage in EH. We need to act quickly in a collective, orderly way for cohesive solutions. EHPPs are not going to undermine people in the EH profession; there are enough jobs, not enough people. Further, LG competes with other employers (including ADF) for the limited skilled staff out there. Everyone will have a role, so why can we not let more people in? enHealth will reassess Wall Report, redefine planning, construct ways to attract more funds. enHealth needs to work collaboratively with LG Managers Australia, the Planning Institute, the National Health Report, and work with government, Skills Australia (National Training Packages) as this is the only way to achieve cohesive pathways through partnerships. Need coherent, cohesive action plans.

Associate Professor Nancy Cromar, Flinders University

Case study: The overseas experience using Environmental Health Technicians and Environmental Health Officers

EH is a sector in the top 10 skills shortages in UK. We look at the UK experience regarding use of technicians to view its wider implications. University courses are under threat of closure.

In UK, technician staff provide technical competence, but are not capable of carrying out other aspects of the EHO role. The impact of National Initiatives in the last 2-3 years has resulted in a small decline in the rate of recruitment problems, however it is still a significant problem. Retention is less of an issue than recruitment (however retention rates are worst for those employees with at least three years experience which means that when they resign they take a wealth of experience with them).

The UK history: the 1972 Local Government Act moved public health under the National Health Service (NHS) and effectively medicalised and centralized the provision of PH, but left EH under the control of local authorities. Initially this was seen as positive as it freed up EH to expand outside of the control of medical authorities. Within 10 years however, significant cutbacks were seen in local government and the repealing of the Act which required certain PH qualifications in local authority staff resulted in many less well qualified staff being employed. Technical staff had single issue role e.g. noise, food, etc. They are seen as good foot soldiers, but do not have a PH mindset. Deskilling followed. A lack of qualified staff in certain key areas of public health risk e.g. food has led to the reintroduction in legislation.

UK issues are often close to home. In Australia, some local authorities are not prepared to employ enough suitably qualified staff unless externally imposed, which then equals lack of budget. In UK, medical PH continues to be funded centrally, but EH linked to LG funding. *Easier to get funds for an ambulance at bottom of cliff than for the fence at the top.*

In UK, the shortfall in EH workforce led to a range of national initiatives which raised the profile and understanding of EH in LG. These were effective in profile raising, but had a minimal impact overall on recruitment rates (see earlier talk on Day 1). IN 2005, UK EHOs were still third in the list of skills shortages in local government area. Councils reporting recruitment problems rose over 25% in one year (2003-2004). Retention issues are significantly less than recruitment issues (again see Day 1 talk).

The backdrop against which this is all occurring in UK is that of the 'Post-Hampton era' – this refers to Hampton's report where local governments are moving to taking decisions on the basis of risk assessment – no inspection without a reason, tackling high risk priorities. Tavistock Institute report (2007) also noted that power is being devolved to LG from central basis.

UK has no EHOs – all EHPs. The public cannot differentiate EHP and EHT. Need to ensure job definitions, structured workforce to reduce confusion with the public. UK use model of well trained and tested technical staff who work alongside generic EH practitioners with a number of provisos such as the need for competency frameworks, which are nationally consistent. EH technicians are not replacements for EHPs. First response to technicians caused concerns such as impacts on public health outcomes when taking on unqualified staff.

Cromar's Response to the Wall Report

EH technicians are not replacements for EHO staff. We should look at both levels very carefully and determine competencies / skills basis for each level independently and then see how they can interact. Need to have technicians to augment not to replace. Resources for training of technicians should not be favoured over retention and recruitment measures for EHO degree based staff. Any attempt to develop a nationally consistent framework for acceptable qualifications for EH staff must pay attention to the need to maintain standards at the highest level (not the lowest) to ensure PH remains protected at LG level.

See also: Power point Presentation

***Note:** An expanded report on the UK experience is planned after Nancy Cromar has visited the UK. The final report should be due for completion by the end of 2007.*

See also Summit Report Appendices <http://www.aieh.org.au/conferences/Workforce/index.php>

Dr Kirsten Ross, Flinders University

Case Study: Making EH Sexy to Prospective students as Future Employees

The workshop was developed in response to an EHO identity crisis. The community does not understand what EHOs do. Presentations are made to classes below year 12, to allow time to consider EH as a career. There are 6 sets of material for the workshop, 2.5 hours plus DVD from Curtin University of a Cyclone Scenario. Students do tests on water samples and develop a news broadcast. 14 EHPs were trained to facilitate workshops but there are more schools than EHOs.

Discussion

As a marketing tool it is very labour intensive. However, more effective than simply watching a DVD as engaging the students took at least half an hour in itself at the beginning of class. Students would not engage with a DVD alone.

2.3 Afternoon 2: Turning Talk into Action – Discussion Groups

Four topics for discussion were isolated with designated group facilitators as follows:

1. Indigenous Health – *Virgil Kelk*
2. Role of Technicians – *Nancy Cromar*
3. Recruitment Issues (Sexing up!) – *Thomas Tenkate*
4. Retention/Quality Workforce – *Steve Davidson*

The following summaries have been noted directly from each group's written notes. Where conclusions or key points were not included in original notes, a brief summary has been written.

Group 1 - Indigenous Health

- Not limited to Indigenous health workers
- Talk about indigenous Environmental Health Practitioners
- Gap between EHW and EHO – need for exit points
- Employers – is there a need for this training?
- Goal – ultimately having Aboriginal EHOs in community
- Issues of supervision in move to EHO type work
- Can success in communities be translated to mainstream regional areas and cities
- AIEH needs to make position clear on ATSI issues
- Local governments need to get to know their Indigenous communities (not engaged with them) ...(Darwin a model)
- How can we influence local government?
- Need contacts to be made available to LG employees
- Strategy: Involve EHW in exploring EH issues
- Concern that EHW will be left alone
 - What would make a council ensure EHOs are in rural areas?
- Need policy from AIEH to ensure EHW have the right qualifications
- Do the three qualifications (EHO/EHPP/EHW) fit the jobs the people are going to get?
- Issue of 'over training'
- EHPP training inadequate for EHW
- Expectations of EHW exceed abilities, no mentoring etc.

- EHPP training not appropriate for EHW (therefore we need to look at what employers want)
- Need to be wary of pigeon holing skills
- Is there scope for private industry involvement? – scholarship system, marketing
- Qld change in community Council structure has resulted in EHW having EHO-type responsibility
- 8 CAE competencies identified by NSW Health
- Can they be applied more widely (i.e. EHT level?)
- Training to achieve these competencies provided?* by NSW Health
 1. Don't have enough Indigenous Environmental Health folk (Officers, Workers etc.) Not recognized?
 2. Arguments about training required (funding dependent on outside, needs to be market LG based)
- LG needs more funding (would do it if they could)
- Need to state that we value Indigenous Australians (IA), been employed in EH can be noted that it is an endorsed policy
- How do we get mainstream EHO involved in IA communities?
- Is the lack of interest and funding because people do not know what EH is?
- Need an economic argument
- Need to develop indicators that can be used to explain
- Indicate 'quick wins'
- Target these 'simple' things
- Big wins linked to EH so that we have no need to promote EH
- LG needs to be made aware of funding available for IA cadets
- Training, if done cleverly, should be transferable to many other areas.

Conclusions

- Institute needs to make position clear on Indigenous EH and workforce
- LG needs to engage IA communities
- Mentoring scheme should include IA for mutual learning
- Ensure we get technician role (need to see this as a real opportunity in EHW scheme); people ready for crossing the gap (page #1)
- Entry to EHT should provide opportunity for IA to take up
- Need AIEH SIGS in each state with links to form policies

Group 2 - Role of Technicians

Process

1. Workshop tasks of EHOs – 10 major, 36 more specific
 - a. Based on legislation – requirements
 - b. Problem – changing legislative landscape
2. Articulate principles that underpin demarcation of professional vs. technical workers

What are technicians?

- Competency based training
- Different minimum standards/qualifications for different tasks

Models for defining technical roles

Guiding principles

Technical: Consistent, standardized, reproducible tasks e.g. water sampling in swimming pools, rainwater tanks, low risk functions, supervised environment – level of supervision

Professional: Analysis, interpretations, recommendations. Designing monitoring/sampling programs, analyzing results. Gathering of evidence (legal) e.g. pharmacy assistants – direct supervision.

Models of Professional/technical roles

- Shared work practice in one work environment
 - Officer and technicians together on inspections – delegate onsite
- Shared work across work environments
 - Train specialist technicians in key areas who can work for several local authorities
 - Water, food - difficult
- Appointment of “authorized officers” under Public Health Act
- Environment Protection Act “noise only” limited authorizations
 - Actually happens in WA

Pre-requisites

- National consistency;
- Mutual recognition;
- Lowest common denominator;
- Legislative framework (national) for EHT;
- Protects against technicians being employed for EHO roles, protects public health.

Terminology/Roles

- *Scientific officer* (not EH degree)
 - Degree or advanced diploma
 - Work in area of technical expertise
 - E.g. (crossed out food technologist) water/noise, could form regional alliances...> economy of scale.
- *Technicians* – EH
 - General – multi-skilled
 - Practical skills
 - Qualifications? (Articulation pathways, Cert IV). May be different levels required for different task but all need to be embraced by AIEH.
- *Cadets* – impact of technicians on cadets.

Career progression

Summary

- Could have different levels of training for different tasks, to be Scientific Officer (Non-EH Degree or Advanced Diploma) or Technician (vs. Cert III, Cert IV);
- Could work in one Council under Supervision, or across work environments - EHTs could work across several councils;
- Appointment of “authorized officers” under Public Health Act;
- They must not be employed just because they are cheaper;
- Food technology samples could be difficult, some think could delegate;
- Need for national consistency and legislative frameworks to protect both public health and EHO role in LG;
- Technicians could undermine cadetships, who are EHO trainees. There could be demarcation issues.

Group 3 - Recruitment Issues / Sexing Up!

1. Internal issues

- a. Has LG got a role in EH?
- b. What are the roles?

2. External

1. Aspects of EH - attractive
 - a. Broad impact of EH;
 - b. Sell relevance;
 - c. Education of elected representatives.

Image/Profile/Understanding

- LG – dated, CEOs
 - Relevance, key roles ...> profile
 - Roles and Responsibilities – agree on common aspects/roles
- Marketing of what EH is ... need to engage specialist
- Public
 - Relevance
 - Broad impacts/scope
 - Positive aspects of job/work conditions
 - Advocacy (AIEH to develop effective media and advocacy role)
- School system
 - 'Totally Wild' story and others
- Re-engagement of former EHOs
- Need for a partnership for strategy NICS
- Profile/Brand
 - Examine funding opportunities.... critical skill shortage area
 - Audit existing resources
 - Collaborate with other professions and industry
- Markets
 - School leavers
 - People looking for work transition (scientists)
 - Early retirees – professionals
 - Re-engagement of former EHOs
 - 1st & 2nd years UG students in other courses

- Funding
 - HECS relief for students
 - Explore range of funding opportunities for students
 - Critical skills area
 - EHOs need for on the ground involvement
 - Include activities in CPD program.

Key Immediate Actions

- Explore existing funding opportunities including critical skills area
- Consensus on EH role – engage stakeholders (e.g. legislative)
- Raise profile/brand – targeted marketing
- Identify the best ways to get the message out (direct email to community database, Council websites careers)
- Media presence
- EHO profiles 'Career One'
- Flexible recruitment pathways
- Identify existing resources for marketing
- Re-engagement of previous EHOs – AIEH
- Student funding opportunities and partner funding
- Enhance relationships with other professional bodies.

Group 4 – Retention of Quality Workforce

Issues

- EH hidden behind legislation;
- Risk based legislation is positive for role;
- Delegation of legislation to LG impacts on resources and morale;
- What is PH role in LG?
 - Can we have national consistency?
 - Can we agree on national framework in relation to PH Plans for LG?
 - Roadmap for EH/PH?
- Definition of EH role
 - Community
 - Consistency
 - Discretionary vs non-discretionary roles.
- Need “quality” legislation.

Regulation

Solutions

1. Scoping paper
 - a. Skill sets
 - b. Population health risks
 - c. Risk based model
 2. MOU
 - a. AIEH/ALGA/enHealth
 - b. Population health in LG
 - c. Requiring highly skilled EHPs to accomplish
- AIEH advocate for risk based, outcome based, innovative and strategic responses to community issues;
 - Balanced approach.

Valuing Workforce

- Market EH to senior Management/CEOs regularly;
- Support processes
 - Case studies of effective strategies

- Role - Who? ALGA, AIEH, enHealth
 - Mentoring (with EH and other professionals)
 - Succession plan/career path
 - CPD
 - Flexibility including HR policies
- enHealth to consult with other professional associations having similar issues to learn from experience – join with NLGM;
- Focus on individual needs
 - Consult continuously
- Recognition/reward staff;
- Leadership/supervisory course (AIEH?/State Govt. Funded?)
 - Coaching, longer-term (e.g. Health ways leadership course)
 - Research why people are leaving the profession - nationally
 - Profession profiling

CPD

Secondments/mentoring with private enterprise

Increase profile of EH

- Good practice guides – AIEH does
- Partner with many including NGOs
- Consistent national approach to increase profile
- Update NEHS (translate to local level....reinvigorate)
- Need an EH Champion
- AIEH to advocate to politicians
 - Federal level
- AIEH engage with media more, need
 - Policies
 - Position statements
 - Need advocacy priorities.

Internal Support Mechanisms

Be visible with elected representatives and actively engage with them to continually tell them why EH is important.

Mentoring Options

- Individual LGs to mentor internally / rural EHOs;
- AIEH develop formal mentoring scheme (voluntary);
- Buddies on a regional basis;
- Need flexible models for mentoring ... investigate a range of strategies;
- Explore LG Toolbox.

Summary

- Need national consistency of PH role in LG;
 - Need a National approach in increasing the profile of EH;
 - Need scoping paper and MOUs between ALGA, AIEH, enHealth for consistency in regulation;
 - Need to increase the value of the EH workforce, especially to Senior Management/CEOs;
 - Need models for mentorship, CPD opportunities, career pathways.
-

2.4 Final Word

George Negus, *Facilitator*

There is an unsung hero aspect to what EHOs do. Need a high profile spokesperson – someone who has credibility. When negative stories occur, get someone to back the profession – and turn the negative story into a positive one. Talk radio is an area that should be explored. First point to start self promotion is with elected member and then with the CEO. Talk the profession up locally. The Australian Institute, not State Institute, is how you should be seen.

Now turn words into actions. AIEH should form a national action plan. Get together with Chris Reynolds. Set yourself up as a vanguard. It makes approach far more sensible as a national template for states to follow. There is no reason why there cannot be a national legal template for EH that everyone follows and puts in needs for individual states. Need a few catch phrases. Building a healthy living environment; making the human environment healthy...or EHOs make better lovers.

Jim Smith, *National President AIEH*

Where to from here? The Summit proceedings will pull together the thoughts that people have contributed and will be used as the basis for a national strategic plan. Other activities include:

- Workforce planning will be on the agenda at the International Environmental Health Congress.
- A local government workforce resource project is being undertaken on behalf of Queensland Health which will include a risk framework and workforce for LG.
- AIEH is developing its strategic plan in which workforce planning and development will be a priority and this includes the CEHP scheme which will be rolling out this financial year.
- AIEH will be embarking on partnerships development e.g. MOUs with ALGA and others, including assistance in Indigenous EHW development.

Importantly, an action plan will be developed so as to develop a national workforce strategy with the stakeholders at the Summit.

Summit Report Appendices

Available at <http://www.aieh.org.au/conferences/Workforce/index.php>

Appendix A: Pre-Summit Readings

- **Reading 1:** Local Government Environmental Health Workforce Symposium, Pre-summit Reading, *Compiled by Melissa Stoneham - June 2007*

Note: The second pre-reading compiled by Nancy Cromar has not been included, due to planned expansion. A comprehensive report on the UK experience should be completed by the end of 2007, after further research in the UK.

Monday's Power points:

- Summary of Pre-reading, *Melissa Stoneham*
- Future Challenges facing environmental health and implications for practitioners, *Kevin Buckett*
- Rethinking the Framework for Public Health Law, *Chris Reynolds*
- Recruitment and Retention – Two Different Issues, *Lyn Russell*
- Changes in public sector and local government workforces and current approaches to workforce management, *Lise Windsor*
- Universities and Environmental Health Education and Training, *Thomas Tenkate*
- UK experiences in education sector, *Nancy Cromar*
- Education, Accreditation and Maintenance of Standards, *Richard Lugg*
- Responses to changing nature of the workforce, *Jim Smith*

Tuesday's Power points:

- Employers, workforce and legal risks, *Michael Essery*
- ADF EH Workforce Issues, *David Taplin*
- Environmental Health Workforce Strategies, *Greg Sullivan*
- Risk based activity levels in environmental health practice (or, Doing what matters most), *Jeff McNamara*
- Case Study 1: Wall Report, *Jan Bowman*
- Case Study 2: The UK Experience, *Nancy Cromar*
- Making EH Sexy to prospective students, *Kirstin Ross*

Australian Institute of Environmental Health



National Local Government Environmental Health Workforce Summit

*The changing landscape of the environmental health
workforce in local government:
turning threats into opportunities*

2 - 3 July 2007, Brisbane

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Australian Institute of Environmental Health



**Local Government Environmental Health Workforce
Symposium**

Pre-Summit Reading

Compiled by Melissa Stoneham

June 2007

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Local Government Environmental Health Workforce Issues Paper

1.0 Background

The purpose of this paper is to provide background reading for the local government environmental health summit. This paper briefly describes the key finding from a number of local government reviews, focuses down on the findings from the Australian environmental health workforce reports undertaken to date and highlights key issues relevant to the progression of the environmental health workforce in Australia.

The enHealth Council provides national leadership on environmental health issues, set priorities, coordinate national policies and programs and provide a pivotal link between international fora and environmental health stakeholders in Australia. It is also responsible for the implementation of the National Environmental Health Strategy (NEHS).

In developing environmental health advice, the enHealth Council establishes partnerships with other sectors and agencies and draws on specific expertise when dealing with particular issues (enHealth Website, accessed June 2007).

The enHealth Council has representation from a range of sectors including government, the environmental health profession, environment and public health sectors, the community and the Indigenous community (enHealth website, accessed June 2007). The enHealth Council recently commissioned a project to investigate the gaps in the environmental health workforce and examine the role that an environmental health paraprofessional might play (commonly known as the Wall Report).

The Australian Institute of Environmental Health (AIEH) is the professional association that represents environmental health practitioners. The Australian Institute of Environmental Health seeks to provide a healthy, safe and attractive natural, built and social environment for the Australian community through the enhancement of the

practice of Environmental Health and the professional development of Environmental Health Practitioners (AIEH website, accessed June 2007).

The national local government environmental health workforce summit is an initiative of the AIEH in an attempt to address the skill shortage at the local government level.

2.0 Definitions

Environmental Health Officers (EHOs): EHOs are the primary organised national workforce that undertakes specific environmental health management, particularly through local government in accordance with key public health legislation such as the Health Acts and Food Acts. The AIEH determines that for a person to be employed and practice as an Environmental Health Officer the person must have graduated from a university course accredited by the AIEH or a course recognised as equivalent (i.e. international) (AIEH, 2006a).

Environmental Health Practitioners (EHPs): The NEHS defines the broader environmental health practitioner workforce as being multi-disciplinary, encompassing researchers, academics, policy officers, urban planners, engineers, administrators, allied health professionals and other professionals such as managers.

Environmental Health Paraprofessional (EHPP): The Wall Report (2006) did not provide a definition of an EHPP, however it did state that EHPPs are technicians who could supplement the work of EHOs in local government and potentially, other areas (pii).

Environmental Health Workers (EHWs): EHWs are employed in Indigenous communities and deal with services such as refuse collection and disposal, pest and dog control. They organise repairs to damaged infrastructure and deliver ongoing health education and create partnerships (NEHS, 1999). EHWs work within routines, methods and procedures where discretion and judgment would be required under very broad guidance in the fulfillment of work likely to be allocated by an EHO (Industry Skills Council website; accessed June 2007).

3.0 The National Environmental Health Strategy – Putting Workforce into Context

The National Environmental Health Strategy is Australia's key strategic document relating to environmental health. The Strategy defines the environmental health workforce as a multi-disciplinary one that encompasses environmental health officers, environmental health workers, researchers, academics, policy officers, urban planners, engineers, administrators, allied health professionals and other professionals such as managers (NEHS, 1999).

The National Environmental Health Strategy (NEHS) recognised that the role of the environmental health practitioner is changing. The Strategy states that there is a trend towards decreasing “hands-on” work performed by the environmental health practitioner to enable an increase in time spent in direct or indirect supervision.

In 2000, Peach identified that the workforce implications associated with the NEHS included redefining the workforce to include policy officers, urban planners, engineers, administrators, allied health professionals and managers as well as EHOs, researchers and academics. He commented that the fragmentation of the EH workforce across the three levels of government was impeding the delivery and management of environmental health in Australia (Peach, 2000).

Other workforce issues discussed within the Strategy include the need to continue to restructure and review environmental health training to ensure maximal links between current training and future practice and the ongoing need for continuing professional development to better support the future needs of the whole environmental health workforce. Post-graduate research training was also identified as an area of need, along with the need to raise the profile of environmental health to allied health professionals, provide training in environmental health to allied health professionals and ensure that environmental health worker positions are developed, funded and supported by all levels of government.

4.0 Who Does What in Environmental Health in Australia?

In general, the scope of environmental health duties carried out by local governments can be classified as follows:

- Involvement in monitoring the local physical environment for health and safety concerns (e.g. Municipal Public Health Plans, tobacco control);
- Considering health objectives in local council planning activities (e.g. Health Impact Assessment);
- Water supply and management roles;
- Food safety and nutrition activities;
- Health measures/services targeted at particular groups (e.g. immunisation, crime prevention, physical activity);
- Other health related measures (e.g. cemeteries, legionnaires disease) (adapted from NPHP's The Role of Local Government in Public Health Regulation, 2002).

There are a few major differences in delegated powers amongst states with the notable ones being food and tobacco control. Victoria is acknowledged as having the most decentralised food safety responsibilities with local government having responsibility for registration and monitoring of food premises. Western Australia, Tasmania and Queensland also have decentralised models of responsibility (Lin, Smith & Fawkes 2007, p.278). In NSW, legislation enables, but does not require local governments to enforce the Food Act 2003. However, in most other Australian states food hygiene and management of food premises has been delegated to local governments. Tobacco control is a similar issue with the majority of the State Health Departments being the lead enforcer. For example, the South Australian Department of Health administers the Tobacco Products Regulation Act 1997, regulating tobacco advertising, smoking in licensed premises and workplaces, and the sale of tobacco products to minors. The Tobacco Surveillance Section, based in the Environmental Health Service, employs several tobacco control officers to inspect licensed premises and workplaces, and to deal with inquiries or complaints from the public. In Western Australian, although the State Health Department enforces the majority of the Tobacco Products Control Act, the

enforcement of smoking in enclosed places has been devolved to local government officers.

In summary, it is clear that local government has a significant involvement in a range of interventions and strategies that impact on the physical, structural, social, cultural and environmental factors that influence public health at the local level. The roles of local and state governments in relation to environmental health appear as Appendix One and Appendix Two.

5.0 Local Government Reviews

There have been some reviews of local government but these have not been undertaken in all States. A number of sustainability reviews have taken place in Queensland and Western Australia to assess economic sustainability of local governments, and NSW has also recently released a Position Paper on the future direction for local government.

5.1 Western Australia's Systematic Sustainability Study

In WA there are current reform agendas such as amalgamation and economic and social sustainability of local governments (WALGA, 2006; WESROC, undated). Running parallel to these are the key demographics forecasts which will impact on service demand such as the projected increase in Perth's population representing 82% of the State's total increase, and the increasing proportion of older people with an estimated 55.2% of the Perth population being dependent by 2031 (WAPC, 2005). The Systemic Sustainability Study undertaken in WA identified that many local governments were economically unsustainable and identified four key challenges that undermine the strength of Local Government in Western Australia. These were:

- The existing fiscal imbalance within Australia's federation;
- A structure built on outdated social and demographic conditions;
- Asset management practices, past and present; and
- Critical capability issues.

The Report makes 41 recommendations and presents a five point plan for the future:

- Leadership in the process of change by Councils, Councillors, senior management and WALGA;
- Securing better revenue outcomes for the industry from government and from the sector itself;
- Strengthening practice and technique in all authorities to improve financial and planning disciplines using a best practice approach;
- Strengthening the focus by government and industry on new models for efficient service delivery at regional and zone levels; and
- Securing talent and investing in expertise to ensure Councillors, Management and Staff are well equipped for the challenges of 21st century local government.

5.2 The Queensland Systematic Sustainability Review

The Financial Sustainability Reviews in Queensland align with the recent national report by Price Waterhouse Coopers - undertaken at the instigation of the Australian Local Government Association - which showed councils across the country face major financial sustainability challenges and, without reform, up to 30 per cent might not be sustainable.

As a result of the Queensland study, the Queensland Premier established a seven-member Queensland Local Government Reform Commission in April 2007. The Reform Commission has been tasked with providing a recommendation on the amalgamations of neighbouring councils in all areas of Queensland. An audit of the finances of the majority of those councils involved in the Systemic Sustainability Study indicated that 43% were financially weak, very weak or financially distressed. The audit also identified that out of the 157 councils, 88 serviced populations of 5,000 people or less (Office of Premier, 2007).

The reform aims to ensure a greater ability to place more emphasis on frontline services rather than administration, meaning more people working in jobs that deliver local

services and infrastructure to the community.

5.3 Department of Local Government NSW – New Direction for Local Government

The Department of Local Government NSW released a New Direction for Local Government Position Paper in October 2006. This paper suggests new directions and options for further reform. The report states that recommendations are made based on the assumption that local governments are committed to innovation and continuous improvement (p3). Specific recommendations are made in the following areas:

- Building harmonious communities through increased community participation;
- Improving services to focus on community needs;
- Growing prosperity across NSW by focusing on financial management and strengthening the rural and regional skills base.

The NSW Department of Local Government has established a Professional Skills and Training Shortages Taskforce to assist Councils in addressing the problems of skills shortages. One of the emerging goals from the Taskforce is the need to promote local government as an employer of choice and an exciting career for young people (refer to section 7.1 for additional detail). The Taskforce has had a number of important successes including collaboration with TAFE NSW and the University of Technology Sydney to develop training courses specific to local government and undertaking activities designed to promote local government as a career choice.

6.0 Environmental Health Workforce Reviews – A Brief Overview

A number of reviews of environmental health/public health workforce studies have been undertaken across Australia. These reports have examined the recruitment and retention of EHOs and Indigenous environmental health workers, level of qualifications, and the roles of EHOs and associated officers.

Major finding from these reports (most historic first) are discussed below. Please note that, where possible, web addresses have been provided to allow further reading.

6.1 South Australia's EHO Workforce Report

[http://www.lga.sa.gov.au/webdata/resources/files/Environmental Health Officer Workforce Review 2004.pdf](http://www.lga.sa.gov.au/webdata/resources/files/Environmental_Health_Officer_Workforce_Review_2004.pdf)

The South Australian Health Department examined the difficulties associated with recruiting and retaining EHOs and the range of qualifications in 2004. The Report commissioned by the South Australian Health Department aimed to ensure that appropriate workforce planning activities are in place to best give future surety to protecting and improving the health and wellbeing of South Australians through the availability of services and activities that promote healthy environment, and address public and environmental health risks (SA Dept Health, p3).

The report identified a shortage of EHOs, particularly in rural areas. It was suggested that there was a need for strategies that address intakes, recruitment, retention and flexibility to meet the needs and profile of the workforce to be implemented to meet the growth in demand and ensure a sustainable solution. It was further recommended, that local governments need to develop and maintain environments and cultures where the EHO workforce is valued and supported, where career satisfaction is gained and where flexibility arrangements and family friendly policies encourage higher retention rates.

The Report suggested that regional Councils needed to develop incentive packages to attract EHOs, develop innovative working systems to address environmental health on a geographical basis and investigate methods to reduce professional isolation. A focus on collaborating with the planning and building professions to develop comprehensive plans and actions to meet needs on a regional basis was discussed to enable a greater capacity and opportunity to develop innovative solutions to service issues.

Strategies to address the shortage included training options. The Report suggested that educators, the SALGA, state agencies and the profession need to extend partnering

opportunities and lead, support, participate and facilitate educational and professional development and continuous learning opportunities. In addition, strategies were recommended for ensuring that newly qualified graduates are work ready when they enter the workforce.

6.2 Queensland's Review of Public Health Workforce

<http://foodsafetymatters.gov.au/phs/Documents/ehu/24710.pdf>

In March 2004, Queensland commissioned a review of the public health workforce in local government. The focus of this study was to review the functions and skills of the workforce responsible for public and environmental health at the local government level, along with issues related to recruitment and retention of a suitable skilled workforce across a range of local government situations in Queensland.

The report examined issues such as awareness and understanding of the public health role, servicing smaller and regional councils, skills knowledge and capacity of the workforce, qualifications, career pathways, mentoring and support and partnerships.

The report contained an action plan, which made 19 recommendations relating to the above issues.

The primary issues relating to EHOs included the following:

- Issues of recruitment and retention of professional staff were identified to be family factors (e.g. local employment for partner) and career pathways;
- Bridging course is required to allow qualified EHOs from interstate and overseas to develop appropriate skills for the Queensland context;
- RTOs to develop and deliver ongoing professional development opportunities;
- AIEH to consider introducing an accreditation system to define career opportunities in local government;

- Model policies and procedures for common environmental health tasks should be developed to assist councils to address their roles;
- When training programs are developed for Indigenous councils, emphasis needs to be placed on public and environmental health elements of their role and function;
- Specific purpose funding for EHWs in Indigenous communities needs to be maintained and expanded;
- When revising governance arrangements for Indigenous communities, consideration should be given to apportion of untied funding for specific environmental health services and infrastructure;
- Communication protocols are required between Q Health and local governments;
- Elected Member training should include environmental health functions and legislation;
- A variety of work placements or mentorships be developed to support on the job training; and
- Tertiary institutions need to be encouraged to provide more flexible entry or multiple pathways to the profession.

6.3 Victoria's Environmental Health Officer Workforce Review

http://www.health.vic.gov.au/foodsafety/downloads/workforce_review_project.pdf

A Victorian EHO Workforce Review was undertaken in 2005. The Food Unit of the Victorian Department of Human Services commissioned this review. Major findings are listed below:

- The projected workforce suggests an imbalance between the demand for EHOs and supply of qualified personnel;
- There is a shift in the professional demographic to a more female oriented and younger workforce;
- While EHOs are generally satisfied with their job, there is a poor fit between their expectation of aspects of the role and their levels of satisfaction. It was found that EHOs perceive that they are poorly valued within the local

government context, are often obstructed in carrying out their duties, have limited career opportunities, have few opportunities to be mentored and are underpaid;

- Frustration was expressed about the inconsistent approaches to enforcement;
- A strategic approach to job design is needed to address changing job roles, manage expectations and take advantage of the skills and knowledge of new entrants;
- Additional professional development opportunities are required;
- Workforce certification systems are required.

The report was specific about exploring the development of a network of technical experts who could take a role in providing specialist expertise to other councils and in mentoring EHOs. It also discussed the option of developing a structured pathway for a technician who could address aspects of the EHO role under supervision. It was suggested that such an option would partly address the workload issues. Although no specific recommendation was made in relation to EHPPs the report suggested that further work was needed to explore whether Councils would be likely to engage technicians with limited authority to ensure this option was not used to undermine the qualified EHO skill base and to determine minimum qualifications to support such a role.

6.4 Report of the TIAG Industry Forum on Skills, Education and Training for Local Government (Tasmania)

The Tasmanian Learning and Skills Authority Industry Group (TIAG) held an Industry Forum on Local Government to get agreed action on skill shortages in 2005. The forum was not specific to EHOs, however a report was produced summarizing actions and outcomes. Fourteen opportunities were identified and focused on issues such as job sharing amongst councils, use of paraprofessionals, improved information dissemination, building of partnerships, providing enhanced training opportunities and exploring potential for mature aged worker career changes.

6.5 Wall Report – Environmental Health Paraprofessionals

In 2006, an Australian report (Wall 2006) examining the role and training of Environmental Health Paraprofessionals (EHPP) was released. The aim of this report was to assess if EHPPs could supplement the work of Environmental Health Officers (EHOs) in local government, and potentially, in other areas. This study was commissioned by the enHealth Council. The study reviewed the environmental health workforce studies undertaken in four States including Queensland, South Australia, Victoria and Tasmania cited earlier.

The report recommended that State and local governments work together to commence training of EHPPs, with most being placed within a local government and being directly supervised by an EHO.

In relation to training, it was recommended that:

- Certificate III be the minimum entry point for non-Indigenous EHPP training and an immediate opportunity to undertake Certificate IV be offered;
- Diploma level training be provided with an opportunity to use this as a precursor to obtaining a tertiary qualification as an EHO; and
- The Local Government Training Package be used as the basis to formulate the Certificate III and IV courses.

It was recommended that enHealth advocate for the development and revision of a consistent training package for EHPPs amongst all stakeholders. The final recommendation related to the workplace setting in which training takes place, to ensure that it allows a level of competency, ensures the EHPPs are appropriately authorized under relevant legislation, guarantees that the EHPP is being directly supervised by an EHO and that tasks undertaken have been risk-assessed and are deemed appropriate for EHPPs to perform.

7.0 Skills Required to Perform Environmental Health Tasks

This section outlines a brief history of the development of relevant core skills, competencies and literacies required to perform environmental health tasks in Australia.

7.1 Accredited Environmental Health Courses in Australia

For EHOs, the issue of education and training is one of supply and demand rather than quality of university courses. The problem universities are facing is providing a suitable intake for the environmental health courses. There are currently nine accredited courses available in Australia with two courses being offered in both Victoria and Western Australia and one course being offered in Queensland, NT, NSW, SA and Tasmania (VET sector, soon to be Bach Hlth Science, UTas) (AIEH website, accessed June 2007). The Bachelor of Health Science (EH) that was offered at QUT has not offered an intake on first year students since 2003 and is only available for continuing students.

To overcome the issue of intake, some universities have commenced graduate entry environmental health courses, whilst others have offered online degrees to boost student numbers. Curtin University in partnership with Griffith University has developed an online graduate entry Masters of Environmental Health course and QUT now offers a Graduate Diploma in Environmental Health.

In 2000, enHealth held an environmental health symposium discussing education, research and workforce (Commonwealth Health & Aged Care, 2000). This symposium stated that if the environmental health workforce is to be truly effective, minimum competency levels must be defined, and individuals who practice must be encouraged or required to meet those standards. The issue of core competencies for environmental health practitioners was discussed and it was identified that there is a need to build consensus around core concepts and principles that will underpin environmental health, including environmental health literacies (or competencies), common definitions of key terms and core components of environmental health. It was stated this is required to guide development of the EH workforce, education and research capacity. A review of

postgraduate courses identified that in 2000, there were few courses that specifically dealt with environmental health and it was suggested that issues such as evidence based decision-making, health promotion, economic evaluation, principles of environmental health justice and public consultation were required to be integrated into post-graduate courses (Peach, 2000).

Since this symposium, the AIEH has convened the Environmental Health University Program Accreditation Framework (EHUPAF) that recognised that core competencies must hold true for practitioners regardless of whether they graduate from undergraduate or postgraduate courses (Cromar, Tenkate, Davey et al., 2005). In regard to the undergraduate education pathway, the AIEH Accreditation Policy recognises that all of the required capabilities and attributes will have been obtained from that program and thus the undergraduate program alone is charged with providing the skills base for that graduate including any component of professional practice. Where the graduate has obtained their qualification to practice through the postgraduate education pathway, it is recognised that the graduate will have obtained some skills not only from the program being accredited, but also from their previous undergraduate program and any employment experience they may have gained. Thus the accreditation process reflects this and looks carefully not only at the postgraduate offering of the institution seeking accreditation, but also at the entrance qualifications they have set for admission to that program to ensure that the combination of previously acquired knowledge and postgraduate knowledge taught in the program being accredited, equips its graduates to have the required range of attributes and capabilities to become practicing environmental health officers (AIEH website accessed June 2007).

Inherent in the EHUPAF is recognition of the significant role Environmental Health Officers have in protecting the community through the effective administration and enforcement of public health and environment legislation. There is an expectation that all graduates from AIEH approved courses will be eligible for appointment as 'authorised officers' under the relevant state legislation (AIEH Website, accessed June 2007).

The EHUPAF describes generic attributes and specific abilities that all EH graduates should possess and these appear in Appendix Three.

7.2 Environmental Health Literacies

The term “literacies” was defined at the 2000 enHealth education, research and workforce Symposium as core concepts and principles of environmental health that should be possessed by the broad range of environmental health practitioners (EHPs). The American Public Health Association (APHA) has defined competencies as “a cluster of related knowledge, skills and attributes that affect a major part of one’s job that correlates with performance on the job, that can be measured against some accepted standards, and that can be improved via training and development (Adapted from Parry, 1996).

At the enHealth Symposium, the core environmental health literacies for Australian EHPs were divided into two categories – undergraduate EHPS and postgraduate EHPs. For undergraduate EHPs the core environmental health literacies included sustainable development, determinants of health including environmental determinants of health, health impact assessment, risk assessment, risk communication and risk management.

Core environmental health literacies for postgraduate EHPs included sustainable development, determinants of health including environmental determinants of health, health impact assessment, risk assessment, communication and management, environmental health economics, communication, facilitation and negotiation and practice-based research (Commonwealth Department of Health and Aged Care, 2000).

In 2005, the AIEH EHUPAF described six environmental health literacies that are core concepts and guiding principles of the discipline of environmental health. This list was recently amended to include an additional literacy. The literacies include public health principles, environmental health and sustainable development principles, foundation sciences, foundation environmental health practice, human-environment interaction and solutions; environmental health and environmental health management and administration functions (Cromar, Tenkate, Davey et al., 2005). These literacies are expanded in Appendix Three.

8.0 Major Issues for Local Government Environmental Health Workforce Planning

8.1 Shortage of EHOs

The review of literature supports an overwhelming concern relating to the labour market shortage of qualified EHOs and the effect this is having on workforce morale and the efficiency of the local government public health system. This shortage has implications across all States and Territories and is often responsible for individual “burn out” and criticisms from a range of internal and external partners relating to delays in processing requests and delivering services. It is clear from the workforce reviews conducted throughout Australia, that whilst there is an acute shortage of qualified EHOs in the rural and remote areas, this has now extended to be a metropolitan problem as well (Morton, 2004; Windsor, 2005; SA Health Dept, 2004). The labour market demand for EHOs in urban centres has placed an even greater strain on recruiting EHOs to rural and remote areas. To demonstrate this point, the Morton Report (2004) stated that 63% of Councils in the Northern Queensland region (n=30) indicated they had experienced difficulties in recruiting an EHO.

The AIEH has a mutual recognition policy with New Zealand and the United Kingdom and will recognise qualifications from overseas courses on a case-by case basis (AIEH Website, accessed June 2007).

The South-East Queensland Group of the AIEH has developed a Futures Initiative, including a Futures Practitioner Strategy, which aims to:

- promote EH careers to secondary students,
- develop a vibrant brand and better information and promotional resources,
- develop a student support network to ensure better integration of students into the profession; and
- better support whole studying and the continued involvement of practitioners in promotional activities (AIEH, 2006b).

The recommendations to address EHO recruitment and retention discussed in the EHO Workforce reports can be summarised as:

- Establishing a register of EHOs who are available for short and longer term appointments (Windsor, 2005; Morton, 2004);
- Exploring options to support rural and remote councils to recruit EHOs including the promotion of cadetships (Windsor, 2005);
- Supporting Councils to target recruitment campaigns to attract qualified EHOs back from retirement, career changes or family leave (Morton, 2004; Windsor, 2005; SA Health Dept, 2004);
- Work with training providers to support targeted recruitment campaigns aimed at school leavers and mature age entrants (Windsor, 2005).

Case Study – Recruitment Strategies by WALGA

In Western Australia, the local Government Association (WALGA) has recently created an advertisement addressing the severe skills shortage currently faced by the sector by promoting careers in Local Government. The advertisement features Local Government employees, promoting the professional opportunities and flexible working arrangements offered across the sector and the diversity of roles on offer. A delegation from WALGA recently visited a number of overseas countries in an effort to recruit local government officers through career expos. Additional information on this event is featured below.



City of Stirling Mayor G. Terry Tyzack assisting at the Association booth in London.

Skills Shortage

Overseas Expos Help Build a Database

As part of the Association's strategy to assist Local Governments overcome the skills shortage a delegation was sent to three overseas careers expos. Association Public Relations Officer Kate Murray was part of the team that worked the expos on behalf of WA Councils.

Almost 7000 potential Local Government employees were introduced to Western Australian Councils as a result of the three expos attended by the Association in October.

The Association presented a booth at Australia Needs Skills two-day expos held in London, Manchester and Dublin. A small team of Association employees staffed the booth, promoting Local Government in Western Australia and seeking applicants for positions in Councils around the State.

Organised by the Department of Immigration and Multicultural Affairs (DIMA), the Expos sought to match skilled workers interested in migrating to Australia with potential employers.

Over 40 exhibitors representing a number of industries and each State in Australia attended the expos with a wide range of skills being sought.

City of Stirling Mayor Terry Tyzack attended the London Expo, providing an insider's perspective on employment in Local Government and the Western Australian lifestyle.

Aside from recruiting to fill specific positions, Association representatives were also seeking to create a database of workers from a number of skills sets that had been identified as most in need throughout Local Government. These include Town Planners, Building Surveyors, Civil Engineers, Environmental Health Officers, Accountants/General Managers and Operational/Works staff.

Over 100 interested professionals have registered on the database to date with more than half of these being within the areas identified as most in need. Applicants have been short listed for each of the six positions the Association has been commissioned to fill with the

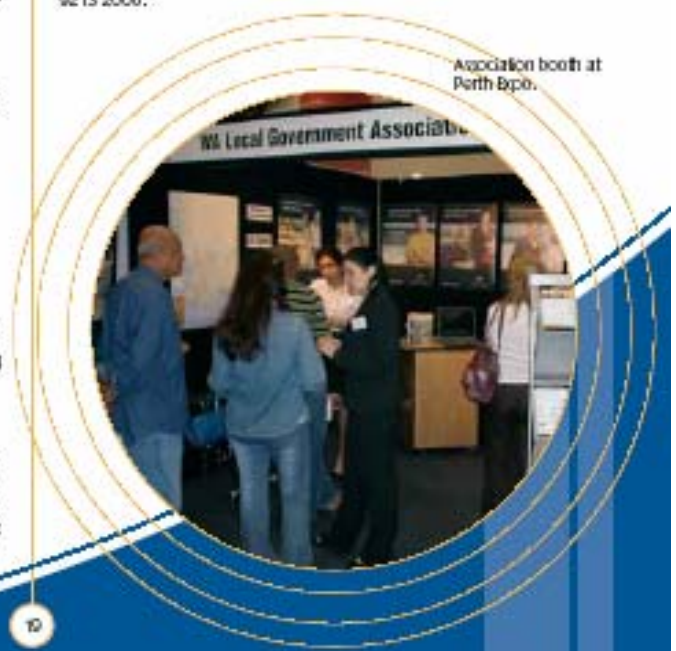
interview process currently underway. The Association will assist these Councils with the administrative process involved in sponsoring successful applicants through temporary business visas.

The Temporary Business (Long Stay) Visa 457 provides for an employee to enter the country for a term of up to four years, with eligibility to apply for permanent residency at the conclusion of this time.

In November the Association also attended an Expo organised by DIMA that was held in Perth to target overseas skilled workers currently in Australia on working holiday visas who are interested in staying on long-term.

The Association is also taking a booth at a National Careers and Employment Expo being held in March 2007 at the Perth Convention Centre.

To find out more about the Expo next year or how to access the database of overseas professionals, Councils should contact the Association's Workplace Solutions' Recruitment and Selection Consultant Lydia Highfield on highfield@walgas.wa.nsw.au or phone 9213 2000.



Association booth at Perth Expo.

8.2 Developing the Role of an Environmental Health Paraprofessional

A number of reports have either recommended, or discussed, the option of developing a technical assistant role to the EHO that would allow specified authority under certain pieces of legislation (Wall, 2006; Windsor, 2005). Wall (2006) suggested that such a position would need to be directly supervised by an EHO and care would need to be taken to ensure that the development of this role would not undermine the power or roles of a qualified environmental health practitioner.

The Wall Report (2006) specifically examined the role of the environmental health paraprofessional (EHPP), discussed potential training frameworks and highlighted strategies to manage the risk associated with employing EHPPs. The Victorian EH Workforce Report also suggested that further work is required to explore whether Councils would be likely to engage technicians with limited authority, to ensure that this option is not used to undermine the qualified EHO skill base and to determine appropriate minimum qualifications to support such as role (Windsor, 2005).

Other local government professions use technical assistants. A national questionnaire conducted by the Planning Institute of Australia (PIA) identified that planning assistants are employed by 40% of responding organisations. The primary reason for employment was to address the shortage of planners. The roles of planning assistants varied from assisting with research, handling public enquiries, writing reports and conducting routine development assessment processes. Research conducted by the Department of Sustainability and Environment (Vic) also identified that planning assistants were capable of having knowledge of relevant legislation and planning schemes, a sound appreciation of the region and an ability to comprehend the impact of issues within the built environment.

The option of developing a career pathway and training framework for EHPPs should remain on the agenda as a strategy to supplement the EH workforce.

8.3 Demographic Forecasting for the Profession

It is acknowledged that the EH workforce demographic has changed considerably over the past 20 years. The Victorian EH Workforce Review (Windsor, 2005) identified that there were two distinct populations in the EHO workforce, being young females and older males. It stated that the EH workforce is in transition with a shift to a younger more feminised workforce. The SA EHO Workforce Review (2004) also identified there was a predominance of females entering the field but they were less likely to be appointed to a regional Council (SA Health Dept, 2004).

The SA Review found that 57% of EHOs had less than 10 years experience and nearly one-quarter of EHOs had commenced their role within the past 2 years. More alarmingly, was the finding that a proportionally high percentage (43%) of EHOs were intending to cease employment as an EHO within 5 years and that a significant number of EHOs were intending to retire within the next ten years (SA Health Dept, 2004).

These demographics suggest that the LG EH Workforce may need to consider the following issues:

- There may be a need to provide increased part-time employment for those seeking family-friendly environments;
- There may be a need to attract retired EHOs back into the field on a contract/part-time basis; and
- Although EHOs are largely employed on a full-time, permanent basis (Windsor, 2005; SA Health Dept, 2004; Morton, 2004), non-standard employment arrangements may be a feature of the future workforce given the changing demographic.

8.4 Environmental Health Cadetships

Graduate EHOs often have the choice of several positions when they complete their studies. In addition, a number of the EHO Workforce reports identified that employers were questioning the appropriateness of existing tertiary qualifications in providing

graduates with skills and competencies necessary for employment as an EHO, and more specifically as a rural EHO (Morton, 2004; SA Health Dept, 2004).

To address these two issues, further investigation into cadetships is warranted. Cadetships allow an opportunity to pursue tertiary education whilst working in a local government. A number of local governments across Australia offer cadetships including Townsville City (Qld), City of Joondalup (WA), Forbes Shire Council (NSW), City of Salisbury (SA) to name a few. The Victorian EH Workforce Review only identified one local government offering a cadetship (Windsor, 2005).

The recommendations to address cadetships discussed in the EHO Workforce reports can be summarised as:

- Councils participation in cadet schemes need to be located within traveling distance for students and be able to provide supervision, a labour budget, office accommodation and resources (SA Health Dept, 2004);
- Options need to be explored to support rural and remote Councils to attract EHOs, which may include cadetships for students from rural areas (Windsor, 2005);
- Councils should be encouraged to consider scholarships and cadetships including at a shared regional level. Queensland Health to consider funding support for such schemes in rural and regional Councils (Morton, 2004).

Case Study - Townsville City Council Cadetship Program

TCC offers an EHO cadetship program at an annual cost of approximately \$16 000. The cadetship includes 20 weeks work experience during semester breaks.

The cadetship is offered on the basis of providing three years fulltime employment upon graduation, with a contract entered into by the cadet. Townsville City also offers a cadetship to postgraduate students studying environmental health.

8.5 Continuing Education and Training Concerns and Options

Accredited environmental programs are designed to provide graduates with a combined foundation in environmental health science and public health in the context of developing the critical thinking skills necessary for problem solving. The “work-readiness” of graduates was discussed in the Queensland Workforce Report (Morton, 2004), where it was noted that many employers questioned the appropriateness of current tertiary qualifications in providing graduates with skills and competencies necessary for employment, especially in rural areas (p38). In the SA EHO Workforce Report (2004), 29% of responding EHOs did not think their studies suitably prepared them for their field work. In addition, a review of strategies to improve student preparation for field work identified the need to increase hands-on field work experience within the tertiary course and the need to consider cadetships, traineeships and graduate programs.

In addition to educational issues, there is widespread disparity in the way different states mandate/certify EHOs. An accreditation board exists in Western Australia. This Board reviews qualifications of those entering the EH field for suitability and competency levels. In Victoria, the qualifications required for appointment as an EHO are mandated by legislation. Support for mandated qualifications was identified in the Public Health Workforce Report for Queensland (Morton, 2004).

There appears to be a need for more coordinated professional development opportunities for EHOs. The AIEH adopted the Certified Environmental Health Practitioner (CEHP) and the Complementary Technician (CEHT) Scheme in 2003, although it is yet to be rolled out across the profession. It was developed as a voluntary professional development scheme for environmental health practitioners and technicians. The objectives of this national scheme are to:

- Develop a recognised professional development and accreditation scheme for environmental health practitioners and technicians;
- Increase environmental health workforce capacity through continuous skill and knowledge development; and

- Develop professional practice standards and professional accountability (AIEH website, accessed June 2007).

The Victorian Workforce Review (Windsor, 2005) identified a range of issues associated with training needs for EHOs including the quality and depth of training, targeting managers and coordinators' training needs, facilitating career paths, flexible delivery and planning and developing professional development opportunities. The SA EH Workforce Report (2004) surveyed the workforce (n=109) and found that nearly one-quarter of regional respondents were not generally able to attend training courses and conferences due to lack of support by employer, cost and inability to free up time (p 11). In summary the SA EHO Workforce Report (2004) recommended the following options for continuous training and professional development:

- Local governments in conjunction with professional bodies develop a practice regarding the expected level of annual training/hours and budget for EHOs and other staff;
- AIEH pre plan annual training programs in advance and provide this information to allow LG EHOs to plan to attend courses of interest;
- AIEH be encouraged to develop the CPD scheme;
- Regional EHO groups be encouraged to partner with agencies to develop localised professional development opportunities; and
- AIEH apply to the LGA and Department of Health for a budget allocation to assist with the provision of training for students and officers in the EH field.

The Morton Report (2004) stated that many EHOs complained about the lack of opportunity to update skills and specialised knowledge (p49) and recommended that RTOs develop and/deliver courses that provide an accredited qualification for specialist public and environmental health tasks.

In relation to EHPPs, the Wall Report (2006) suggested that the LGTP training structure be used to provide Certificate II and IV training with additional population health modules to be developed. The levels of training detailed in the Wall report indicate that

most EHPPs would take a long time to move through and potentially enter university. The consideration of giving credit in recognition of the Certificate III and IV is required to provide incentives for EHPPs to move through the system. EHOs have a broad base of skills and knowledge that encompasses a wide range of operational areas including public health and environmental protection. This enables EHOs to readily adapt to a variety of situations, identify key issues and manage a diverse range of work situations. Any work that EHPPs undertake is also likely to evolve over time. Consequently the training modules should provide EHPPs with the skills required to adapt as necessary.

8.6 Changing Nature of Public Health Legislation

Another significant trend in the environmental health workforce is the move from prescriptive legislation to risk-based and outcomes-based legislation. The most recent example is the draft Public Health Act in WA which states that it will be driven by the philosophy of minimising risk to all public's health and gives the opportunity to address lifestyle issues as well as environmental health and communicable diseases (WA Health Dept, 2005). To regulate this type of legislation effectively, a high level of scientific, technical and legal knowledge, as well as well developed communication skills is required. These changes in legislative mandates, combined with a shift from "*regulators and enforcers*" to "*educators and health promoters*" have meant that local governments have a valid role in bringing together various departments, groups and communities whose input is vital to creating healthy communities. In these instances, the involvement of local government is more likely to ensure sustainable change within communities, particularly if combined with the introduction of healthy public policy. Research has identified that local governments welcome such health promotion initiatives as healthy public policy, because of their relative advantage and greater cost-effectiveness compared to treatment (Rogers, 1995; Howze, 1989). In Victoria, the health promoting approach to environmental health is illustrated by the requirement to develop municipal public health plans. Other examples include the educational and supportive role that EHOs play when conducting food premises audit, or the integration of community wellbeing programs such as physical activity into core business.

Some Victorian local government EHOs reported tension between regulatory and educational approaches and roles and identified constraints and workload pressures as impediments to providing this health promoting role. It was suggested that a strategic approach to job redesign is required to address changing work patterns, strategies and roles, to manage EHO expectations and to take advantage of new entrants into the workforce (Windsor, 2004).

8.7 Providing Additional Internal Support for EHOs within Local Government

A number of the EH Workforce reports identified that EHOs did not feel they had the support of Elected Members or peers. In Queensland, it was suggested that enhanced community understanding of the role and function of EHOs was necessary, and a greater focus on environmental health as a key function in Elected Member induction training was required (Morton, 2004). In Victoria, it was reported that EHOs found the politics of councils interfered with their ability to enforce legislation and cited the need for internal mentoring and administrative support to assist their effectiveness in their role (Windsor, 2005). A number of strategies to overcome this have been recommended and include providing training in staff development, management and advocacy for EHOs and developing mentoring programs particularly for those employed in rural and remote areas and for younger professionals (Windsor, 2005). Mentoring was expanded considerably in the Victorian EH Workforce review with specific strategies listed as developing a formalised mentoring network of both EHO and external technical specialists, training senior managers in how to be a mentor and encouraging retention and promoting job satisfaction of EHOs by offering mentoring arrangements (Windsor, 2005). The AIEH is currently developing a mentor program, spearheaded by the Queensland Division of the AIEH. It is anticipated that this program will be released in 2007.

Case Study – Australian Health Promotion Association Mentoring Program

Source: AHPA website; <http://www.healthpromotion.org.au/>

The Australian Health Promotion Association (WA Branch) offers an exclusive Mentoring Program for members. The program has been operating for several years and has received considerable commendation. Mentoring partnerships are carefully matched to meet the specific needs of each participant. Mentors act in a voluntary capacity and may or may not be members of AHPA (WA). Capacity building opportunities for both mentors and mentees are available throughout the program. The Mentoring Program is regularly evaluated and refined to reflect the changing needs of participants.

8.8 Indigenous Environmental Health Workers (EHWs)

Aboriginal people suffer greater illness, are more likely to experience disability and reduced quality of life and to die at younger ages than other Australians (AIHW, 2005). The Indigenous population is disadvantaged across a range of socio-economic conditions that affect health outcomes such as income, employment, educational outcomes and housing.

The NEHS (1999) identified eight key problems that continue to influence the environmental health standards in rural and remote Indigenous communities. These included:

- Poor environmental health conditions overwhelming the capacity of workers;
- Poor career paths;
- Low level of status or recognition within communities;
- The lack of professional recognition;
- The absence of competency standards for EHWs;
- The difficult nature of providing ongoing professional development to EHWs;
- The need to recognise prior learning in relation to admission to other areas of study but in particular UG EH courses; and

- The difficulty in providing ongoing support to EHWs due to their remote location.

In May 2000, enHealth coordinated the National Indigenous Environmental Health Forum (NIEHF). The major function of this forum is to identify, provide comment and policy advice to the enHealth Council on Indigenous and environmental health issues and related national strategies and activities (Commonwealth Dept Health and Aged Care, 2004). The NIEHF conducted an Indigenous environmental health workforce review and the main findings included:

- EHWs have identified that they require access to appropriate and relevant training, along with suitable opportunities for career progression. Some IEHWs receive inadequate support from Environmental Health Officers and other technical personnel. Inadequate support and resources at the local community level sometimes worsen this situation. Indigenous Environmental Health Workers require supportive work structures focussed on improving health infrastructure, housing and environmental conditions for Indigenous communities.
- EHWs experience inconsistent wages, conditions and support. Some jurisdictions have attempted to benchmark wages and conditions to similar occupations and skill sets. There is heavy reliance on the Community Development Employment Projects (CDEP) program with minimal top-up and little effort to match an award wage, and substantial use of CDEP to fund community-based service delivery. The Workforce report suggested that there be an endorsement of IEHW as a recognised and valued role in communities, that employers seek to secure sustainable employment (shifting away from reliance on CDEP) and present a defined career path, and a suitable career path for EHWs and Indigenous Environmental Health practitioners be defined.
- The professional image of the EHWs needs addressing and it was suggested that a campaign to increase awareness of worker value in communities and to create a professional image and establish status equivalent to other health workers be developed.

- The training of EHWs needs reviewing with recommendations being a roll out of national accreditation (ANTA) competencies oversight by NPHP, ensuring educational institutions provide better preparation opportunities to increase pool of candidates capable of taking the professional training, Universities be encouraged to provide degree courses and further scholarships be investigated (enHealth Council, 2005).

enHealth has convened five Indigenous National Conferences, with the most recent being in Terrigal in 2004. Issues that have consistently been raised throughout these conferences include the Indigenous environmental health workforce, career pathways and capacity building opportunities. At the 2004 conference the following recommendations were developed that relate to these issues:

- Develop award/s for Indigenous Environmental Health Workers to ensure uniformity in pay and recognition of Indigenous Environmental Health Workers; and
- Provide scholarships and or cadetships for Indigenous Environmental Health practitioners, particularly Indigenous Environmental Health Workers, to expand the Indigenous Environmental Health workforce.

The Queensland Public Health Workforce Report reinforced these issues stating that the lack of award wages for EHWs has resulted in an inability to attract people and the stagnation of environmental health issues in remote communities (Morton, 2004).

Accredited vocational education and training for Indigenous Environmental Health Workers is delivered in Western Australia, Queensland and the Northern Territory. Each jurisdiction has developed and accredited its own courses which range from certificate level II through to a Bachelor of Applied Science (EH). The Batchelor Institute in NT offers the greatest variety of courses including Certificate II, III and IV (focusing on remote area delivery) and a Bachelor of Applied Science (EH). Both options are offered in block release and external study modes. However, there are inconsistencies in course content and qualification levels and some jurisdictions rely on non-accredited on-the-job

training (Commonwealth Dept Health and Aged Care, 2003). The NEHS Implementation Plan highlights the need for a consensus on national standards for education and training of IEHW to enhance their effectiveness and career opportunities (enHealth, 2000). The plan calls for action to review the scope of work undertaken in Indigenous environmental health by IEHW and to scope the training and classification systems across jurisdictions.

In the field, it is recognised that EHWs undertake a number of on-the-ground functions such as pest control, plumbing, general housing maintenance, litter and refuse control, animal management, and management of local water supplies, however nationally consistent competency standards are yet to be established. In 2007, AHMAC adopted a set of policy principles on which to base improvements for Aboriginal and Torres Strait Islander Environmental Health. These appear in Appendix Four.

9.0 Conclusion

It is timely and necessary to consider and develop strategies to address the labour market shortage of qualified EHOs across Australia. This report has outlined the major findings from recent reviews and reports addressing this shortage and has discussed the parallel effects it is having on local governments, their partners and communities throughout the nation. The AIEH has recognised that a suite of strategies is required to address this issue to ensure, maintain and wherever possible, enhance the environmental health standards within the community.

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Appendix One: An example of roles undertaken by Australian Local Governments

	QLD	NSW	VIC	TAS	SA	WA	NT
Broad powers in relation to PH	LG Act s 20 (local laws). Community Services (Aborigines) Act 1984 and Community Services (Torres Strait) Act 1984 (Deed of Grant in Trust Councils for services including EH)	LG Act 1993 Ch5, s22 (general functions) & Ch6 s24 (non-reg functions including management of PH services & facilities)	Health Act 1958 s29A (LG to prevent diseases, prolong life & promote public health)	Public Health Act 1997 (develop & implement strategies to promote PH, general powers); Food Act 2003 (general powers); Local Government Act 1993, Litter Act 1973; Local Government (Misc Prov) Act 1993, Building & Plumbing Regs 1994.	Public & Environmental Health Act 1987; Local Government Act 1999 s6 (roles of LG)	Health Act 1911 authorises LG to carry out duties of Act. Local Government Act 1995 (provides general functions)	Public Health Act 1952 (amended 2005) s7A (CHO delegation power) & Regs. Local Government Act 1993 s120 (power & functions of LG)
Preventing & Controlling Infectious Diseases	Public Health Act 2005: s11 public health risk; Ch 3 – Notifiable conditions. Public Health Reg 2005: Part 1A-public health risks (e.g. mosquitoes, rats & mice); Part 2-notifiable conditions. Public Health (Infection Control for Personal	Public Health Act 1991 (appointment & roles of MOH)	Health (Infectious Diseases) Regs 2001 (require LGs to stop, limit or prevent spread of infectious diseases); cleanliness of premises (hairdressers, pools, vermin, etc); LG coordinating role in immunisation services – infrastructure	State to notify LG of NoDs, s57 (requires LG to develop immunisation program), appointment of MOH, license premises that could spread disease.	Public & Environmental Health Act 1987 s12a (prevent NoDs); s44 (provide monthly reports)	Health Act s249 (LG can make local laws to prevent spread of disease); s260 (clean & disinfect buildings); s286 (report epidemics); s288 (provide monthly reports); s340 (provide immunisation to those who consent)	Notifiable Diseases Act 1981 (MOH role). Local Government Act 1993 Sch 2 (preventative services)

	Appearance Services) Act 2003 (e.g. higher-risk personal appearance service such as tattooing)		and data.				
Water Supplies	Administered by LG. Health Act s21 (abate nuisance caused by pollution), EPP Water delegates enforcement of water pollution to LG.	Public Health Act 1991 s10 (risk to PH); s22 (management of water, sewerage & drainage)	Health Act s80 (LG has power to close waterway) or remedy a problem (s69). Safe Water Act	PH Act – states LG supplier and regulator including monitoring (s130), health evaluation (s132), registering suppliers (s133).	Public & Environmental Health Act 1987 s21 (prevent pollution – notices)	Health Act s131 (LG can close polluted water supplies)	Nil
Waste & Sanitation	Public Health Act 2005 s11 public health risks; EPP Waste Management, Environmental protection (waste Management) Regulation (enforcement of litter & waste dump)	LG Act 1993 s634-638 (responsibilities & offences); s124 (issue orders & permits); s68 (activities requiring approval)	Nuisances only under Hlth Act	LG has power under Sewers and Drains Act 1954 and over on-site wastewater treatment under Plumbing Regs 1994.	Public & Environmental Health Act 1987 s15 (abatement for insanitary conds); s18 (discharge); s20 (facilities for sanitation/pres hygiene)	Part IV Health Act (power to construct, connect sewers, remove refuse, sanitary conveniences); s134 (make local laws)	Waste Management & Pollution Act 1998 (power to make bylaws re sanitation & garbage)
Nuisance & Offensive Trades	Public Health Act 2005 s11 public health risks	LG Act 1993 s125 (abatement)	Health Act s41 (remedy all nuisances)	Regulated under EMPCA and Land Use Planning & Approvals Act 1993.	Public & Environmental Health Act 1987 s17 (abatement powers for	Health Act s181 (abatement of nuisance); s191 (register	PH Act Regs

					activities that give rise to health risk)	trades)	
Food Safety	Food Act 2006 (LG to superintend hygiene and control of food premises)	Food Act 1989 s79 (appointment of inspectors)		Food Act 2003– inspections, licensing, sampling, risk assessment & education.	Food Act 2001 (hygiene & handling)	Health Act Part VII adopts Aust Model Food Act (license, clean premises, make local laws, meat inspections)	Food Act 2004 administered by Territory Health Agencies.
Skin Penetration	Public Health (Infection Control for Personal Appearance Services) Act 2003 (e.g. higher-risk personal appearance service such as tattooing)	PH Regs – reduce spread of disease & receive notifications.	Health (Infectious Diseases) Regs (require LGs to stop, limit or prevent spread of infectious diseases); cleanliness of premises (hairdressers, pools, vermin, etc)	PH Act – LG register and license premises			
Tobacco Control	Tobacco and Other Smoking Products Act 1998 – LGs can enforce no-smoking near building entrances, patrolled beaches & near children’s playground					Tobacco Products Control Act 2006 (smoking in enclosed places enforcement)	

	equipment.						
Swimming Pools and Spas	Local laws provide powers for LG	PH Regs (clean and free from disease). PH Act 1991 (air handling, warming & cooling systems and power to inspect)	Health (Infectious Diseases) Regs (require LGs to stop, limit or prevent spread of infectious diseases); cleanliness of premises (hairdressers, pools, vermin, etc)	PH Act requires LG to license			Bylaws under LG Act
Environmental Protection	Environmental Protection Act 1994 s 196 (devolution of powers to LG); s118A LG required to remove waste/clean streets; s188F (requirement to notify contaminated land); regulation and administration of Environmentally Relevant Activities	LG Act (SD principles, SOE); Env Planning & Assessment Act 1979 (Part 3 – REPs, LEPs & SEPPs), Protection of the Environment Operations Act 1997 (role of LG in EP)	Environmental Protection Act 1970 s50F requires LG to form regional waste management groups; s12A can allow LG to be planning authorities for their district.	Level 1 activities licensed by LG (e.g. quarry, smaller commercial); infringement notices	Environmental Protection Act 1993 (assumes LG will appoint AOs for the purposes of the Act)	Environmental Protection Act 1998 delegates powers to LG (s19); s30 (consult with State when drafting EPPs); s73 (pollution abatement)	
Emergency Powers	Public Health Act 2005, Part 8 – Public Health	State Emergency & Rescue	Health Act s25 allows LG to execute	PH Act & Food Act – enforcement powers, closure,	Abatement powers, entry, recover costs	Health Act s15 (powers in an emergency)	LG given emergency powers under

	Emergencies	Management Act 1989 (prepare for emergencies); PH Act 1991 s4 (state of emergency with PH risk); s5 (no state of emergency but PH risks clear); LG Act 1993 s62 (Minister can direct a LG to act in an emergency)	emergency powers.	prosecute, etc.	(s23), powers of inspection (s38), prevent NoDs (s36)		LG Act (Part 7 & 11)
Local Laws/By Laws	Local Government Act	LG Act and Health Act s92 -keep of animals -removal of dead animals -overcrowding -noxious trades -prevention of nuisances -cleaning of places of amusement -swimming pools	Local Govt Act 1989 s111 allows LG to make local laws in relation to any matters that form part of their powers/function.	LG Act s145 provides power to make local laws for any matter where LG has a function.	LG Act 1934 -sewerage removal -household rubbish -reg of tips -prevent infectious disease -purify houses that are injurious to health -drainage of water (s667)	Health Act allows local laws for morgues, lodging houses, public buildings, milk vendors, dairies, eating houses, offensive trades, food vending vehicles.	LG Act -animal control -camping garbage removal -litter -markets -swimming pools/spas -water pollution
Cemeteries	Local Laws			LG (Misc Prov) Act 1993 – LG to register & manage cemeteries. Cremation Regs 2000 require LGs	LG Act s585 (approve cemeteries)		LG Act s126 (LG are trustees of public cemeteries)

				to receive notification of a site for a crematorium.			
Public Health Planning			Health Act requires all LGs to have MPHP.	LG Act requires LG to plan for public health in operational plans and report annually.			

Appendix Two - Examples of State-based Environmental Health Unit Roles and Responsibilities

The following table outlines the major environmental health core business undertaken in each State and Territory in Australia.

State/ Territory	Environmental Health Unit Functions	Acts relating to Health
WA	Health Department of WA - Public Health Division, Environmental Health Service http://www.public.health.wa.gov.au/ Food and meat safety Radiation Mosquito borne disease control Waste water management Pesticide safety Drugs, poisons and therapeutic drugs control Toxicology Aboriginal environmental health Water quality	Health Act 1911 Poisons Act Radiation Safety Act Rottneist Island Authority Act Contaminated sites Act Pharmacy Act Commonwealth Therapeutic Goods Act Nuclear Waste Storage (Prohibition) Act
VIC	Department of Human Services – Public Health and Development Division, http://www.dpc.vic.gov.au/stategov/vichcs.html Air pollution; Chemicals; Composting; Contaminated land and water; Drinking water quality; EPA works approval applications; Industry developments; Mining; Pesticides; Swimming and spa pools; Waste water Fluoridation Monitoring and compliance activities	Health Act 1958 Safe Drinking Water Act 2003 Environment Protection Act 1970; Health (Prescribed Accommodation) Regulations; Health (Infectious Diseases) Regulations 2001; Health (Radiation Safety) Regulations 1994; Health (Pest Control Operators) Regulations 2002.
SA	Department of Health – Public Health Directorate, http://www.health.sa.gov.au/pehs/ Environmental surveillance (including mosquito control, swimming pools, legionella control) Local government liaison Regional Services (out of council areas environmental health) Wastewater Communicable Disease Control Health aspects of water and air quality Health impact assessment Hazardous substances (including contaminated land and pest controllers) Tobacco Surveillance Drugs and poisons Food Policy and Programs Monitors, controls, promotions and advises.	Public and Environmental Health Act 1987 and regulations; Food Act 2001; Controlled Substances Act 1984 and regulations; SA Health Commission Act 1976; Tobacco Products Regulation Act 1997 and regulations. Development Act 1993
TAS	Department of Health and Human Services – Population Health,	Radiation Protection Act 2005

	<p>Public and Environmental Health Services http://www.dhhs.tas.gov.au/ Shellfish quality Environmental health – general Communicable diseases Food safety Food nutrition Water quality (drinking/recreational) Tobacco Emergency management Incident response and public health advice Fluoridation. Radiation Pharmaceutical controls Health impact assessments</p>	<p>Public Health Act 1997 Food Act 2003 Poisons Act 1971</p>
QLD	<p>Queensland Health - Environmental Health Unit http://www.health.qld.gov.au/ Food safety and standards Medicines and poisons regulation Pest management Water issues including drinking water regulation, recycled water, recreational water Health nuisances and environmental risks e.g. asbestos Waste Management Environmental health research Health impact assessment of major developments Public health planning processes Indigenous environmental health issues Toxicological advice Systems to support public health regulation and environmental health practice e.g. information systems, delegations, policies and procedures, workforce training, support for local government.</p>	<p>Health Act 1937 Health Regulation 1996 Food Act 2006 Public Health Act 2005 Public Health Regulation 2005 Health (Drugs and Poisons) Regulation 1996 Pest Management Act 2000 Public Health (Infection Control for Personal Appearance Services) Act 2003 Tobacco and Other Smoking products Act 1998</p>
NSW	<p>Environmental Health Branch Population Health Division NSW Department of Health http://www.health.nsw.gov.au/public-health/ehb/index.html Regulatory function: Drinking water quality Swimming and spa pools Waste water Funeral Industry Skin Penetration Legionella control Other areas of activity: Aboriginal – housing; water & sewerage; EH workforce Air quality Chemicals Contaminated land and water Radiation Food Fluoridation State significant developments Pesticides Emergency management Vector borne disease & pests Tobacco</p>	<p>Public Health Act 1991</p>

	Note: range & nature of functions of EHOs in Area Health Service Public Health Units differs from that of Environmental Health Branch (e.g. tobacco activities are regulatory for PHU EHOs).	
NT	NT Department Health and Community Services - Environmental Health Branch http://www.health.qld.gov.au/ Aboriginal Environmental Health Food Safety Medicines and Poisons Radiation Protection Water Quality and Waste Water Management Environmental Health Monitoring and Surveillance Public Health Nuisance Resolution Environmental Health Impact Assessments Public Health Emergency/ Disaster Response & Recovery Public and Environmental Health Advice Environmental Health Research	Public Health Act 1952 Food Act 2004 Radiation Protection Act 2004 Poisons and Dangerous Drugs Act 1983
ACT	ACT Health – Health Protection Service, Environmental Health http://www.health.act.gov.au Monitoring, compliance and advisory activities Incident response and public health advice Food safety Radiation safety Tobacco policy Boarding houses Cooling towers and warm water systems Swimming pools and spas Safety of recreation water and drinking water Health nuisances Other factors that may impact upon health	Public Health Act 1997 Food Act 2001 Tobacco Act 1927 Smoking (Prohibition in Enclosed Public Places) Act 2003

Appendix Three: AIEH Generic Attributes and Specific Abilities and Literacies of EH Graduates

Generic attributes of all degree qualified graduates	Targeted specific abilities of Graduates f AIEH accredited EH degree courses
Apply relevant knowledge, principles & concepts to workplace needs	<ul style="list-style-type: none"> • Apply basic public health science principles and concepts to issues of concern • Understand the discipline of EH, its theoretical underpinnings & spheres of operation • Use qualitative and quantitative methods for monitoring, assessing and evaluating events
Communicate effectively	<ul style="list-style-type: none"> • Exchange of information with colleagues, practitioners, clients, policy-makers, interest groups and the public • Have appropriate interpersonal skills • Facilitate conflict resolution within agencies community & regulated parties • Persuasively argue for the value & importance of environmental and public health
Assess, evaluate and synthesise information	<ul style="list-style-type: none"> • Identify & access information sources & compile relevant and appropriate information when needed • Analyse data, recognise meaningful test results & interpret results • Evaluate the effectiveness, performance or results of procedures, intervention & programs
Are committed to lifelong learning	<ul style="list-style-type: none"> • Responsible for making change • Adapt effectively to change • Take responsibility for their own learning & development • Critically evaluate personal beliefs and assumptions
Demonstrate international and cultural awareness and understanding	<ul style="list-style-type: none"> • Recognise individual and collective human rights • Recognise the importance of cultural diversity and sensitivity • Think globally
Apply professional skills	<ul style="list-style-type: none"> • Work independently and in teams

	<ul style="list-style-type: none"> • Demonstrate leadership • Understand & demonstrate professional behaviour • Demonstrate ethical practices • Employ systems-thinking skills
Use technologies appropriately	<ul style="list-style-type: none"> • Learn to use new technologies • Decide on appropriate application, recognising their advantages and limitations
Think critically, creatively and reflectively	<ul style="list-style-type: none"> • Apply logical & rational processes to analyse the components of an issue • Think creatively to generate innovative solutions • Undertake systematic, problem-solving • Employ principles of project management

Source – AIEH Course Accreditation Policy, 2005

Environmental Health Literacies

A. Public health principles

Core concepts and guiding principles include:

- International public health issues and initiatives eg. Health for All, Ottawa Charter.
- The interaction between human lifestyles, consumption patterns, urbanisation and health.
- Social inequalities in health
- The role of cultural, social and behavioural factors in determining health status and the delivery of health services
- Cultural, physical and socio-economic aspects of Indigenous health issues
- Philosophy and principles of health education and health promotion in the context of public and environmental health
- Participatory planning within a needs assessment framework
- The ‘settings approach’ to health
- Foundation principles of learning and behaviour change
- Principles of occupational health and safety

- The health status of populations, determinants of health and illness specific to populations, factors contributing to ‘lifestyle’ disease and disease prevention and environmental health promotion

B. Sustainable development and environmental health principles

Core concepts and guiding principles include:

- The concept of environmental determinants of health
- The historical development and current paradigms pertaining to the discipline of environmental health in Australia and overseas e.g. transition from traditional through industrial to ecological systems approaches, Agenda 21, Australian Charter for Environmental Health
- Links between good health and the state of the environment and the need to protect people from hazards in the environment that pose a risk to health
- Principles of environmental health justice and equity, intersectoral collaboration, public participation, democratic principles, international cooperation
- The interdisciplinary nature of environmental health issues and the health outcomes approach
- Promoting healthy environments through sustainable development thinking
- The complexity of population change, resource management and climate change
- The links between environment and society, economics and environment, politics and environment, and environmental health development
- Principles of environmental protection, ecologically sustainable development and the precautionary principle
- Impacts of global and local pollution and environmental degradation
- Resource depletion and consumption and environmental protection

C. Foundation sciences

Core concepts and guiding principles include:

Level 1 subjects

- Principles of physical, chemical and biological sciences
- Principles of anatomy and physiology relating to disease mechanisms
- Principles of microbiology relating public health issues

- Principles of environmental epidemiology and biostatistics, including quantitative and qualitative methods for monitoring, assessing and evaluating disease episodes
- Environmental health promotion theory and practice.
- Basic environmental toxicology

Level 2 subjects

- Basic disease aetiology and epidemiological methodologies used for investigation, controlling and managing communicable and non-communicable diseases in the context of disaster/emergency management, vector control, immunisation, skin penetration, food safety, and other environmental health scenarios.

D. Foundational Environmental Health Practice

It is recognised that the roles and responsibilities of EHOs are governed by state-specific legislation and as such there is an expectation that all graduates will be eligible for appointment as ‘authorised officers’ under the relevant environmental health legislation. As such, literacies that reflect the legislative roles and responsibilities of EHOs should be adequately addressed. Examples of some of the literacies that relate to state-specific roles include:

- Principles of environmental protection and pollution management.
- Dangerous goods safety management/flammable and combustible liquids storage.
- Public/municipal health planning.
- Emergency/disaster management.
- Regulation of drugs and poisons and associated issues (eg. pest management, tobacco regulation)

In addition, all graduates should be familiar with the following: Principles of food safety and water quality, including food and water borne illness; illness outbreak investigation; food safety law; drinking water guidelines; food and water safety surveillance; food safety risk management (eg. HACCP and food safety programs); food safety auditing; food premises design and approval processes.

E. Environmental Health Risk Assessment and Management

Core concepts and guiding principles include:

- The determinants of health in the environment, i.e. physical, chemical and biological stressors and pollutants that affect population health
- Risk framework outlining the scientific method of environment health risk assessment which incorporates epidemiology and toxicology
- Science of EH hazards and pollutants including the importance of research to provide new evidence
- Exposure assessment of EH hazards
- Risk assessment and risk management practices pertaining to a range of EH issues, and in particular for food safety; environmental pollution/protection – contaminated land, solid and hazardous wastes, water and wastewater, air and noise pollution, dangerous goods and the built environment.

F. Environmental Health law

Core concepts and guiding principles include:

- History and approaches to law and the application and enforcement of environmental health legislation
- Basic government functions and principles of law
- Principles of governance
- Environmental health legislation (statutes and regulations) and the legal system. Examples of appropriate areas of legislation include (depending on state specific responsibilities of EHOs): public health, food safety, environmental protection, dangerous goods, pest management, infection control, tobacco control, accommodation standards, disaster management, planning and local laws.
- Legal, governmental and administrative frameworks within which the environmental health system operates, including limitations and constraints

G. Environmental health management & administration functions

Core concepts and guiding principles include:

- Historical development, structure and interaction of public and environmental health and health care systems
- Purpose and functions that an environmental health service provides, including environmental health and protection programs, risk management,

risk communication, inter-sectoral cooperation, community consultation, education, training and research

- Formulation and implementation of strategic policies relating to environmental health matters, including evaluation of the impact and effectiveness of policies
- The role of cultural, social, and behavioural factors in determining the delivery of government environmental health services
- Political and economic influences and implications on environmental health management and administration
- Methods for interacting sensitively, effectively, and professionally with persons from diverse cultural, socio economic, educational, racial, ethnic and professional backgrounds, and persons of all ages and lifestyle preferences
- Elements of organisational behaviour including the behaviour of the individual, groups, community and the workplace
- Environmental health auditing
- Provision of environmental health advice to management and the community
- Research capability to interpret data and reports and to enable proactive responses to future issues
- Management of environmental health projects, including budgetary and financial processes.

Appendix Four – Aboriginal and Torres Strait Islander Policy Principles recently endorsed by AHMAC.

Policy principles on which to base improvements for Aboriginal and Torres Strait Islander Environmental Health

1. Good environmental health conditions are an essential requirement for maintaining and improving the health of Aboriginal and Torres Strait Islander communities.
2. Policy and services development and implementation for Aboriginal and Torres Strait Islander Environmental Health must involve cross portfolio consultation and engagement, where appropriate, acknowledging that environmental health outcomes require co-ordinated input and support from many areas.
3. Each Aboriginal and Torres Strait Islander community¹ should benefit from the services of an Aboriginal and Torres Strait Islander Environmental Health program.
4. The employment of trained Indigenous Environmental Health Workers, or access to an equivalent appropriate and skilled environmental health program, is the minimum essential prerequisite for communities to effectively manage their own environmental health conditions and to comply with their public health responsibilities.
5. Indigenous Environmental Health Workers should be adequately resourced and supported, and recompensed commensurate with their skills and experience.
6. Training for Indigenous Environmental Health Workers should be provided at a level consistent with the national Population Health Qualifications and competency standards including Indigenous Environmental Health qualifications and competencies.

¹ The term 'community' is used in these Principles to largely apply to geographically discreet communities of Aboriginal and Torres Strait Islander peoples.



Local Government Environmental Health Workforce Summit

Summary of key points from
pre-reading

Dr Melissa Stoneham

National Environmental Health Strategy

- Australia's key strategic document relating to environmental health
 - EH workforce is changing
 - Create sustainable links between current training and future practice
 - Need for CPD
 - Raise profile of environmental health to allied health professionals
 - Expanded PG options

Overview of EH roles in Local Government

- Involvement in monitoring & managing the local physical environment for health and safety concerns;
- Considering health objectives in local council planning activities;
- Water supply and management roles;
- Food safety and nutrition activities;
- Health measures/services targeted at particular groups;
- Other health related measures.

Adapted from NPHP's The Role of Local Government in Public Health Regulation, 2002

Local Government is Under the Spotlight

- Systemic Sustainability Studies
 - Reform agendas such as amalgamation and economic and social sustainability of local governments
- New Direction for Local Government
Position Paper (Dept LG NSW, 2006)
 - Addressing skills shortage

Environmental Health Workforce Reviews in Australia

South Australia's EHO Workforce Report (2004)

- Shortage of EHOs particularly in rural areas.
- LG need to foster flexible environments where EHOs are valued, supported, can gain career satisfaction & have family friendly policies.
- Incentive packages to attract EHOs to regional areas.
- Extend partnering opportunities and lead, support, participate and facilitate educational and professional development and continuous learning opportunities.

Queensland's Review of Public Health Workforce (2004)

- Recruitment and retention of EHOs is a problem particularly in rural areas.
- Strategies to promote the role of EHO are required.
- Training options be explored to build capacity.
- Career paths need to be established and promoted:
 - Mentoring for qualified EHOs
 - Work placement for students
- Better partnerships between LG & Qld Health.
- Indigenous communities need support.

Victoria's Environmental Health Officer Workforce Review (2005)

- Imbalance between demand and supply of EHOs;
- Workforce is becoming more feminised and younger;
- Poor fit between EHO expectation of role and their levels of satisfaction;
- Poorly valued;
- Frustrated with inconsistent approaches to enforcement;
- Strategic approach to job design required;
- CPD and workplace certification systems needed.

Wall Report – Environmental Health Paraprofessionals (2006)

- Aim – could EHPPs supplement the EHO role?
- State and local governments work together to commence training of EHPPs who would be supervised by EHOs;
- Development and revision of a consistent training package for EHPPs;
- Workplace training environments allow competencies to be developed & ensure EHPPs are authorised under relevant legislation.

Environmental Health Skills

Accredited Environmental Health Courses in Australia

- 9 AIEH accredited courses
- Demand for intake rather than quality of courses
 - Post graduate entry courses evolving
- AIEH convenes the Environmental Health University Program Accreditation Framework (EHUPAF)
 - Described generic attributes and specific abilities that all EH graduates should possess

Environmental Health Literacies

- Defined as core concepts and principles of environmental health that should be possessed by the broad range of environmental health practitioners (EHPs).
- AIEH EHUPAF describes six EH literacies:
 - public health principles,
 - environmental health and sustainable development principles,
 - foundation sciences,
 - human-environment interaction and solutions;
 - environmental health and environmental health management, and
 - administration functions (Cromar, Tenkate, Davey et al, 2005).

Major Issues for Local Government Environmental Health Workforce Planning

Shortage of EHOs

- Concern relating to the labour market shortage of qualified EHOs
 - Morale
 - Quality of LG public health systems

Recommendations from EH Workforce Reports

- Establish register of EHOs who are available for short and longer term appointments (Windsor, 2005; Morton, 2004);
- Explore options to support rural & remote councils to recruit EHOs including the promotion of cadetships (Windsor, 2005);
- Support Councils to target recruitment campaigns to attract qualified EHOs back from retirement, career changes or family leave (Morton, 2004; Windsor, 2005; SA Health Dept, 2004);
- Work with training providers to support targeted recruitment campaigns aimed at school leavers and mature age entrants (Windsor, 2005).

Developing the Role of an EHPP

- Such a position would need to be directly supervised by an EHO and care would need to be taken to ensure that the development of this role would not undermine the power or roles of a qualified environmental health practitioner (Wall 2006; Windsor 2005)

Recommendations from EH Workforce Reports

- Develop potential training frameworks for EHPPs (Wall 2006);
- Further work is required to explore whether Councils would be likely to engage technicians with limited authority (Windsor 2005);
- PIA national survey identified that planning assistants are employed by 40% of responding organisations (PIA 2004).

Demographic Forecasting

- Shifts in the workforce
 - Younger & more feminised (Windsor, 2005; SA Hlth Dept, 2004).
 - Females less likely to be appointed in regional areas.
 - SA Report found that:
 - 57% EHOs had less than 10 years experience;
 - 25% had commenced role in last 2 years;
 - 43% of EHOs intended to leave profession within 5 years;
 - Significant number intended to retire in next 10 years.

Recommendations from EH Workforce Reports

- There may be a need to provide increased part-time employment for those seeking family-friendly environments;
- There may be a need to attract retired EHOs back into the field on a contract/part-time basis; and
- Although EHOs are largely employed on a full-time, permanent basis (Windsor, 2005; SA Health Dept, 2004; Morton, 2004), non-standard employment arrangements may need to be a feature of the future workforce.

Environmental Health Cadetships

- Cadetships provide opportunities for:
 - LGs to secure an EHO for a specified time; and
 - Enable graduates to be more "work-ready".
- Work readiness was identified as an issue in both the Queensland and SA Workforce Reviews.
 - "employers question the appropriateness of current tertiary qualifications in providing graduates with skills & competencies necessary for employment, especially in rural areas" (p38, Moreton 2004)

Recommendations from EH Workforce Reports

- Councils participating in cadet schemes need to:
 - be located within traveling distance for students;
 - be able to provide supervision;
 - be able to provide a labour budget, office accommodation and resources (SA Health Dept, 2004).
- Options need to be explored to support rural and remote Councils to attract EHOS, which may include cadetships for students from rural areas (Windsor, 2005).
- Councils should be encouraged to consider scholarships/cadetships including at a shared regional level. Queensland Health to consider funding support for such schemes in rural and regional Councils (Morton, 2004).

Continuing Education

- Certification of EHOs
 - WA Accreditation Board (WAEHO Professional Review Board)
 - Accredits courses in WA
 - Reviews qualifications of OS EHOs
 - Assesses workforce issues
 - Uncertain future due to new Public Health Act
- Victoria has mandated qualifications of EHOs in legislation
- Support for mandated qualifications in Qld (Morton, 2004)

Continuing Professional Development

- AIEH adopted the Certified Environmental Health Practitioner scheme in 2003
 - Yet to be implemented
- Workforce reports identified:
 - Lack of CPD opportunities;
 - More flexible options;
 - Target EHOs and their Managers/EM;
 - Lack of support from employers to attend, and
 - Cost, not enough time to attend.
- Emerging issues and strategies
 - Risk management, broader community health agenda

Recommendations from EH Workforce Reports

- Partnerships between LGs & professional bodies to develop training
- Advertise training calendar
- AIEH to implement the CEHP scheme
- RTOs develop/deliver specialist courses
- Increase quality & depth of training options

Internal Support for EHOs

- EHOs are undervalued by peers and EM
- Community did not understand the EHO role
- Politics can interfere with the ability to enforce regulation

Recommendations from EH Workforce Reports

- Integrate EH training into EM induction
 - Enhance EHO role at the community level
 - Mentoring of EHOs
 - Younger professionals
 - Rural and remote professionals
 - More experienced EHO mentored by specialist
 - Mentor training
-

Indigenous Environmental Health Workers

- NIEHF conducted an IEHW Workforce Review
 - Access to appropriate training
 - Career progression strategies
 - Consistent wages, conditions & support
 - Move away from CDEP system
 - Improve professional image of IEHWs
 - Training of IEHW needs reviewing
 - ANTA competencies, increase pool of applicants, university degree courses & scholarships
-

Recommendations from EH Workforce Reports

- Develop award/s for Indigenous Environmental Health Workers to ensure uniformity in pay and recognition of Indigenous Environmental Health Workers; and
 - Provide scholarships and or cadetships for Indigenous Environmental Health practitioners, particularly Indigenous Environmental Health Workers, to expand the Indigenous Environmental Health workforce (Morton, 2004; enHealth Council, 2004).
-

In Conclusion

- Overview of issues identified in the EHO/PH Workforce Reviews conducted in Australia.
 - National shortage of EHOs
 - Why can't we attract undergraduates; and
 - How can we support qualified EHOs to prevent them leaving the profession?
-

Future Challenges facing environmental health and implications for practitioners

Dr Kevin Buckett
Director, Public Health
SA Health

1

Summary

- The world around us
 - Environments past, present, future
- Public Health
 - Emerging challenges
- Local Government
 - Trends
- Workforce
 - Pressures and prospects

2

The world around us...

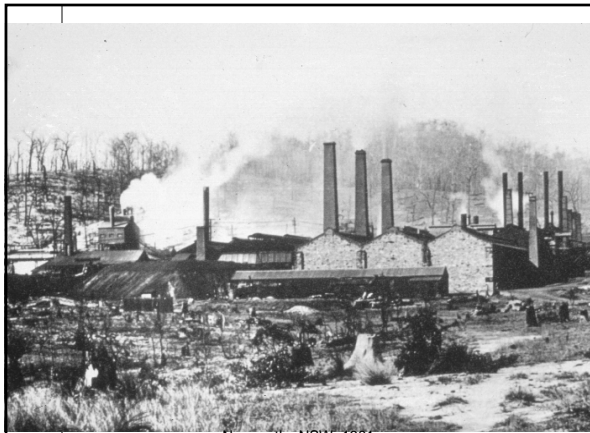
- Things have change since Snow and Chadwick...



3

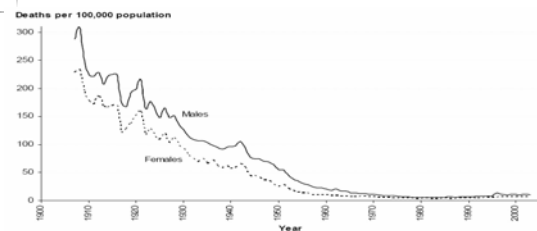


4



Newcastle, NSW, 1901

Death Rates for Infectious Diseases 1907-2003



6

	Review of the Public and Environmental Health Act
	<p>Health gain due to...</p> <p><i>"25 of the 30 years of life gained over the past century were the direct result of advances in public health."</i></p> <p><i>Centres for Disease Control – April 2000</i></p>

7

	Minister for Health, October 1999
	<p>"So effective has environmental health been that we now tend to forget about it, only noticing when systems have broken down and health has been affected. However, it is dangerous to assume that the old battles of environmental health - contaminated water, vermin infestation and poor living conditions - have been fought and won."</p>

8



10

	<i>There is more to come...</i>
	21st Century Epidemiological Transitions
	<ul style="list-style-type: none"> ■ Ageing populations ■ Chronic conditions ■ Impact of obesity ■ Global environmental concerns ■ Social determinants of health ■ Emergent and re-emergent infectious diseases ■ Threats of mass casualty events


11

	New public health challenges

12

<h2>New public health challenges</h2>	
	
<p>13</p>	

<h2>New public health challenges</h2>	
	
<p>14</p>	

	
<p>15</p>	

<h2>New public health challenges</h2>	
	
<p>16</p>	

<h2>New public health challenges</h2>	
	
<p>17</p>	

<h2>Enduring and re-emerging public health challenges</h2>	
	
<p>18</p>	

	New public health challenges
	19

	New public health challenges
<ul style="list-style-type: none"> ■ 50% of Australian population already suffer from some form of chronic condition (AIHW 2004) 	20

	New public health challenges
<ul style="list-style-type: none"> ■ 50,000 died through cardiovascular disease in 2004 (AIHW 2007) ■ 20% of population affected by cardiovascular condition in 2004-05 (AIHW 2007) ■ Cardiovascular disease costs Australia \$14.2 billion annually...1.7% of GDP (Productivity Commission 2007) 	21

	New public health challenges
<ul style="list-style-type: none"> ■ Diabetes costs Australia \$21 billion annually (Productivity Commission 2007) ■ Prevalence of type 2 diabetes has doubled in Australian since 1996 (Diabetes Australia 2007) 	22

	New public health challenges
<ul style="list-style-type: none"> ■ Skin cancer accounts for 81% of all new cancers in Australia each year ■ Melanoma rates in Australia are the highest in the world ■ Prevalence of asthma in Australia is amongst the highest in the world ...14% of children...10-12% of adults (DoHA 2007) ■ 20% of Australians experience some form of mental illness each year ...most commonly depression. 	23

	New public health challenges
<ul style="list-style-type: none"> ■ Causes <ul style="list-style-type: none"> – Risk factors – Smoking – Physical inactivity – The food we eat – Weight gain – Urban form....the cities and communities we live in – Social and economic determinants 	24

Local Government

- Australia= approx 700 local government authorities
 - High diversity among local government
 - Most populous has over 5000 times more people than least populous
 - Richest spends over 50,000 times more than the poorest
 - Largest covers 250,000 times more land area than the smallest

Australian State of the Environment Committee, 2006

25

Local Government

- Implications...
- *Extreme range of capacities to undertake effective public and environmental health measures*

26

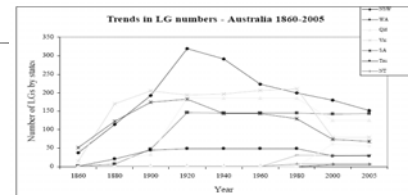
Local Government

Challenges and Pressures

- *Population Growth*
- *Population shifts and shrinkage*
- *Population ageing*
- *Development Pressures*
- *Fiscal unsustainability*
- *Amalgamations*
- *Enhanced general roles and accountability*
- *Devolution, unfunded mandates and cost shifting*

27

Amalgamations



Source data: National Office of Local Government 2001; Power et al. (1991); Local Government Association websites (2005)

Local government numbers in gradual decline since early 1900s. More rapid decline since 1990s.

28

Devolution unfunded mandates and cost shifting

- Devolution in Australia has occurred at an unprecedented rate in recent years
- Risks associated with devolution
 - Inconsistent implementation capacity leading to variants in service scope and quality
 - Greater burden on resource base of local government leading to fiscal unsustainability

29

Devolution unfunded mandates and cost shifting

- Cost shifting
- ALGA estimates impact of all cost shifting to local government to be between \$0.5-\$1.1 billion annually

30

	Local government environmental protection and management role
	<p><i>Role includes...</i></p> <ul style="list-style-type: none"> ■ <i>Sewage and trade waste treatment, solid waste management, recycling and pollution prevention</i> ■ <i>Environmental planning and impact assessment</i> ■ <i>Natural resource management</i>
	31

	Local government environmental protection and management role
	<ul style="list-style-type: none"> ■ Local government is the least resourced level of government in Australia ■ But at \$4.1 Bn (2002/03) local government environmental expenditure accounted for more than half the total environmental spending across all three levels of government <p><small>Australian State of the Environment Committee, 2006</small></p>
	32

	Local government environmental protection and management role
	<p><i>2002-03</i></p> <ul style="list-style-type: none"> ■ <i>90% of local government expenditure on environment from local rates</i> ■ <i>6% from state and Australian government grants</i> ■ <i>4% other sources (eg revenue raising)</i> <p><small>Australian State of the Environment Committee, 2006</small></p>
	33

	Local government public health role
	<p><i>Role includes...</i></p> <ul style="list-style-type: none"> ■ <i>Prevention and controlling infectious diseases</i> ■ <i>Safe water supplies</i> ■ <i>Waste and sanitation management</i> ■ <i>Management of nuisances and offensive trades</i> ■ <i>Food safety</i> ■ <i>Public health planning</i> ■ <i>Proactive health promotion strategies and plans</i> ■ <i>Emergency health measures</i>
	34

	Local government public health role
	<p><i>\$\$\$\$\$ in public health...</i></p> <ul style="list-style-type: none"> ■ Difficult to determine ■ Not included in National Public Health Expenditure Reports ■ In 2004-2005 Local Government health related expenditure was \$28 million ■ Extrapolating to Australia (on a population basis) = approx \$250 – 300 million
	35

	<i>Our working environment is ... stressful</i>
	<ul style="list-style-type: none"> • Time pressures • Deadlines • KPI's, contracts, standards, audits 
	36

...ageing ...

- The youngest baby boomers are 50



37

...technologically advanced

- Access to information
- Internet, e-mail, *Pangaea*



38

Our communities are demanding...

- Today's communities are:
 - Educated and articulate
 - Emotive, fearful and lacking trust
 - Interested, vocal
 - Well-connected
 - New phenomenon of 'microchemophobia'

39

A quantum leap in the scope of work...

- Ditches, Drains and Dunnies
- Gene Technology, Information Technology and *Pangaea*
- Risk Assessment, Risk Management and Risk Communication
- Health Impact Assessment – policy and planning

40

Australia's workforce – the trends

- Baby boomers
 - set to retire over the next decade
 - they will take with them (in medium term) irreplaceable levels of workforce experience
- Replacement workforce
 - Australia's fertility rate of 1.2% is already below replacement
 - by 2016 it is predicted to be 0.85%
 - will result in sharp drop in new entrants joining workforce
 - currently 170,000 new entrants annually
 - in decade 2020–2030 predicted to be 125,000

41

Australia's workforce – the trends

- Keeping our ageing workforce?
- No
 - Hudson - a global recruitment company – survey of Australian organisations found that only 1/3 of them actively seek to attract and retain mature aged workers

42

EHO Workforce issues

■ Salary and rewards

The 2004 SA EHO Workforce Review found that:

47% of regional and 46% of metro EHOs earn less than \$50,000

Only 6% regional and 11% metro EHOs earn more than \$60,000

49

EHO Workforce issues

■ enHealth view:

– relying on current model of recruitment & retention will not provide an adequate EHO workforce

■ Paraprofessionals – is this the solution?

– enHealth concluded that it can be *part* of the solution but needed effective risk management

50

Victorian EHO Workforce Review said about EHO workforce:

In summary:

- ❖ This is a workforce in transition
- ❖ It is shifting to a younger, more feminised workforce
- ❖ EHOs are largely employed on a permanent, full-time basis,
- ❖ Non-standard employment is likely to increase in the future.

51

Changing role of EHO

■ Old role – ‘hands-on’:

– enforcement/inspection of legislative requirements - reactive

■ New role:

- direct or indirect management of issues
- preventative approaches, based on evidence and risk
- facilitating public participation
- risk assessment, management and communication, HIA

52

Questions to consider. . .

- What has led to the dilemma we are in? Poor profile, resistant to change, obstructive rather than constructive.
- How is that an area of such great public and media interest finds itself with little or no public profile?
- What must we do to adapt to the changes happening to the physical environment, public health, local government and workforce?
- Should the profession be reaching out more, broadening membership and affiliations?
- How can we build partnerships with Planning, Environmental Protection, Public Health?
- How can we change our culture to *can do* rather than *can't*?

53

The National Environmental Health Strategy



54



Rethinking the Framework for Public Health Law
(Chris Reynolds, Flinders University Law School)

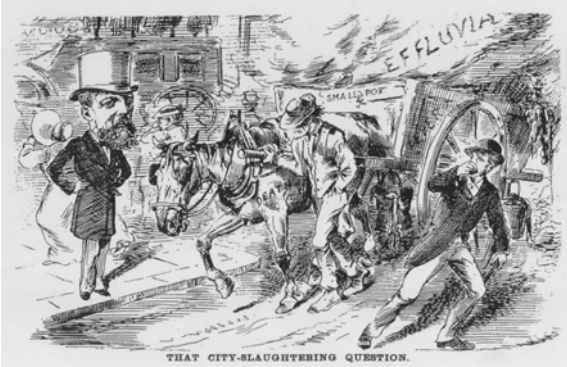
The structure of public health law

- Sanitation – environment protection
- Communicable disease control
- Food legislation
- Non-communicable or “Lifestyle” diseases
- Issues for the 21st century – sustainability
- New pandemics & disasters

The first Public Health laws

Driven by the following ideas?

- Actions are right if they are for the benefit of the majority
- The greatest happiness of the greatest number should be the guiding principle of conduct



Miasmas – a persistent view in public health policy



The 1850s – the British urban environment

Our Public Health Act were
reactive & mostly it still are

Public Health Law as a 'top down process'



Dr Dan Greswell Victoria's 'medical commander in chief,' 1890s

The Environmental Health Officer

- EHOs (and others) act as 'authorised' or 'appointed' officers for the purposes of exercising statutory powers (entry, gathering evidence etc under the public health acts)
- But there seems to be no consistent requirements relating to skills and qualifications

S39A Nuisance *Health Act* 1958 (Vic)

Things that are:

- *dangerous to health or offensive*

S182 Nuisance *Health Act* 1911 (WA)

Things that are

- offensive (noxious) or
- injurious or
- dangerous to health

Public Health Acts – Locked in their 19th century sanitary past

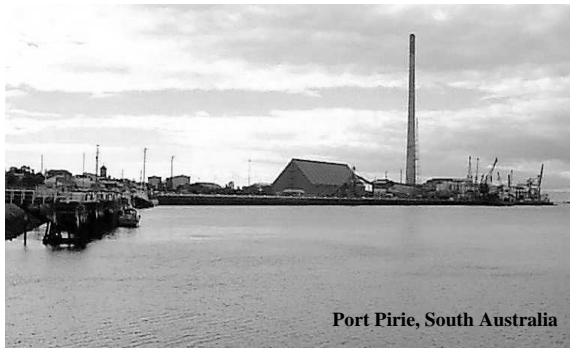


A reference to the 19th cent statutory nuisance and still in the Victorian *Health Act* 1958



Air quality - public health or environmental pollution?

Environment Protection & Environmental Health



Port Pirie, South Australia

The limits of Nuisance

- It is limited by its sanitary origins
- It cannot deal with the range of emerging 'new' environmental health issues
- It is overshadowed by the environment protection controls

Reforming Public Health

- A new approach organised around "risk to health"

National Public Health Partnership 2000

The Food Laws – a risk based approach

A person must not handle food intended for sale in a manner that the person knows will render, or is likely to render, the food unsafe.

penalty as high as \$100 000 or imprisonment for 2 years, or both;

Victorian Act

When is food unsafe?

Food is defined to be "unsafe" "if it would be likely to cause *physical harm* to a person who might later consume it" (this is subject to the requirement that the person consuming it has properly prepared it).

A Duty to protect the public's health

- A person must not undertake any activity that may result in harm to health unless the person takes all *reasonable and practical* measures to eliminate the possibility of that harm occurring

Causing a "risk to health"

- A person who commits an action that causes a *risk to health* is guilty of an offence.
- A person who commits an action that causes a *serious risk to health* is guilty of an offence

To summarise

- a generic approach to public health allows legislation to:
 - To deal with new problems
 - To support new thinking and areas of public health concern

Why is this important? – Some principles of legislation

- Good things can happen even without 'good' legislation
- Even with 'good' legislation good things won't necessarily happen
- But it's easier for good things to happen with good legislation

Recruitment and Retention- Two Different Issues

LYN RUSSELL
VICE PRESIDENT LGMA
QUEENSLAND
CHAIR, LGMA NATIONAL
SKILLS SHORTAGE
STEERING COMMITTEE

National Skills Shortage Forum

In April 2006, Local Government Managers Australia (LGMA) facilitated a Skills Shortage Forum in Canberra to explore and define skills shortage issues in Local Government. At the Forum, the Local Government peak professional bodies committed to work with their members and their sector to ensure Local Government services continue to meet community needs and expectations by:

- Defining what Local Government stands for and promoting a sector-wide approach to presenting a positive image
- Educating, raising awareness and establishing pathways to diverse careers in Local Government
- Building modern Local Governments, characterised by new styles of leadership, that will encourage new ways of doing things through empowerment, knowledge building, work re-design and use of technology
- Transforming Local Government into an employer of choice through adoption of leading HR practices.

National Skills Shortage Forum

An outcome of the Forum was the formation of a National Local Government Skills Shortage Steering Committee to:

- Audit current initiatives being undertaken to address the Skills Shortage issues in Local Government
- Identify and consider the gaps in the various initiatives being undertaken
- Develop and promote coordinated sector-wide strategies to address Local Government Skills Shortage issues
- Negotiate with and advocate to relevant State, Territory and Commonwealth agencies to access relevant programs and secure funding opportunities for the implementation of Local Government Skills Shortage strategies
- Communicate the Forum outcomes and proposed implementation plan to key stakeholders including State, Territory and Commonwealth Ministers responsible for Local Government.

Steering Committee

The Steering Committee draws on the knowledge, interests, skills and expertise of the peak professional bodies aligned with Local Government. It brings together rural, regional, urban and remote Local Governments and their peak professional bodies to develop a strategy that sets out ways Local Government can respond to the challenge of skills shortage. The Steering Committee draws together representatives from:

- Australian Institute of Building Surveyors
- Australian Institute of Environmental Health
- Australian Library and Information Association
- Australian Local Government Association
- Institute of Public Works Engineering Australia
- Local Government Community Services Association of Australia
- Local Government Finance Professionals
- Local Government Human Resource Managers
- Local Government Managers Australia
- Parks and Leisure Australia
- Planning Institute of Australia.

The strength of the commitment of the members of the Steering Committee is borne out with each organisation providing funding to contract a project manager to develop the National Skills Shortage Strategy for Local Government.

The Skills Shortage Problem

Skills shortage is a major issue confronting Australia's workforce, as the Australian workforce is not growing fast enough to keep up with the demand for labour and the particular skills required by many industries. The labour market in Australia is ageing, with 37 per cent of Australia's workforce over the age of 45. At the same time, the fall in the number of young people of working age will lead to a drastic decline in the growth of the Australian workforce.

As Local Government's workforce is substantially made up of workers over 45* years of age, it faces a significant challenge in filling the employment gaps as older employees retire and leave the workforce. In particular, Local Government will feel the impact of the reduction in Australia's workforce as a substantive proportion of its workforce sits within the five occupations with the highest projected workforce reductions:

- Intermediate Clerical/Service workers
- Professionals
- Tradespeople
- Elementary Clerical/Service workers
- Associate Professionals.

These five occupations encompass key Local Government workforce areas, including planners, tradespeople, environmental health officers, engineers, building surveyors and building inspectors.

*Department of Employment and Workplace Relations, 2006, Australian Jobs 2005

The Strategy: A Response to Skills Shortage

The Strategy has been developed to:

- Present an overview of the complexity of issues confronting Local Government
- Deliver suggested responses
- Demonstrate examples of good practices adopted to address the complex issues relating to skills shortages
- Propose a number of strategic approaches to tackle the issue of skills shortage.

The National Strategy: Vision & Mission

Vision

Australian Local Governments with the capacity to provide a full range of high quality, best value services and facilities that meet their communities' needs and expectations.

Mission

Maintain a strategic alliance between Local Government peak professional bodies and Australian Local Governments to promote workforce planning that meets the future labour needs of Local Government across Australia.

The National Strategy: Aims

1. To provide a National Framework to assist Local Government to respond to the challenge of delivering efficient and effective services when faced with the current and looming Skills Shortages
2. To present a range of ideas on new ways for Local Government to do business, taking account of: Professional roles and tasks to be performed; and impact of location on attracting employees particularly in rural and regional areas.
3. To promote Local Government as Employer of Choice
e.g.: 'Great Place to Work', with opportunities at all career stages
4. To work collaboratively with key stakeholders, including peak professional bodies, State, Territory and Commonwealth Governments, to fund and implement a range of innovative programs to address the workforce needs of Local Government today and in the future.

The Strategy: A Response to Skills Shortage

Platform of Initiatives

To aid implementation of the National Strategy, a Platform of Initiatives (the Platform) has been created based on the four strategic objectives of the Strategy.

The Platform demonstrates the activities, partnerships and collaborations currently being undertaken by Local Governments, State and National Local Government Associations and peak professional bodies.

The Strategy: A Response to Skills Shortage

Local Government Career Pathways

Goal: To educate, raise awareness and establish pathways to diverse career opportunities available in Local Government.

The current issues and strategic responses developed include:

- **Recruitment** – Attracting new recruits and offering career pathways to school leavers and graduates through apprenticeships, traineeships, cadetships, scholarships, mentoring and support programs, as well as developing para-professional careers
- **Retention** – Retaining existing staff and re-engaging former employees through professional development, re-skilling and facilitating secondments across Local Government and the private sector.

The Strategy: A Response to Skills Shortage

Leadership in Local Government

Goal: To build and showcase 21st century Local Government business practices that empower, build knowledge and effectively use resources and technology.

The current issues and strategic responses developed include:

- Building strong leadership teams that enhance the leadership capacity of Local Government CEOs and senior staff
- Working collaboratively and cultivating alliances across Local, State and Territory Governments and the private sector to facilitate resource sharing and alleviate the demand for skilled workers
- Increasing work participation by the underutilised local populations, to enhance local economies, improve local employment prospects and recognise the key role Local Government plays in regional areas.

The Strategy: A Response to Skills Shortage

Local Government as an Employer of Choice

Goal: To promote the use of flexible and leading edge human resource management practices that transforms Local Government into an 'employer of choice'.

The current issues and strategic responses developed include:

- Conducting research to understand the motivations, aspirations and needs of the current and future workforce
- Developing flexible human resource practices to retain the current workforce, by providing workers with opportunities for career diversity and flexibility that accommodates both professional and personal aspirations.

The Strategy: A Response to Skills Shortage

Image Building – A Local Government Brand

Goal: To develop and promote a positive public image of Local Government as flexible, cutting edge and responsive to its constituents – local communities, local businesses and its workforce.

The current issues and strategic responses developed include:

- Establishing a national Local Government Brand and promoting Local Government as an industry with common values that provides a range of services to local communities
- Promoting Local Government as an employment and industry sector that provides a diverse range of career and employment opportunities.

Key initiatives

The National Strategy is developed with a view to focusing action across the Sector on key elements that will address the effects of skills shortage and seek resources and support from stakeholders for implementation of various responses.

Five key initiatives are proposed to address skills shortages facing the sector. The five initiatives need to be actioned by the Local Government sector in collaboration with State, Territory and Commonwealth Governments.

- Centre for Excellence
- New ways of working
- Promoting Local Government as an Employer of Choice Brand
- Training and Professional Development
- Attracting new workers

Centre for Excellence

Establishing a virtual Local Government Centre for Excellence would provide a unique opportunity to showcase, promote and develop best practice in Local Government workplace developments, as well as all aspects of good governance and Local Government management.

The Centre would provide information and tools to improve Local Government operations and performance. The activities, information and tools that the Centre would provide may include:

- Operating as an information clearinghouse regarding activities being undertaken across Australia by Local Governments and other bodies;
- Articulating the National Local Government Employer of Choice brand and value propositions to promote Local Government;

(continued overpage...)

Centre for Excellence Continued...

- Developing Employer of Choice templates and guides of good practice, to facilitate benchmarking and the development of responsive HR practices;
- Providing a range of toolkits for the sector, for the promotion of Local Government careers at schools, tertiary institutions and at local, national and international careers' expos; and
- Facilitating or brokering employment exchange programs within the Local Government sector and between other sectors (public and private) in Australia and internationally.

The Centre could be established and operated by an existing peak professional body. Its implementation may be overseen by an Advisory Committee made up of the members of the Steering Committee. The Advisory Committee would provide policy and strategic planning advice for the Centre.

New ways of working

Through smart redesign of job functions and adopting progressive employment practices, Local Government can develop New Ways of Working to address the demand side of skills shortage by:

- Developing and adopting up-to-date employment practices and job design (eg: part-time work, job share and family friendly work places);
- Providing career pathways for 'para-professionals', thereby ensuring that Local Government makes efficient and effective use of professional, skilled and technical staff (eg: planning assistants); and
- Advocating for Government funded incentives to attract and retain skilled staff in rural and remote regions (eg: taxation incentives).

Promotion of the New Ways of Working in Local Government could be fostered with the Minister for Vocation Education and Training awarding Local Government Scholarships for Leadership in Regional Workforce Development.

Attracting New Workers

Attracting New Workers is essential if Local Government is to tackle the decline in the natural rejuvenation of the Australian workforce. Two key recommendations to increase supply of Local Government workforce are:

1. Development of Employer Demand Demonstration Projects at the regional level for recruitment, employment and retention of underutilised local populations groups, including people with a disability, sole parents, those over 50 years of age, long term unemployed, indigenous, and refugee and migrant communities. Such projects would include training, support and mentoring over a reasonably substantive period (at least 2 years) to maintain participation in the workforce.
2. *(overpage)*

Attracting New Workers *Continued...*

2. Promotion and development of skilled migration programs and protocols for Local Government, for example:
 - Establishing one of the peak professional bodies as a designated national body that DLaC Industry Outreach Officers work with for the provision of service to assist Local Governments access skilled migrants; and
 - Developing regional skilled migration programs with Local Government being the lead agency collaborating with local chambers of industry and commerce.

Employer of Choice Brand

With these strategies in place, Local Government will be well positioned to promote itself as an Employer of Choice. Promoting Local Government as an Employer of Choice will assist in progressing community understanding of Local Government and its role as a responsive, community-engaged and multifaceted sector with a multitude of diverse and rewarding career options. ***This requires:***

- Developing a National Local Government Employer of Choice brand and benchmarks for use at career expos within Australian and overseas; and
- Establishing regional Employer of Choice alliances between Local Government, Chambers of Commerce and Industry and businesses to promote regional employment
- Developing a national marketing campaign to promote the national Local Government Brand.

Recruitment & Retention Strategies

Let's look at the practicalities:

- Many Councils using old-fashioned approaches in these areas and wondering why they aren't succeeding;
- Many Councils still think that poaching is a viable solution to filling a vacancy;
- Some Councils still think that they are doing people a favour by offering them a job;
- Some Councils still have a narrow view of the sorts of candidates they wish to attract;
- Many Councils have ageing workforces and no clear plans for succession.

The Changing Culture of Local Government

LOCAL GOVT. EMPLOYEE. 1980	LOCAL GOVT. EMPLOYEE 2007
<ul style="list-style-type: none"> • Enforcer of policy • Rules and regulations • Protect the Council • Risk averse • Bureaucrat • Subordinate • Delegated authority • Impersonal • Reactive • Specialist • Avoid change • Do things right 	<ul style="list-style-type: none"> • Problem solver • Guidelines • Respect the customer • Risk manager • Team member • Stakeholder • Empowered • Customer oriented • Proactive • Generalist; multi skilled • Embrace change • Do the right things

How Organisations are Responding

- Being organised differently
- Employing and paying people differently
- Being managed and led differently
- Developing new workforce policies
- Training and developing workers in new ways and new skills

Management/Leadership is Changing

Now needs to manage:

- Independent professionals
- Dispersed workforce
- Contingent workforce (*casuals, temps, contractors*)
- Disillusioned workforce
- Non-committed workers

Needs new leadership skills in:

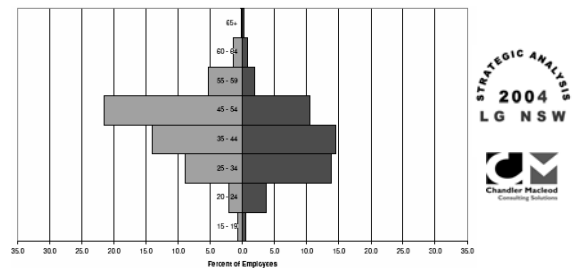
- Communicating vision
- Flexible strategy and tactics
- Motivating workers

4 Essential Skills in Leadership

1. The ability to engage others in shared meaning
2. A distinctive and compelling voice
3. A sense of integrity/strong set of values
4. Adaptive capacity/applied creativity

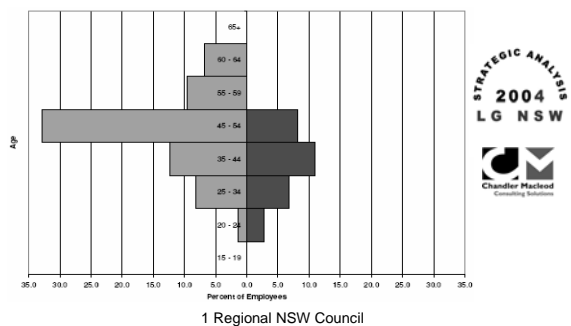
Bennis W & Thomas R: *Crucibles of Leadership*, Harvard Business Review, September 2002.

Local Government Demographics



Winter 2004, organisational survey: 5,000 staff from:
Blacktown, Burwood, Camden, Cessnock, Dungog, Gosford, Gwydir,
Liverpool, Newcastle, Richmond Valley, Rockdale, Rous Water,
Shellharbour, Singleton, Tumut, Yass

Local Government Demographics



Population, Productivity and Participation

- Population, productivity and participation are the fundamental equation of skills shortage and the ageing society
- We either have to increase our population, raise our productivity or increase participation rates if we want to continue to grow

Population, Productivity and Participation

- In reality increasing participation rates is the key, but it will *bring unique challenges*, as we have to learn how to work with a more diverse workforce (aged, disabled, long term unemployed, ethnic, indigenous etc)!

Rethinking of Retirement Pathways

"There will be bigger focus on building transitions to retirement within organisations, either through part-time work, contract or project work.... At the core of the change is a rethinking of retirement pathways".

Louise Rolland; Swinburne University, Centre for Business Work and Ageing

Size of Workforce to 2016

- The workforce under 45 years will grow marginally by 307,000 or by 5% by 2016
- The 45 yrs plus workforce in the same time will grow by 1,226,000 or by 43% by 2016
- The 55+ workforce will grow by 719,000 or from 10% to 14% of the workforce

ABS Labour Force Projections 1998 to 2016

Who Can Afford to Retire?

- Average superannuation holding for Australian is \$62,000
- 9% will mainly rely on superannuation
- 51% will work part time

Newspoll Australian Superannuation Association 2004

Where Have the Workers Gone?

- Annual net new entrant to workforce now is 160,000 p.a.
- By 2010 it will be 75% less or little more than 40,000 p.a.
- By 2015 it will fall to 20,000 p.a.
- Businesses will have to recruit from non-traditional areas to sustain their workforce!

The Australian, September 18-19 2004, Vartina Nissen, Manpower Australia

Best Practices in Recruitment Checklist

- Review the need for the role – consider work redesign alternatives
- Assess the role's work value, remuneration levels and package
- Ensure the core competencies for the role are current, and that they are succinct and measurable
- Decide who will undertake the recruitment process:
 - *Internal HR staff, external recruitment agencies, or a combination?*
- Decide on the components of the recruitment campaign:
 - *Internal/external advertising, press advertisements, internal recruitment, headhunting etc.*
- Establish a balanced and competent selection panel to handle the role

Recruitment Checklist Continued...

Press Advertisements

- Consider the image that you want to portray in designing ads!
- Provide website details for interested candidates
- Provide contact numbers of a relevant person to answer queries
- Avoid specifying salary if you can – you may need to negotiate
- Use words that reflect the aspirations of candidates, eg:
 - Making a difference
 - Community focussed
 - Variety & challenge
 - Family friendly workplace
 - Team environment

Recruitment Checklist Continued...

Agree on the selection process

- Short listing – How many?
- Must candidates address the selection criteria?
- Interviews – Face to face, phone, video conference?
- Reference checking – Against selection criteria
- Pre-interview tasks?
- Psychological/aptitude testing?
- Feedback for unsuccessful candidates?

Recruitment Checklist Continued...

Working with Recruitment Agencies:

- Clearly define scope/expectations
- Shop around! Ask around!
- Fixed fee or percentage of salary?
- Pre-interview meeting to define expectations
- Who shortlists – them or you?
- Do they sit on the panel?
- Ensure they are given a full package of information to share with candidates
- Ensure they “complete the loop” in dealing empathetically with unsuccessful applicants

Recruitment Checklist Continued...

The Interview Panel:

- 3 or 4 members is preferable
- Agree roles and handling of questions
- Do you want a “scribe”?
- Agree consistent rating methods
- Ensure inappropriate/discriminatory questions are avoided
- Ensure adequate time for discussions beforehand, between interviews and at the end of the process
- Seek consensus on final selection decision
- Reconvene to discuss referee reports
- Do second round of interviews if necessary
- Thank the panel for their time and effort!

Retention: Best Practices

Some Key Principles:

- It is better (and cheaper) to hold onto good people than to have to replace them
- It is better to invest in training and developing your own people than in spending money trying to poach skilled workers from other employers
- Your reputation as an employer of choice will be your greatest asset in both recruiting and retaining staff
- Today's gen X and gen Y workers have different needs and expectations to their baby-boomer managers – so be flexible
- People join organisations, but leave supervisors
- If you talk regularly with and listen to your employees, you will be better prepared to avoid losing them

Retention – A Checklist

- Understand your workforce profile: Gender, age groups
- Develop a succession plan for all key positions in the organisation:
 - Who could do the role now?
 - Who could do the role in 6 months with appropriate training?
 - Who shows potential to be a future candidate for the role at a later stage?
- People need to know what you expect of them. Ensure you have a good performance management system in place with:
 - Clear and agreed annual goals and measures of achievement
 - A training and development plan for each employee
 - Regular performance discussions on progress
- Have a fair and equitable job evaluation system in place so that work value is assessed regularly and people are remunerated appropriately
- A workforce development map is a great idea. Employees can see at a glance where the entry points and career paths are for them to aspire to.

Retention Checklist Continued...

“Growing your own”

- Define your career entry points
- Consider traineeships or cadetships for school leavers (financial study support, paid employment during vacations, bonding arrangements)
- Consider opportunities for administrative staff to undertake professional development
- Consider retention strategies for senior staff moving towards retirement; job share, part time, contracting, consulting, mentoring younger staff

Retention Checklist Continued...

Being an employer of choice

- Taking pride in your reputation
- Cultivating a professional and inclusive image
- Surveying staff to gauge climate and morale
- Providing consultative mechanisms to give employees a voice
- Ensuring you have a good HR Team
- Making significant annual investments in training and development – “maintaining your most valuable assets”
- Providing flexible work practices

Retention Checklist Continued...

Work and family strategies

- Paid maternity/paternity/parental leave
- Flexible hours
- Working from home
- Job sharing
- Permanent part time
- Assistance with child care
- Support for breast feeding

Retention Checklist Continued...

Celebrating diversity in the workplace

- Encouraging employment of target groups (women, disabled, indigenous/islanders, NESB, older workers)
- Modifying the workplace to suit special needs (disabled, religious etc)
- Support for older workers
- Promoting cultural sensitivity
- Discouraging discrimination, harassment and bullying
- Promoting family events

Retention Checklist Continued...

Looking after your people

- Good workplace health and safety policies
- Promoting strong values of respect and concern
- Encouraging pastoral care and contact with absent workers
- Keeping in touch with past employees
- Staff reward and recognition strategies

Retention Checklist Continued...

Providing challenge and stimulation for staff

- Encouraging research, attendance at conferences and workshops
- Bringing in speakers with new and innovative ideas
- Promoting staff exchanges; local, regional, international
- Working with other organisations to pool resources and provide job rotation and outplacement opportunities, shared services
- Encouraging staff to nominate projects for awards
- Encouraging staff to be role models and speakers at school, career expos, university open days
- Supporting staff financially to undertake further study

Recruitment & Retention: A Final Word or Two

- We need to change the old image of local government in order to attract the workers of the future
- We need to be progressive and inclusive in our work practices if we are going to attract and retain the workers of the future
- We need to treat and remunerate employees like the precious commodities they are if we are to hold on to them
- We need to encourage our people to develop a passion and commitment to what they do for the community
- We need to be looking to new and different markets and classes of workers in the future
- We need to be transformational leaders, providing the vision and frameworks to our people – and then getting out of their way to let them get on with the job!

Changes in public sector and local government workforces and current approaches to workforce management

Lise Windsor

SA Department of Further Education, Employment, Science and Technology

Australian Institute for Social Research, The University of Adelaide

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National Local Government Environmental Health Workforce Summit
July 2-3 2007

This presentation:

- Provides the broad context within which to consider a national EH workforce development strategy
- Summarises the key population and workforce trends occurring in Australia
- Looks at different age structures across industries, including EH workforce
- Incorporates findings from current research on workforce development
- Suggests strategies to address the challenges

The issue in summary:

- Growing recognition of the need to take account of implications of ageing on the workforce
- Retaining older workers – increasingly important source of skilled labour
- Emerging skills shortages – sectors and regions competing with each other for skilled workers
- Future workforce will be more diverse
- New challenges for govt, researchers, employers & individuals

The workforce development challenge:

- Failure to *plan* for these changes will result in
 - Constrained economic growth
 - Failure to be able to provide services
 - Systemic skill shortages and poaching of workers
 - Wage spiralling
 - Potential conflict in the workplace
- Presents an opportunity to
 - Engage groups who have previously missed out
 - Support social and economic objectives
 - Consider sustainability issues

Australia's population is ageing...

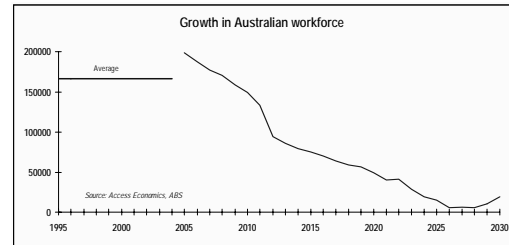
- Fertility is *decreasing* (3.4 in 1962 to 1.8 in 2005)
- Life expectancy is *increasing* (20 years longer than in 1920)
- The number and proportion aged 65+ will double in the next 25 years
- But, the impact of ageing in Aust is not as severe as in Europe or Japan

Focus on implications for the *workforce*:

- The age structure of the workforce is also changing:
 - the ageing of the population
 - increased labour force participation by women
 - changing migration patterns
 - rising educational participation by young people
 - youth out-migration.
- Low fertility rates are reducing the supply of younger workers joining the workforce
- For every new young person entering the labour market there are 7 aged over 45

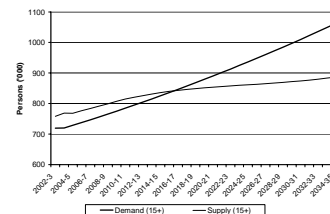
Future trends

- Over the next decade 1/3 of current workforce will approach retirement: there are around 4m 'baby boomers' who will be considering leaving in next 20 years
- Retiring baby boomers will take with them a range of skills and experiences that are hard to replace and different to those held by new entrants
- During the **decade** 2020s, only 175,000 new entrants will join workforce cf 170,000 pa currently



- These trends represent a *fundamental shift* in how the labour market operates - from one in which there is a plentiful pool of available workers, to one where the challenge is ensuring enough workers with the right skills to go around
- Focus on 'workforce participation'

Projected Demand and Supply of Labour in SA



Future trends cont....

- Based on reasonable scenarios of population growth and participation, labour shortages may occur within the next few decades
- Participation is expected to decline from 63.5% (2004-05) to 56.3% (2044-45) pc
- As the population ages, workers may supply less hours
- Within some occupations (eg labourers) the 'retirement spike' due to baby boomers has already occurred – for others it is looming

Labour market is tight:

- Employment is at all-time high & unemployment is low
- Sustained economic growth has increased participation
- Skill shortages exist and will exacerbate with an ageing workforce

But remember.....

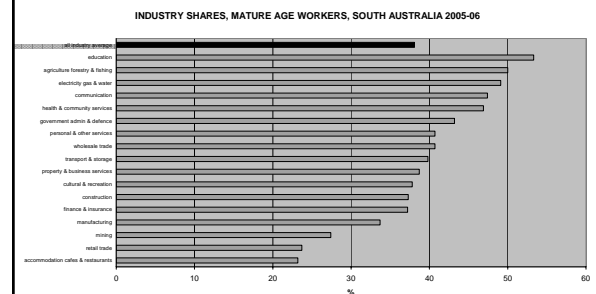
- Older Australians are healthier, living longer & are better educated – likely to stay in workforce longer
- While Australians retire early, many would remain or re-enter *if flexible options were available*
- Barriers remain – attitudes, policies, health issues
- There remains a significant pool of unemployed and underemployed workers to tap into

- There is a window of *opportunity* before these effects are fully felt
- Manageable - but only if we implement timely and effective policy initiatives and targeted strategies
- As an industry sector, you have the opportunity to do this **now**

Workforce ageing will affect different occupations in different ways

- Occupations/industries have different age structures for a number of reasons:
 - Older (younger) workers may typically choose certain jobs
 - The nature of jobs may preclude older (younger) workers
 - Employers may 'prefer' to hire workers from particular age groups

Impending pressures....



Industry Shares, Mature Age Workers, Australia

May 2006

Industry sector	Proportion aged 45 to 64
Accommodation, cafes and restaurants	25%
Agriculture, forestry and fishing	43%
Communication services	36%
Construction	31%
Cultural and recreational services	26%
Education	48%
Electricity, gas and water supply	38%
Finance and insurance	28%
Government administration and defence	43%
Health and community services	44%
Manufacturing	35%
Mining	35%
Personal and other services	33%
Property and business services	33%
Retail trade	23%
Transport services	40%
Wholesale trade	34%
All industry average	34%

Source: ABS DataCube 6291.0.55.003 E05

Occupations:

- Occupations that require more experience are generally older eg managers, professionals
- Older people under-represented in elementary clerical, sales & service; tradespersons
- Challenge is to ensure that older workers share in future jobs growth *and* succession strategies so that younger workers can progress

EH workforce challenges - current issues:

- Complex environment – State and local govt issues, legislation, diversity in activities
- Current and anticipated shortages
- Education and training issues (choice/accessibility - intake); job readiness
- Difficulties in attracting and retaining workers – particularly in regional areas, indigenous communities
- Significant numbers expect to leave in next five years
- Shift to a more feminised workforce (younger)
- 'connectedness' to employer (local council)

EH workforce...factors impacting on future demand and supply

- Focus on climate change/protection of environment issues
- Changing community expectations
- Restructuring/reform of local government
- Expanding range of functions – specialised/narrow vs broad
- Risk-based framework – educative role
- Availability of work placements
- 'attractiveness' of the occupation/sector

Government policies

- Policymakers have recognised the need to respond to the consequences of workforce ageing but are yet to develop a multi-faceted national approach
- Much of the focus has been on the fiscal implications, in the form of increased health, aged care and social security outlays
- Some changes to superannuation, retirement policies

Need for a national Workforce Development Strategy

- State & Cwlth govts need to collaborate in the design of a suite of policies & programs, focussing on:
 - retirement incomes policies & retirement intentions
 - participation rates of under (&un) employed
 - interaction between health status and workforce participation
 - work/life balance through the life course
 - carer and institutional support arrangements
 - attitudes and discrimination
 - training and retraining for workers

A workforce development approach

- SA's *Workforce Development Strategy*

SA has an efficient, highly skilled workforce
that supports
a globally competitive economy
and
a socially inclusive community

Key features of a 'workforce development approach'

- Workforce development is about ensuring that the workforce is able to respond to the current and future needs of industry, while at the same time providing opportunities for people to *develop* skills and *use* them in the workplace
 - more integrated view of working and learning
 - supporting labour productivity growth while simultaneously creating 'decent' work
 - considers needs of both workers and employers
 - policies and initiatives which simultaneously shape the *demand* and *supply* sides of the labour market
 - distinct move away from a narrow focus on supply side solutions, to whole of government approaches
 - based on a **clear vision**

Workforce Development agents and intermediaries

3 inter-related priorities:

A High Skill Economy

Quality Employment

underpinned by

Better Workforce Planning

Workforce planning to support WD

- Traditionally defined as “supply and demand modelling”
- In fact, WP is part of a broader **workforce development** context:
 - education & training
 - pay
 - skill mix, job redesign, productivity improvements
 - recruitment & retention; re-entry
 - career structures
 - work-life initiatives
 - OH&S

New models

- Traditional approaches are flawed when service planning is moving to ‘joined-up’ ‘whole of government’ approaches
- Central element of new models is that the *consumer* of services, rather than *provider* is at the heart of workforce planning

New models...

Characterised by:

- *service* demand driven (from which labour demand is derived)
- covers whole service areas (workforce populations comprising many occupations, eg local government)
- unit of labour analysis that focuses on *skill* or *competence* (not occupation)

Key steps

WP must be **integrated** with other planning (strategic, budget, HR)

Workforce Supply:

- produce a workforce profile
- projected supply (based on projected new entrants, attrition, retirement)

Key steps....

Workforce demand:

- Determine demand for services
- Translate into work & competency requirements to estimate labour demand
- Analysing demand may include considering different *scenarios*, case studies/surveys and consulting widely to gain expert ‘on-the-ground’ intelligence

Key steps....

Analyse gaps:

- compare current profile with desired future
- identify critical gaps/imbbalances

Strategies & evaluation:

- develop strategies and action plans to address gaps, surpluses
- develop a dynamic evaluation process that ensures that the model remains valid to organisational goals

Barriers/challenges

- Lack of understanding of what it means in practice
- Lack of skills to undertake the task
- Crisis management approach
- Operational rather than strategic focus
- Level of commitment & support from leaders
- Lack of reliable data on current workforce
- Implementation and review (follow through)

Critical success factors

- receptive and supportive environment
- policies and procedures that link workforce planning with business/strategic planning
- availability of current and accurate workforce data
- phased approach
- focus on critical job areas, demonstrate ROI
- flexibility in approach – core questions, but tailored to needs
- engage the workforce in the process

Strategies at the workplace and sectoral level

- Plan for a balance of youth and age
- Review recruitment practices, including advertising and selection
- Develop the strengths and skill levels of *all* staff – regardless of age
- Integrate learning and work (cadetships/scholarships; career paths)
- Develop close relationships with education and training providers
- Adopt high performance work practices to attract and retain workers
- Develop family friendly initiatives and other flexible working arrangements

Cont....

- Survey employees about work preferences and retirement intentions – provide career development advice and services
- Redesign jobs to reflect changing roles and preferences
- Support employees to plan for their retirement
- Develop phased retirement and mentoring schemes
- Make workplaces safer – introduce changes in technology and workplace design
- Promote healthy living and safe working practices

Universities and Environmental Health Education and Training

Thomas Tenkate, DrPH
QUT School of Public Health
Vice President, AIEH (Qld Branch)



Queensland University of Technology

CRICOS No. 000213J

Overview

- Higher education landscape
- EH in higher education – UK experiences
- EH in higher education – Australia
- EH in higher education – UK initiatives
- Possible Actions for Australia



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Higher Education Landscape

- Recent changes/pressures:
 - Decreased government funding (per-capita).
 - Substantial growth in demand.
 - Increasing diversity and competitiveness (e.g. 38 public universities, ACU, 3 private universities, >100 non-university providers).
 - Increased demand for performance and quality.
 - Increased student demands for service and flexibility.

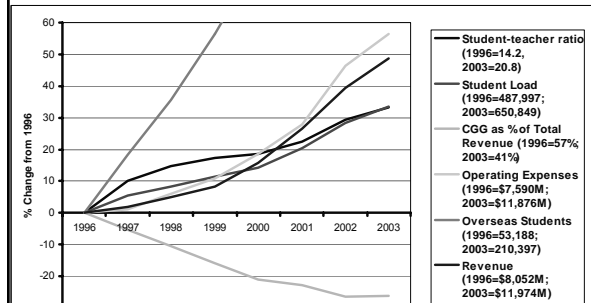
(Coaldrake, 1999)



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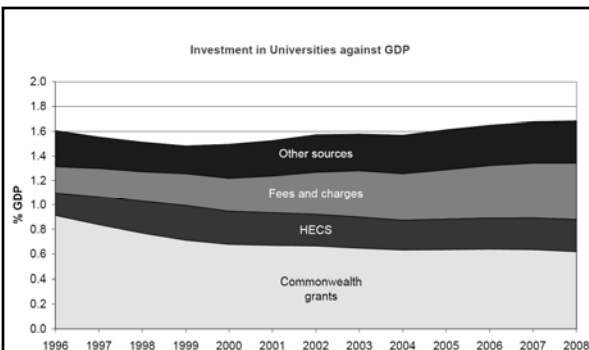
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Higher Education Landscape - Data



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(Source: Based on data from AVCC, 2005 – Key Statistics on Higher Education)



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(Source: AVCC, 2005 – Progress against AVCC National Investment Targets)

Higher Education Landscape

- “Change creates space that enable innovation and experimentation...whether the outcome will be a recognisable university is another matter” (Larvis, 2001).
- New IT developments are the drivers for rethinking, restructuring and rearrangement of education:
 - The way educational materials are delivered.
 - What is delivered.
 - Settings through which education is undertaken.
 - Changes in relationship of academics to students.
 - Changes in role of academics and institutions.
 - Distance education as the main form of delivery (Drucker, 1997).



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Higher Education Landscape

- “The boundary between public and private institutions is blurring as financial challenges drive some public universities to behave in a more entrepreneurial way characteristic of the private sector” (Aust. Dept. Education, Science and Training, 2005c).
→ Tension: financial development vs traditional role and function of public universities (Universities in Crisis, Parliament of Australia 2001)
- Outcomes? The future role and structures of universities will be different from what we have experienced.



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EH in Higher Education – UK Experience

- 1995 – 2001, 80% ↓ in applications.
- 2000 – 2002, “three environmental health courses have closed and all remaining courses are struggling for numbers in an attempt to remain viable” (Statham, 2002).
- UK Higher Ed system changes:
 - Polytechnics were turned into universities.
 - New arrangements for quality assurance.
 - Twice as many students than 20 years ago but funding is about 40% less.
 - Student to staff ratios increased from 8.5:1 to 20:1.
 - Research has become the key performance measure of quality.



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(Harvey, 2001a)

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EH in Higher Education – UK Experience

- EH programs not well placed to absorb changes:
 - Expensive to run: small class sizes, lab's, field trips, work placements.
 - Vocational orientation: more staff to student contact, increasing staff costs, reduced opportunities to engage in research (which is now the main measure of achievement).
 - “environmental health as a university subject is vulnerable and its future is not guaranteed”

(Harvey, 2001a)



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EH in Higher Education – Australia

- Virtually all courses (EHO) in Australia find it difficult to attract enough students to make their courses viable and staffing levels are reducing.
- Recent undergraduate developments:
 - QUT discontinued its undergraduate degree in EH (2005)
 - Griffith, UWS, Swinburne, Flinders, Curtin, Edith Cowen, Batchelor, UTas all recently undergone AIEH accreditation.
 - New/soon to commence: USC, UTas, UCQ
- Recent postgraduate developments:
 - QUT commenced a Graduate Diploma in Environmental Health
 - Curtin commenced an online Master of Environmental Health
 - Flinders developing postgraduate programs



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EH in Higher Education – UK Initiatives

- “Scholarly activity in both teaching and research is necessary” (Harvey, 2001b).
- CIEH Course accreditation changes:
 - Aim: To produce a more diverse workforce.
 - Alternative pathways for entry into the profession.
 - Supporting different methods for course delivery.
 - Consider accrediting broader types of courses.
 - Curriculum now focused on ‘life-long learning skills and building generic competencies, with a view to producing EHP’s instead of EHO’s. (Lewis, 2005).



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Possible Actions for EH in Australia

- Flexibility: review types and delivery methods for courses; integrate new technologies; develop more flexible delivery methods.
- Research: need a substantial increase in EH research, with this research seen to be linked to the EH profession.
- Curriculum: needs to be responsive to industry and university needs.
- Workforce Role: ↑ cadetships & work experience.
- Marketing: need to raise the profile of EH → ↑ student #s



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UK experiences in education sector

- Applications to UK universities fell from mean of 300 to 50 over 5 year period from 1997-2001
- Why?
 - Low awareness of EH?
 - Poor perceptions/ misconceptions of EH roles?



Nicholls & Parkinson study

- 98 students completed questionnaire
- Students were all qualified to study EH, but had chosen not to
- Aims of study
 - To find out their knowledge of role of EHO
 - To identify which job characteristics were desirable / undesirable
- 81% had heard of EHOs, but incorrect perceptions about the role abounded



Perceptions of the role of an EHO (Nicholls & Parkinson, 2002)

Task (tasks in italics are not EHO tasks)	Percentage of respondents that believe an EHO carries out this task
<i>Working in a mortuary</i>	95
Inspecting restaurant kitchens	92
<i>Removing dog mess from a park</i>	91
<i>Protecting endangered species</i>	89
Inspecting poor housing conditions	86
<i>Vaccinating school children</i>	84
<i>Placing poison for rats and mice</i>	80
Investigating an accident at a workplace	72
Dealing with noise complaints	62
Solving air pollution problems	54



Desirability of various job characteristics (Nicholls & Parkinson, 2002)

Desirability Rating	Characteristic
1	High salary
2	Job security
3	Wide variety of tasks and new tasks frequently set
4	Meeting/working with people from all educational and cultural backgrounds
5	Easy to find a job anywhere in the country
6	Job which requires professional qualifications/chartered professional
7	Opportunity to gain a pension
8	Ability to get 'out and about'
13	Helping people/giving public service



Summary of findings

- 7 of 8 top characteristics are features of EH *but* potential applicants do not associate these features with EH
- Gaining professional training was valued by 80% of students but only 30% were aware that EHO route includes professional placements
- All wanted to go to University, but 42% did not know that EHO qualification route includes a degree
- 60% underestimated starting salary for EHO



- 'Local Authorities, Central Govt Depts, employers and professional bodies should adopt a strategy to ensure that the public is better informed of the training, qualifications and role of EHPs'



(Nicholls & Parkinson 2002)

CLEAR report (Gaber & Wardle, 2002)

- Recommended 3 interventions:
 - Media relations campaign to raise awareness
 - Working with schools/careers guidance staff
 - Public affairs campaign to raise status of EH and secure funding for placements/recruit more professionals into LAs



Four years later....

- Another study conducted by Cooper & Parkinson
- Aims
 - to identify admission trends to Uni courses
 - To understand how entrants choose EH as career in context of remedial policies

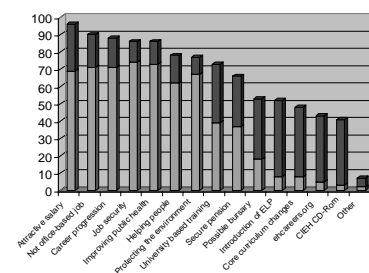


Study findings

- Overall increase in student numbers BUT this was mainly due to:
 - one new programme commencing
 - Another programme enrolling large % of unconventional students with potential quality implications



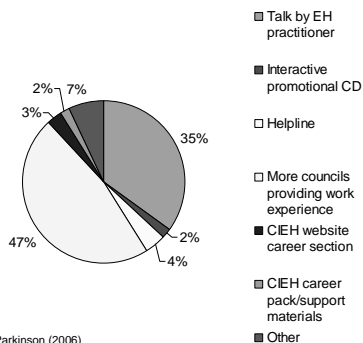
Influences on entrants' choice of EH career (Cooper & Parkinson, 2006)



Primary influence
Secondary influence



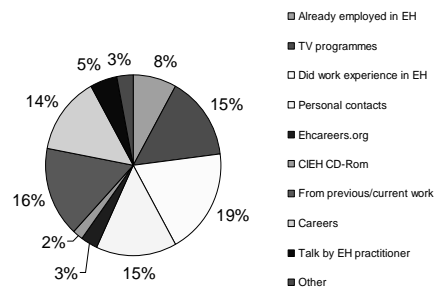
Important factors in choice of EH as career



Cooper & Parkinson (2006)



Where entrants first heard about EH



Cooper & Parkinson (2006)



What has UK learned about successful recruitment of EH students?

- Recruitment activity should be targeted at raising awareness of the desirable job characteristics of an EHP
 - through talks at schools by serving EHPs
 - through work experience opportunities
 - via improved careers information/advice


(Nicholls & Parkinson, 2002; Cooper & Parkinson, 2006)



References for further reading

- Cooper M & Parkinson N (2006) Factors affecting undergraduate EH students' choice of career and degree subject at six universities: A study in the context of policies introduced to counter the 2001 recruitment crisis. *Journal of EH Research* Vol 6 (1): 13-24
- Gaber I & Wardle A (2002) Increasing the number of applicants to environmental health courses (The CLEAR report) CLEAR consultants, UK.
- Nicholls K & Parkinson N (2002) University applicants perception of EH as a career and degree subject. *Journal of EH Research* Vol 1 (1): 5-10






Environmental Health in WA

Education, Accreditation & Maintenance of Standards

Dr Richard Lugg Hon FAIEH
Chair, WA Environmental Health Officers Professional Review Board
National Local Government Environmental Health Workforce Summit
Brisbane, 1 July 2007



The WAEHO Professional Review Board


Membership

2 The constituent members shall consist of:

- Executive Director Public Health (or a person nominated by the EDPH to act for the EDPH) - Chairperson. *Amended 12 Nov 91*
- One representative, from Department of Health, Western Australia, Environmental Health, being the Director or an Environmental Health Officer nominated by the Director Environmental Health, Department of Health. *Amended 12 Nov 91*
Amended 13 Mar 03
- Two representatives from the Australian Institute of Environmental Health (WA Division). *Amended 12 Nov 91*
Amended 18 Oct 93
- One representative from the Western Australian Local Government Association. *Amended 13 Mar 03*
- One representative from Curtin University of Technology. *Amended 13 Mar 03*


3 The Board shall have power to co-opt (for limited and specific periods only) any person to the Board.

4 The Term of Office for non-Departmental representatives shall be a two year term.

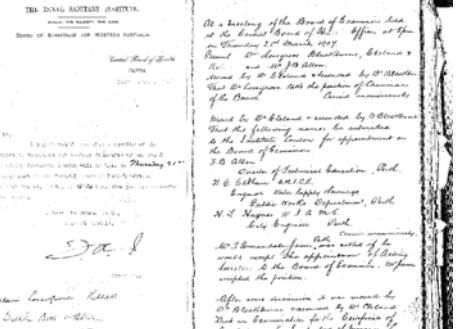



History of the Board

- 1905 Royal Sanitary Institute
WA Examination Board
- 1955 Royal Society of Health
WA Examination Board
- 1980-1988 Board meets only once
in eight years (in 1985)
- 1988 WA Health Surveying
Professional Review Board
- 1991 WA Environmental Health Officers
Professional Review Board




Archival Documents

Authority of the Board

- Derives from its unbroken relationship with EDPH
- EDPH traditionally accepts recommendations from the Board on EHO
 - certification and qualifications
 - duties and standards

for the purposes of the Health Act, 1911



Relevant provisions of the Health Act

- 1911 Approval of EHO appointments

27. Officers of local government

(1) Every local government may, and when required by the Executive Director, Public Health shall, appoint a medical practitioner as medical officer of health, and also such environmental health officers and analysts as may be deemed necessary by the Executive Director, Public Health.

- 1918 Certificates of competency

31. Qualifications of environmental health officers

Every environmental health officer appointed under any repealed Act and acting as such immediately prior to the commencement of this Act shall, unless he is the holder of a qualifying certificate of competency which shall be approved by the Executive Director, Public Health, obtain, within 12 months of the commencement of this Act, such qualifying certificate of competency as may be approved by the Executive Director, Public Health, and, after the expiration of such period of 12 months, no person shall be appointed or continue to be an environmental health officer unless he is the holder of such a certificate as aforesaid: Provided that the Executive Director, Public Health may exempt from the operation of this section, for such time as he thinks fit, the office of environmental health officer in any district.



Australian Institute of Environmental Health

Responses to changing nature of the workforce

Educational Policy Development

- Course Accreditation Policy released in October 2005, revised October 2006
- Central element is the *Environmental Health University Program Accreditation Framework* (EHUPAF)
 - Basic foundation for the education of an EHO
 - Benchmark for university programs – graduate attributes & abilities, and EH literacies
 - Undergraduate or postgraduate pathways
 - Courses should enable graduates to meet criteria for appointment under relevant legislation in the state in which the academic institution is based

Responses to changing nature of the workforce

Current Projects

- National Workforce Summit – July 2007, Brisbane
- Development of a national EH workforce strategy (local government)
- Certified Environmental Health Practitioner Program (includes PD program and National Mentoring Program)

Responses to changing nature of the workforce

Under Consideration

- Cadetships – undergraduate & postgraduate
- Work experience placements
- Professional development, recruitment & retention strategies
- Profile of EH profession & role of EH in the community

Employers, workforce & legal risks

Presenter: Mike Essery

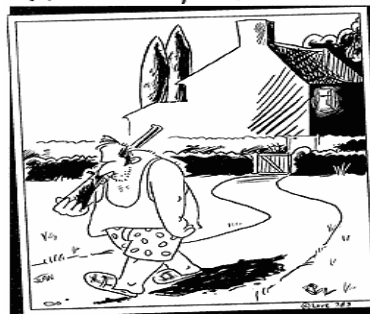
LLB, Grad Dip (Legal Prac), BaAppSc(Env Hth).

**AIEH Workforce Summit
Brisbane – July 2007**

Mike Essery - AIEH Workforce Summit
Brisbane July 2007

1

SNAPSHOTS by Jason Love



Bob exercises his right under a new city code, Chapter 8, Section 10.07, Ordinance 11: *If a domesticated canine barks incessantly for more than 10 minutes, a neighbor may execute said animal without legal repercussion.*

2

Introduction

- Mike Essery.
- Worked as an EHO in Local Government.
- Worked as a Solicitor at King & Company Solicitors.
- Now :Team Leader – Plumbing Standards, DLGPR.
- Ph (07) 3224 2443.
- E-mail: michael.essery@dlgpr.qld.gov.au

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Brisbane July 2007

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Purpose

- The purposes of this presentation are to:
 - be thought provoking;
 - sponsor external discussion; and
 - discuss generally, liability issues relating to a reduced or differently skilled workforce.

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Brisbane July 2007

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Advantages of being an EHO

- The freedom to work inside and outside the office.
- Managing varied types of work.
- Communication with many varied people and Departments.
- Broad range of skills and knowledge.
- Comradeship.
- Ability to adapt to changed circumstances.
- International recognition e.g. Red Cross.
- University training.
- Workplace learning (often as part of their Bachelors degree).
- Strong and prominent AIEH.

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Disadvantages of being an EHO

- Increased workloads.
- Smaller budgets.
- Greater focus on roads, rates and rubbish.
- Increasing burden to take on varied roles.
- Lesser profile.
- The need to keep up to date on many varied issues.
- Long term commitment to Bachelors Degree (perceived).

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Scope of liability

Liability can attach to the:

- Individual (including those who are parties to an offence); and
- Agency (e.g. Council or the State) by vicarious liability.

Liability could be both civil and criminal (depending on the circumstances).

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Personal liability

Liability may flow from many sources, including (but not limited to):

- Negligent actions (e.g. general negligence or negligent misrepresentation).
- Misfeasance.
- Trespass (e.g. acting beyond power).

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Personal liabilities

Negligence (refresher)

By far the most prominent legal action for Agencies and Local Government. The principle propounded was that

'you must take care to avoid acts or omissions that you can reasonably foresee would be likely to injure your neighbour'.

Who then is your/my neighbour?

Those "who are so closely and directed affected by my act that I ought reasonably to have them in my contemplation as being so affected when I am directing my mind to acts or omissions which are called into question".

Lord Atkin in *Donoghue v Stevenson* [1932] AC 562 (NB: Interestingly, Lord Atkin was a Queen'slander).

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Personal liabilities

Negligence (refresher)

Negligence consists of the following elements.

- **Duty of care.**
(Established category or novel case?).
- **Breach of the duty.**
(This includes establishing the standard of care and determining if it has been breached, i.e. what would a reasonable person by way of response to the risk?).
- **Causation**
(This includes recognising the damage, proving that the breach caused the damage factually, and that the damage was not too remote in law).

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Personal liabilities

Negligent misstatement

- Failure to realise that your comments may be relied upon, to the detriment of the person relying upon them.
- May have serious consequences for the Agency / Local Government as well.
 - (a) Duty not to mislead a recipient in giving advice or expressing an opinion (reasonable person test).
 - (b) Must realise or ought to realise that the recipient intended to act upon it.
 - (c) Reasonable for the person to act on it.

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Personal liabilities

Misfeasance in public office

- The elements can be summarised as requiring:
 - (a) an invalid or unauthorised act;
 - (b) done maliciously;
 - (c) by a public officer;
 - (d) in purported discharge of his or her office; and
 - (e) which causes harm to the plaintiff.
- Northern Territory v Mengel* (1995 – High Court).
- Difficult to prove malicious conduct.
See also *Sanders v Snell* (1998 – High Court case)
- Need to be aware of the action.

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Personal liabilities

Trespass, property damage, etc

- Officers must be aware that entry to land or buildings without justification exposes them to liability.
- Actions for assault (i.e. trespass to person) is also a possibility.
- Implied licence.
- Powers of entry.
- Warrants, Orders, etc – essential tools.

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Agency liability

- Agencies act through their employees.
- The actions of their employees may reflect back on the agency (e.g. vicarious liability).
- This will be important where the actions of employees result in loss or harm.
- Duty / obligations imposed on agencies.
- Attractive to litigants.

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Duties & responsibilities of agencies

Statutory Duty of Care

- Some Acts place a duty on agencies.
- The most obvious example is Workplace Health and Safety legislation.
- A finding of a Statutory Duty of Care is not readily made by a Court.

Responsibility for enforcement

- Other Acts give agencies the responsibility for enforcing legislation.
- This appears to be the current trend.
- See section 23 of the *Food Act 2006 (Qld)* – on the next page.

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Duties & responsibilities of agencies

Section 23 of the *Food Act 2006 (Qld)*

"The following provisions of this Act are to be administered and enforced by local governments and not by the State—

(a) section 39(1);

(b) chapters 3 and 4;

(c) chapter 6, other than section 159."

See also section 13 of the *Public Health Act 2005 (Qld)*.

Some Acts also "devolve" power as an alternative.

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Restricting Statutory Duties

- Some newer Acts seek to restrict the finding of a Statutory Duty of Care.
- Section 53 of the *Food Act 2006 (Qld)* is a recent example.

*"(1) No provision of this Act creates a civil cause of action based on a contravention of the provision.
(2) This Act does not affect or limit a civil right or remedy that exists apart from this Act, whether at common law or otherwise.
(3) Without limiting subsection (2), compliance with this Act does not necessarily show that a civil obligation that exists apart from this Act has been satisfied or has not been breached".*

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Duty of agencies

Appointment of competent persons

- See section 1084 of the LGA (Qld).
- (1) A local government may appoint any of the following persons as authorised persons under this part—
 - (a) employees of the local government;
 - (b) other persons prescribed under the regulations.
- (2) An appointment of a person as an authorised person under this part must state the provisions of this part for which the person is appointed as an authorised person.
- (3) A local government may appoint a person as an authorised person under this part only if—
 - (a) the local government considers the person has the necessary expertise or experience for the appointment; or
 - (b) the person has satisfactorily finished training approved by the local government for the appointment.

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Case examples

Pyrenees Shire Council v Day

The Facts

- Small fire in a chimney of a building used partly as a shop and partly as a residence.
- An inspector from the Ripon Shire Council (now Pyrenees Shire Council) inspected the chimney and found defects in its construction.
- The Council subsequently warned the tenant of the property and the owners of the property not to light any fires in the fireplace but did nothing to further enforce the notice issued.
- Then the tenant transferred the lease to another company, but said nothing about the defective chimney.
- Consequently when the new tenant lit the fire place, it caused a fire that burned down the building and a neighbouring property (owned by Mr and Mrs Day)

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Case examples

Pyrenees (cont)

The Decision

- Council liable.
- What is distinguishing about this case is that the Judges pointed out:
 - (1) the control that Council had over the matter (particularly in circumstances where this involved a safety risk); and
 - (2) the position of vulnerability of the Day's.
- These elements have been important in future cases e.g. *Graham Barclay Oysters v Ryan* (in which the Great Lakes Shire Council was a co-respondent).

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Case examples

Graham Barclay Oysters v Ryan

The Facts

- In 1997 a number of consumers who had bought oysters harvested in the Wallis Lake District of NSW contracted the Hepatitis A virus.
- It was found that heavy rainfall had flushed toxic concentrations of faecal matter into the Lake and contaminated the oysters.
- An action in negligence was brought against the State, the Local Council and the companies responsible for operating the Wallis Lake oyster industry.

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Case examples

Graham Barclay Oysters (cont)

The case

- The consumers argued that both the State and the Council were under an obligation to eliminate or reduce the risk of viral contamination in Wallis Lake.
- They argued that a legal duty which stemmed from the nature of those regulatory powers conferred by statute coupled with the foreseeability of harm if such powers were not properly exercised.
- In its defence, the State argued that the existence of a duty of care was not compatible with the government's deliberate policy of requiring industry self-regulation in order to maintain a proper quality assurance program.

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Case examples

Graham Barclay Oysters (cont)

The decision

- The High Court was unanimous in its finding that neither the State nor the Council owed a legal duty of care to the consumers of Wallis Lake oysters.
- The Court said that in determining whether a duty of care exists, foreseeability is not of itself sufficient.
- Gummow and Hayne JJ (with whom Gaudron J agreed) suggested that to establish a duty of care will ordinarily require a consideration of:
 - (a) the authority's degree of control against the nature of the risk posed;
 - (b) the degree of vulnerability of those who depend on the proper exercise of the authority's powers; and
 - (c) the consistency of a duty of care with the scope and purpose of the relevant statute.

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Case examples

Sutherland Shire Council v Heyman

The facts

- The plaintiffs bought a home in 1975, seven years after its original construction.
- One year following purchase, cracks began to appear in the foundations.
- It was alleged by the plaintiffs that the Council should have detected this when the house was being built or, as an alternative, upon completion of the footings.
- Evidence was adduced that the Council's inspection was deficient and, if done adequately, would have identified the defects. Despite this the council succeeded.

The decision

- The majority held that in the absence of inquiry by the Council or of reliance placed upon it by the plaintiffs the Council owed no relevant duty of care.

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Case examples

Shaddock v Parramatta City Council

The facts

- The case related to a property purchase.
- A Solicitor lodged an application for Town Planning Certificate with Council.
- The certificate made no mention of the road –widening proposal.
- It was the usual practice of Council to make notations on such certificates if road-widening was planned.
- The Solicitor also called Council to verbally confirm this and was informed by the Administrative Officer (who didn't check) that no such road- widening proposal applied.
- The Council did have plans to widen the road.
- The Council was sued for loss suffered as part of the road-widening.

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Case examples

Shaddock v Parramatta City Council

Decision

- The developer lost at first instance and on appeal, but won in the High Court (persistence pays off).
- The Court held that the Council was liable because it had held itself out "as an information centre" from which information was commonly sought.
- The telephone query had merely duplicated the careless omission on the certificate.

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Court distinctions

Mason J, in *Sutherland Shire Council v Heyman*.

"The distinction between policy and operational factors is not easy to formulate, but the dividing line between them will be observed if we recognise that a public authority is under no duty of care in relation to decisions which involve or are dictated by financial, economic, social or political factors or constraints."

This is now reflected in the Civil Liability Acts or various States and Territories, e.g. section 35 of the *Civil Liability Act 2003 (Qld)*.

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Civil Liability Acts

- All States have introduced similar legislation to protect agencies.
- Largely in response to *Brodie v Singleton Shire Council* (High Court – Highway Immunities case)
- Also in response to perceived insurance issues.
- Justice Ipp's Report.
- E.g. *Civil Liability Act 2003 (Qld)*

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Civil Liability Acts

Section 35 of the *Civil Liability Act 2003 (Qld)*.

The following principles apply to a proceeding in deciding whether a public or other authority has a duty or has breached a duty—

- (a) the functions required to be exercised by the authority are limited by the financial and other resources that are reasonably available to the authority for the purpose of exercising the functions;
- (b) the general allocation of financial or other resources by the authority is not open to challenge;
- (c)....;
- (d)....

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Civil Liability Acts

Section 35 (continued):

The following principles apply to a proceeding in deciding whether a public or other authority has a duty or has breached a duty—

- (a)...
- (b)...
- (c) the functions required to be exercised by the authority are to be decided by reference to the broad range of its activities (and not merely by reference to the matter to which the proceeding relates);
- (d) the authority may rely on evidence of its compliance with its general procedures and any applicable standards for the exercise of its functions as evidence of the proper exercise of its functions in the matter to which the proceeding relates.

See also section 110 – *Civil Law (Wrongs) Act 2002 (ACT)*; section 42 – *Civil Liability Act 2002 (NSW)*; section 38 – *Civil Liability Act 2002 (Tas)*; section 83 – *Wrongs Act 2002 (Vic)*; section 5W – *Civil Liability Act 2002 (WA)*.

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Civil Liability Acts

- Section 36 of the *Civil Liability Act 2003 (Qld)*

"(1) This section applies to a proceeding that is based on an alleged wrongful exercise of or failure to exercise a function of a public or other authority.
(2) For the purposes of the proceeding, an act or omission of the authority does not constitute a wrongful exercise or failure unless the act or omission was in the circumstances so unreasonable that no public or other authority having the functions of the authority in question could properly consider the act or omission to be a reasonable exercise of its functions."

[Emphasis added].

- See also section 111 – *Civil Law (Wrongs) Act 2002 (ACT)*; section 44 – *Civil Liability Act 2002 (NSW)*; section 40 – *Civil Liability Act 2002 (Tas)*; section 84 – *Wrongs Act 2002 (Vic)*; section 5X – *Civil Liability Act 2002 (WA)*

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Statutory defences

More recent Acts provide the following type of protection.
An example is section 1144 of the *Local Government Act 1993 (Qld)*:

"(1) A local government employee does not incur civil liability for an act or omission done honestly and without negligence under this act.

(2) A liability that would, apart from this section, attach to a local government employee attaches instead to the local government."

See also Section 274(1) of the *Food Act 2006 (Qld)*.

Do they provide any real protection?

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Workplace pressures

Agency / employer

- Pressure to maintain enforcement responsibilities.
- Pressure to hire a person who appears competent.
- To seek out alternative ways of obtaining employees.
- To maintain budgets.
- To minimise and reduce exposure to litigation.

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Workplace pressures

Employees

- Pressure to undertake more tasks.
- Pressure to take on more than they can handle.
- Pressure to undertake tasks for which they have little experience.
- Danger of not understanding personal limitations.
- Dangers for newly appointed personnel.
- Dangers of acting outside field of experience (particularly for Technical officers).

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Legal risks for a reduced or differently skilled workforce

Employees

- Greater risk of incurring personal liability, particularly where the person is working outside of, or close to, the scope of their capabilities.
- Employees unable to respond to, or meet, variable problems.
- Employees judged by the same standard, i.e. that of a competent person in that position.
- Potential loss of "shared knowledge" from older members of the profession, i.e. no transfer of information.

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Legal risks for a reduced or differently skilled workforce

Employer

- Greater exposure to liability, e.g. in maintaining enforcement.
- Greater risk of vicarious liability from the actions of inadequately trained or prepared employees.
- Greater exposure to litigation.

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How to combat

- Understand liability.
- Understand limitations.
- Ongoing training.
- CPD essential.
- Mentoring and colleague support.
- Traineeship, i.e. workplace experience.
- Nurturing and caring.
- Long term attractiveness of EHO work.
- Promotion of EHO work.
- Conferences / Summits like this one.
- Promotional video's.
- Better exposure.

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Why EHO's are so important

- Advantages outweigh disadvantages.
- Well trained and versatile employees.
- Ability to take on wide variety of matters.
- University training.

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Quick bit of humour

"It's funny because it's happening to somebody else"; and

"Lisa! In this house we obey the laws of thermodynamics".

Homer Simpson (The Simpsons ©)

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Thank you

Thank you for your attention.

Any Questions?


Please feel free to contact me

Ph (07) 3224 2443.





E-mail: michael.essery@dlgpsr.qld.gov.au

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Squadron Leader David Taplin
 Senior Environmental Health Officer
 Headquarters Health Services Wing
 RAAF Base Amberley

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ARMY
AIR FORCE
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Australian Defence Force
*Environmental Health Officer –
 Does your career pass the litmus test?*









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DEFENCE FORCE RECRUITING

Scope




- Background
 - Australian Defence Force EH
 - Air Force EH
- Workforce issues
- Strategies & initiatives
- Effectiveness
- Summary

NAVY
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References

- Australian Defence Force Publication 1.2.2 – *Casualty Prevention*
- Australian Defence Force Publication 717 – *Preventive Medicine Manual*
- Defence Instructions (Air Force) Personnel 56-1 *Environmental Health and Occupational Hygiene*

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DEFENCE FORCE RECRUITING



Background



NAVY

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AIR FORCE



DEFENCE FORCE RECRUITING

ADF Environmental Health

- ADF Health Services are built on three pillars:
 - prevent casualties
 - evacuate casualties
 - treat casualties
- Environmental Health and Occupational Hygiene Services are an essential element of ADF casualty prevention



NAVY

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DEFENCE FORCE RECRUITING

ADF Environmental Health

- ADF Health Services are built on three pillars:
 - prevent casualties
 - evacuate casualties
 - treat casualties
- Environmental Health and Occupational Hygiene Services are an **essential element** of ADF casualty prevention



NAVY

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DEFENCE FORCE RECRUITING

ADF Environmental Health

- ADF EH capability resides within:
 - Australian Army
 - Royal Australian Air Force
- Army - Preventive Medicine
 - Environmental Health Officers
 - Preventive Medicine Technicians
- Royal Australian Air Force - Environmental Health
 - Environmental Health Officers
 - Environmental Health Surveyors



NAVY

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DEFENCE FORCE RECRUITING

ADF Environmental Health

- Applicants must:
 - have an Environmental Health degree **or**
 - a Graduate Diploma in EH
- Air Force - postgraduate qualification in Occupational Hygiene is *desirable*
- Eligible for AIEH membership
- Permanent and Reserve positions
 - Active Reserve
 - Specialist Reserve



NAVY

ARMY

AIR FORCE

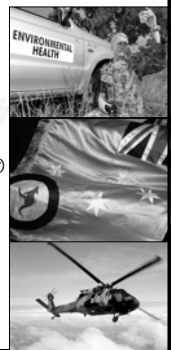


DEFENCE FORCE RECRUITING

Pay - Qualified EHO

- **Qualified EHO:**
 - Flying Officer (*Air Force*) or Lieutenant (*Army*)
 - Starting pay approx \$56,000*
- **After three years:**
 - Flight Lieutenant (*Air Force*) or Captain (*Army*)
 - Starting pay approx \$64,000*
- **On top of this:**
 - Rental assistance
 - Medical and dental treatment
 - Superannuation (18 to 28%)

*Pay rates current at Feb 07 and inclusive of Service Allowance.
Contact Defence Force Recruiting for updated rates.



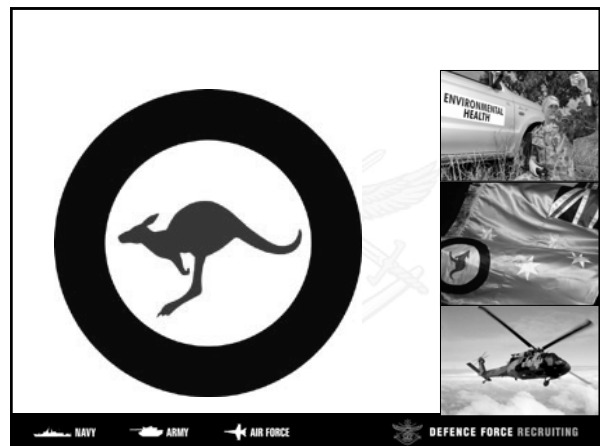
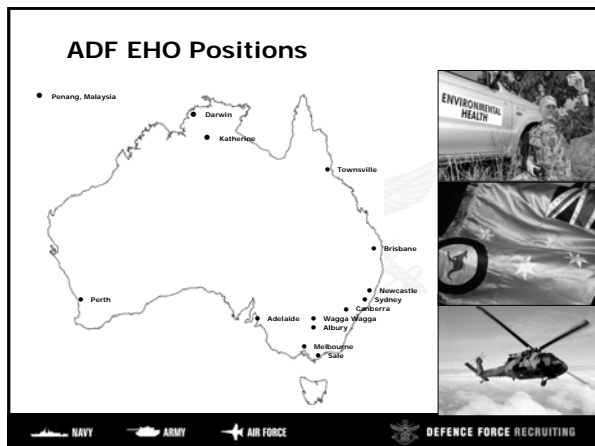
NAVY

ARMY

AIR FORCE



DEFENCE FORCE RECRUITING



Air Force Environmental Health

- Deployable Air Force EH resides within Health Services Wing (HSW)
- Expeditionary EH
 - Air Transportable Health Squadrons
 - Combat Support Hospital
- Base EH support
 - Raise, Train, Sustain
- Support to Aerospace Operations
- Staff positions
 - Headquarters
 - Air Force Safety
 - Centre for Military and Veterans Health (CMVH) – Adelaide University Liaison Officer

NAVY ARMY AIR FORCE DEFENCE FORCE RECRUITING

Workforce Issues

NAVY ARMY AIR FORCE DEFENCE FORCE RECRUITING

Workforce Issues

Recruitment

- EHO
 - Direct Entry
 - Qualifications
- EH Surveyor
 - mission creep (up skilling)
 - training could not be delivered within the required timeframe
 - entry limited to Direct Entry

Retention

- ADF retention
 - DFDB v's MSBS
 - Reserves
 - Compulsory Retirement Age raised
 - Graded Officer Pay Scales

NAVY ARMY AIR FORCE DEFENCE FORCE RECRUITING

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NAVY ARMY AIR FORCE DEFENCE FORCE RECRUITING

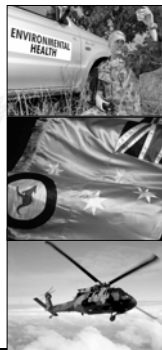
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NAVY ARMY AIR FORCE

DEFENCE FORCE RECRUITING



Strategies and Initiatives



NAVY ARMY AIR FORCE

DEFENCE FORCE RECRUITING

Strategies and Initiatives

Project Vector

- Recovery of Air Force EH capability
- Defining roles and responsibilities
- Subsumption of Surveyors into Officer specialisation
- EH equipment
 - management
 - Procurement
- Rank structure and career streaming



NAVY ARMY AIR FORCE

DEFENCE FORCE RECRUITING

Strategies and Initiatives

Recruitment

- Defence Force Recruiting (DFR)
- Air Force DFR Liaison Officer (AF-DFRLO)
- Directorate of Personnel – Air Force (DP-AF)
- HQ Health Services Wing (HQ HSW)
- Review entry methods
 - Direct Entry – 12mths experienced wavier
 - Post Graduate EH – option for civilian applicants
 - Undergraduate - advertising
 - Overseas EHOs – other military forces
 - Active & Specialist Reserve – proactive recruitment



NAVY ARMY AIR FORCE

DEFENCE FORCE RECRUITING

Strategies and Initiatives

Proactive approach to EHO recruitment

- University visits
 - undergraduate sponsorship
- AIEH conferences
- DFR recruiting
- Advertising
 - employment classifieds
 - DFR website
 - AIEH website
 - AIEH newsletter



NAVY ARMY AIR FORCE

DEFENCE FORCE RECRUITING

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OVERVIEW

ADFA

DIRECT ENTRY OFFICERS

ADF SPONSORED UNDERGRADUATE

GRADUATE OFFICERS

DIRECT ENTRY ARMY OFFICER

ROYAL MILITARY COLLEGE

TOP JOBS

Chaplain

Dental Officer

Education Officer

Environmental Health Officer

Infantry Officer

Legal Officer

Medical Officer

Nursing Officer

Pharmaceutical Officer

ENVIRONMENTAL HEALTH OFFICER

A career as an Environmental Health Officer.

The ADF is a challenging, yet rewarding place in which to work as an Environmental Health Officer. After all, the Army or Air Force has special circumstances (large quantities of high explosives, for example) that you won't encounter in any other Australian workplace.

You'll be responsible for monitoring and evaluating the working environment, and providing recommendations for the control of workplace hazards, including risk analysis. You'll be in charge of planning, coordinating and implementing strategies to minimise any adverse health conditions caused by the environment or workplace on ADF personnel.

Environmental Health Officers must be versatile enough to provide

RELATED MEDIA

IMAGES


UH-60 Black Hawk





Culture

NAVY ARMY AIR FORCE

DEFENCE FORCE RECRUITING

An Environmental Health Officer is one of the most important roles in the Army and Air Force. Through planning, co-ordinating and implementing environmental control strategies, you will be responsible for minimising the adverse health impacts of the environment and workplace on Australian Defence Force personnel. You will be part of overseas deployments to assist in disaster relief efforts, such as Banda Aceh, and in other ADF operations, such as the Middle East. You will also monitor food and water safety programs, provide specialist industrial hygiene input to safety management programs and conduct pest and vector control activities. Join full-time and you will receive leadership training, a starting salary of plus free health and dental care and subsidised accommodation. Or join part-time in the Army Reserves and as well as leadership training, all the money you will earn is completely tax-free. So visit www.defencejobs.gov.au to complete an online application form or call 13 19 01.

DEFENCE
 **HAVE YOU GOT WHAT IT TAKES?** Call 13 19 01 or visit www.defencejobs.gov.au





 NAVY  ARMY  AIR FORCE  DEFENCE FORCE RECRUITING

Strategies and Initiatives

- **Undergraduate sponsorship**
 - accredited EH course
 - sponsorship commences 2nd yr
 - apply during 1st/2nd yr
 - Return of Service
- ADF pays up to \$31,939 pa to study fulltime
- Student remains at current university
 - minimal military commitment
 - motivational attachments












 NAVY  ARMY  AIR FORCE  DEFENCE FORCE RECRUITING

Strategies and Initiatives




- **ADF pays for**
 - HECS
 - Compulsory fees
 - Text books
 - Rental assistance
 - Medical and dental treatment
 - Superannuation
- **Following University:**
 - Officer Training School
 - 17wks
 - Operational Health Support
 - 2wks
 - Operational Field Hygiene
 - 2 wks









 NAVY  ARMY  AIR FORCE  DEFENCE FORCE RECRUITING

Strategies and Initiatives

- **Mentoring**
 - EHOs
 - Undergraduates
 - Local base contact
- **Graduate Diploma EH**
 - Serving members
 - Direct Entry applicants
 - QUT
 - Flinders University (WEF Jan 2008)

 NAVY  ARMY  AIR FORCE  DEFENCE FORCE RECRUITING

Effectiveness














 NAVY  ARMY  AIR FORCE  DEFENCE FORCE RECRUITING

Effectiveness

- Graduate Diploma allows simplified "in house" transfers to EHO by serving members.
 - Sponsorship of undergraduate EH degree, for serving members, continues
- Civilian undergraduate sponsorship is an ideal way to target potential EHOs
- Recruitment of civilian applicants has been expanded to include Grad Dip EH sponsorship
 - no undergraduate EH qualification

 NAVY  ARMY  AIR FORCE  DEFENCE FORCE RECRUITING

Effectiveness

•Prior to Jan 2005

- 1 UGRAD since 1997
- 1 EHO – full time civil schooling (serving member) since 1997
- EH Surveyors became the primary EHO feeder
- 4 direct entry EHOs since 1996

•Post Jan 2005

- Qualified entry
 - 1 direct entry EH



NAVY ARMY AIR FORCE

DEFENCE FORCE RECRUITING

Effectiveness

- Graduate Diploma sponsorship - serving members (commenced 2006):

- 2006: 2
- 2007: 1

- Graduate Diploma sponsorship – civilian applicants

- 2008: 1 (?) (commencing Jan 2008)

- Undergraduate sponsorship appointments:

- 2005: 2
- 2006: 3
- 2007: 2 (as of 03 Jul 07)



NAVY ARMY AIR FORCE

DEFENCE FORCE RECRUITING

Effectiveness

• Course completion:

- Dec 2007: 2 x Ugrad
1 x Post Grad
- Jul 2008: 1 x Ugrad
- Dec 2008: 1 x Ugrad
1 (?) x Post Grad
- Dec 2009: 2 x Ugrad

- Posted to OTS
- Posted to Health unit



NAVY ARMY AIR FORCE

DEFENCE FORCE RECRUITING



Summary



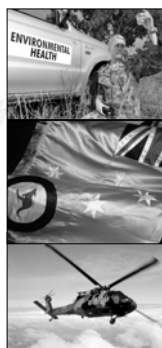
NAVY ARMY AIR FORCE

DEFENCE FORCE RECRUITING

Summary

•ADF EH undergraduate growth is a direct result of:

- presentations to EH students
 - Flinders
 - Griffith
 - La Trobe
 - Swinburne
 - Access to remainder of universities to be arranged
- DFR advertising
 - AIEH website
 - employment classifieds



NAVY ARMY AIR FORCE

DEFENCE FORCE RECRUITING

Summary

•Grad Diploma

- Options

•Things to investigate:

- Expanding EH presentations
 - Promoting EH to high school students
 - Other universities

- Target career expos

•When ADF EH personnel discharge they are a source of qualified and experienced EHOs

- Transfer to reserve force



NAVY ARMY AIR FORCE

DEFENCE FORCE RECRUITING

Scope

- Background
 - Australian Defence Force - Environmental Health
 - Air Force EH
- Workforce issues
- Strategies & initiatives
- Effectiveness
- Summary



NAVY ARMY AIR FORCE

DEFENCE FORCE RECRUITING



NAVY ARMY AIR FORCE

DEFENCE FORCE RECRUITING

Environmental Health Workforce Strategies

Greg Sullivan
Manager Compliance & Regulatory Services



Dedicated to a better Brisbane

Introduction

- BCC is one of the largest employers of EHOs in Australia
- BCC currently employs more than 70 qualified EHOs:
 - 59 FTE in Compliance & Regulatory Services
 - 9 FTE qualified EHOs in relevant policy areas
 - Several in management positions
 - Several more in other parts of Council



Dedicated to a better Brisbane

History

- Changes in legislation
- Increased workload and demands on staff
- Increasingly competitive labour market
- High number of staff relieving
- High numbers of temporary staff
- Loss of staff
- It is estimated that EHO turnover is costing BCC:
 - Permanent staff only: \$302,000 pa
 - Including temporary staff: \$747,000 pa



Dedicated to a better Brisbane

Initial Response

- Risk prioritisation of work:
 - A Licensing and Risk Management System (ALARMS):
 - commenced implementation in 1998
 - all environmental health work was analysed and prioritised based on risk
 - Re-allocation of some work:
 - e.g. noise offences under the *Environmental Protection Regulation 1998*:
 - clear offences investigated and dealt with by Local Law Officers
 - more technical issues (e.g. noise complaints requiring sound levels to be measured) are investigated and dealt with by EHOs
 - EHOs focused on high priority environmental health work



Dedicated to a better Brisbane

Where are we now?

The current Environmental Health (EH) workforce in the Branch:

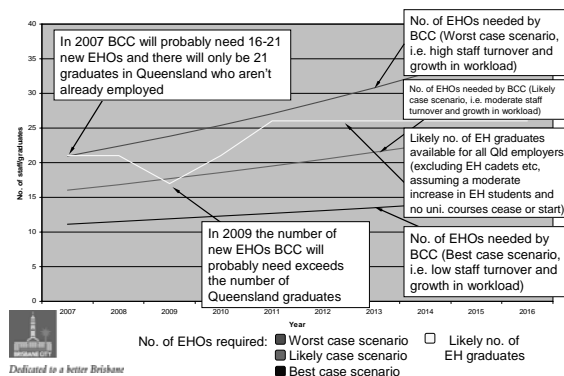
- A recent workforce analysis revealed:
 - 40.4% of EHOs have been at BCC for less than 2 years (most of these staff have less than 2 years EH experience)
 - 21.5% of EHOs are 50 years of age or more and may retire within the next 10 years
- Staff turnover is high which is reflected by the number of temporary positions:

	No. of temporary appointments	No. of permanent appointments
2005	21 (=38.8%)	16 (=29.6%)
2006	17 (=30.9%)	9 (=16.4%)
2007	9 (=15.9%)	4 (=7.1%)



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Projected number of EHOs needed by BCC



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Survey Regarding EHO Retention Issues

- Anonymous survey conducted in March 2007
- Response rate ~88% of EHOs in L&C
- The most critical issues:

Issue	% who stated that the issue was <i>critical</i> or <i>very important</i> to their overall job satisfaction
Training and professional development	79%
Permanency of employment	76%
Volume of admin work undertaken by EHOs	76%
Career progression opportunities	68%



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Environmental Health Future's Program

- Holistic approach
- Analysis of the workforce and workforce trends
- Review of reports, policies and strategies regarding:
 - EH workforce
 - Other workforces that have had to deal with similar issues (e.g. planners)
- Identified initiatives developed by other agencies to deal with the EHO shortage and how successful they were
- Identified potential links with other BCC programs
- Identification of BCC specific issues



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Environmental Health Future's Program

- Focus of recommended actions
 - Recruiting into the profession
 - Recruiting to BCC
 - Retention of existing EHOs
 - Promotion of EH in the community



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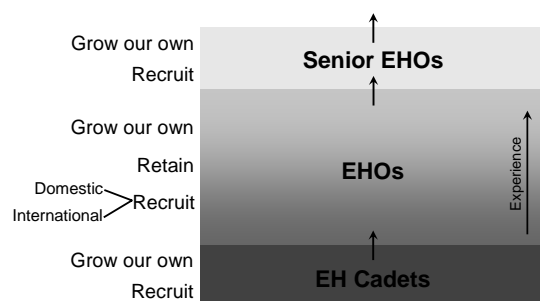
Environmental Health Future's Program

- Links and partnerships
- Promoting environmental health
- Specific programs
 - work experience
 - cadetships/graduate program
 - Alumni
 - Training and development
- Retention strategies
 - Creation of higher level Team Leader positions
 - Convert temporary appointees to permanent asap
- Recruitment strategies
 - Recruit ahead of vacancy
 - Building BCC's profile with a wider audience - overseas, educational institutions



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In the Future



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Summary

- Comprehensive research and workforce analysis has been undertaken
- A single isolated strategy will not work
- The BCC Environmental Health Futures Program:
 - Utilises existing corporate strategies and programs
 - Identifies profession specific strategies and programs
- L&C has implemented a number of strategies
 - some signs these are working, but still work to be done



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RISK BASED ACTIVITY LEVELS IN ENVIRONMENTAL HEALTH PRACTICE

(or, Doing what matters most)

Changes over time

- 1984 – v – 2007
- Legislative reforms
- Unpleasant consequence
- The “list” of what to do
- The stunned mullet
- WHAT ARE WE GONNA DO!!??

Translating theory into practice

- Management “theory” = bulldust
- But some of it’s OK!
- Operational & organisational changes
- Work management practices changes
- Make a stand
- Evidence-based
- Merit

Operational & organizational changes

- Delegations and autonomy
- Divide work on function rather than geography

From reactive to programmable

- Getting started – using risk management principles (told you **all** management theory isn’t bulldust)
- The balancing act
- Programmable & reactive work

Making a stand

- Tough it out or roll over
- Both are acceptable options
- But both have consequences
- Whichever option is chosen, it has to be defensible
- And you have to deliver

The pay-offs

- Addresses both the EHO's and the Council's high risks
- EHOs feel they are doing the "real" work – the stuff they are trained for
- Our senior management, Councillors, our community, government departments, and insurers all give it the thumbs up
- But they still want the low risk stuff done!
- Real life "business improvement program"

Where to from here

- Multi-tiered EH practitioner model
- SWOT
- Solutions:
 1. Legislate authority/roles
 2. Tell all the insurers involved in the local government industry

Jan Bowman
Chair Environmental Health
Committee (enHealth)

Case Study: Examination of the role and training of
Environmental Health Paraprofessionals – Wall Report.



“A skill shortage exists when the demand for
workers for a particular occupation is
greater than the supply of workers who are
qualified, available and willing to work
under existing market conditions”

Bureau of Transport and Regional Economics 2006



Wall Report recommendations:

1. State and local governments work together to commence training of EH paraprofessionals to be under the supervision of EHOs and performing tasks appropriate to their training and competence.
2. Certificate III be the minimum entry point for non-Indigenous training with Certificate IV immediately available.



3. Diploma level training be developed, particularly if required to provide stepping stone to full EHO qualifications.
4. Local Government Training Package be used as initial basis to formulate Cert III & IV courses under local government or population health frameworks.
5. enHealth strive to ensure (re)development of population health and local government packages for EHPP's are coordinated and accepted by all stakeholders.



6. Officers trained or training in this way should be known as Environmental Health Technicians.
7. That EHPP work in a setting that ensures:
 - are trained and competent in the area they are assigned
 - are appropriately authorised in line with legislation and demonstrated competencies
 - work under the supervision of an EHO
 - assigned to risk assessed activities appropriate to training



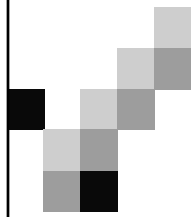

Feedback themes:

- Recruitment and retention
- Qualifications and training
- The workplace
- Public Health
- Legal
- The Report



Where to from here?

- Skilled staff for effective health workforce
- enHealth actions
- Collective, orderly and cohesive solutions





EH workforce: the UK experience

A/Prof Nancy Cromar
Flinders University
Dept of Environmental Health


Norman Parkinson, EHP and academic (KCL)

'While in (UK) EH services are undoubtedly coping, the EH workforce is in crisis: a crisis in recruitment; a crisis in under-funding of agencies, a crisis in universities where many are under veiled threat of closure and perhaps most importantly a crisis in the identity and direction of the Environmental Health service itself..'



History of EHOs in UK

- Evolved from inspector of nuisances first established in mid 19th century
- By 1974 the role, function, education and training of EHOs were prescribed in national regulations and governed by *Env. Health Officers Education Board*



Divergence of PH and EH: 1974 watershed?

- 1972 'Local Govt Act' moved clinical services and medical PH into new NHS
- EH remained in LG - set up services headed by director of EH
- EH had freedom to develop without direction of medical profession
- Well resourced EH depts were set up – all well until Thatcherism removed funding

Thatcher years and beyond...loss of identity

- Downsizing/fragmenting of Depts of EH
- Broken down into business units spread throughout Engineering and Planning Depts
- Concept of LA 'performance targets' meant measurable regulatory functions were focussed on at expense of PH
- Falling budgets and inspection targets led to employment of cheaper, less qualified staff
- EH staff now called everything but...how is the public supposed to know what EH is about?

EH support staff

- Employed in UK since late 1960's – Clean Air Act functions were first stimulus – early staff had few qualifications
- 'Public Health Officers' Regulations - legal requirement to appoint qualified EHOs for most tasks - repealed in 1974 (now the position is now being clawed back)
- Economic constraints of 1980/90s and a shortage of EHOs meant there was often no alternative to employing non-EHOs
- This era saw a higher standard of non-EHO introduced - Technicians and Technical Officers
- Their titles were not defined, but usually these staff had formal qualifications in a relevant discipline

Development of technical grades

- Colleges commenced ONC/HNC and Diploma courses in EH for technicians
- CIEH cooperated with the development of these qualifications, and it also ran its own specialist course in H&S at work
- The tasks given to these staff were usually single discipline – e.g. housing, noise
- There has been a general trend to specialism in EH since that era

EH technical support staff

- Provide:
 - Technical competence in specific aspects of EH work – good foot soldiers!
- Do NOT provide:
 - Public Health mindset
 - Ability to think holistically
 - Higher level cognitive skills
 - Policy / strategy development

Into the new millennium...

- Environmental health programmes have been run down over successive years - education and training has been hardest hit
- Also 'de-skilling' in LG as managers (often not understanding the skills and competences required) have taken on cheaper, unqualified and untrained staff.
- Lack of qualified staff led to re-introduction of the licensure of Food Hygiene and Food Safety personnel (MAFF/DoH, 1997)
- similar requirements have since been introduced for Occupational Health personnel (HSC, 2001)

UK issues: too close to home?

- It seems that some local authorities are not prepared to employ a 'sufficient number of suitably qualified staff' unless there is some externally imposed discipline
 - Clearly, without this, some environmental health managers are unable to obtain the budgets they need
 - Meanwhile medical PH continues to be funded through central treasury and developed largely in isolation from EH. PH has become associated with health care and NHS while EH is linked to local authority function
- Easier to get funds for an ambulance at bottom of cliff than fence at top!

An EH education and training strategy for the UK

- 'A *National Environmental Health Education and Training Strategy* must directly involve all of the stakeholders. Local Government and other employers, the universities and their students, the Food Standards Agency, the HSE, the DETR, the DfEE, and others must be involved. The CIEH can take the lead, but it cannot succeed alone.'

Norman Parkinson, KCL (2002)

CLEAR report (Gaber & Wardle, 2002)

CIEH commissioned

- Media campaign - awareness raising in general public
- Schools/careers promotions
- Public affairs campaign - profile raising of EH and securing funding for studentships/ placements



LGA (2003) Harrogate Conference

- CIEH/LGA joint initiative launched on recruitment/retention
 - Focussed on key decision makers
 - Awareness raising of role of LG in providing regulatory services (inc EH)
 - Showed how EH contributes to social and economic wellbeing of communities
 - Lobbied for external funding for EHO student bursaries

Some success.....but a long way to go

- CIEH annual report (2002) reported halt in decline of student applications
- Small increase at some Unis (but concerns over quality implications)
- New careers website had 40,000 hits in six months / promotional materials, CD-ROM etc
- BUT Cooper & Parkinson study (2006) showed impact of these as primary drivers were small

Local Govt workforce profile and its top 10 skills shortage areas – 2005

Employers Organisation for Local Govt. UK

- EH statistics
 - Total no. staff 10,380
 - FT staff 86%
 - Positions – managerial/professional 46%, support 35%, admin 19%
 - Vacancy rate 5%
 - Turnover rate 11%
 - Destination of leavers – other LA 59%, retirement 14%, other move 22%, not known 6%
 - Recruitment difficulties 67%
 - Retention difficulties 46%
 - Ave age – 32 (lowest in LG sector)
 - Gender ratio (F:M) 59:37 (4% didn't know!)
 - Top 10 skills shortage 3rd – behind social care and OT

EH recruitment/retention issues

- From 2003 to 2004 the % of employing councils reporting recruitment problems in EH rose from 41% to 67% (in one year)

Transforming the organisation, improving performance: the local govt pay and workforce strategy (2005). Office of Deputy PM/EO/LGA

- Latest figs (2005) showed slight decrease in recruitment problems (60.1%) and retention problems (38.3% from 45.8% in 2004) Recruitment & Retention Survey Jan 2006 (Emp Org) UK

Impact of national initiatives?

- + from 2004 to 2005 were:
 - succession planning (6.4% to 10.9%)
 - analysis of future staffing needs (18% to 33%)
 - analysis of future skills needs (12% to 33%)
 - review of recruitment process (10% to 32%)
 - more flexible working (29% to 32%)
- - were
 - training opportunities (24.4% down to 23.5%)
 - general work-life balance (43% down to 29%)

Regional variability

- London
 - recruitment issues ↑ from 82.8% to 91.3%
 - retention issues ↑ from 82.8 to 87%
- Wales (caution small numbers)
 - recruitment issues ↓ from 66.7% to 18.2%
 - retention issues ↓ from 50% to 9.1%
- what initiatives were the Welsh engaged in between 2004 and 2005 - we need to find out!!

Some remarks on latest available stats

- Retention issues are significantly less than recruitment issues (important implications for newer PG courses providing greater nos of potential recruits quickly).
- The biggest recruitment and retention issues are experienced in the category 2 employees: experienced professionals with at least 3 years post-qualification experience

unlike the overall figs for all EH staff, difficulties in this sector increased from 2004 to 2005:

recruitment problems 83.5% ↑ to 86.4%
retention problems 78.9% ↑ to 80%

Env Health 2012: A key partner in delivering the public health agenda Burke et al (2002)

http://www.cieh.org/library/Knowledge/Public_health/2012_vision/environmental_health_2012.pdf

■ 3 key functions of EH are:

- regulation
- strategy development
- advocacy



Aim for EHPs by 2012 Burke et al, 2002

Aim for EH practitioners by 2012

- as key partners in local and national efforts to protect PH
- Maintain direct relationship with general public – applying expertise to responding to individual needs as well as tackling wider determinants of health by ID, controlling and preventing current and future risks
- Play lead roles in LA development, coordination and implementation of community health through strategic local partnerships. Also contribute to tackling wider issues at regional & international levels

Regional workshop (2002)

Identified six themes:

- What health outcomes could we measure to improve the public health contribution of environmental health?
- How can EH become a successful player in primary care?
- How can EH contribute to regeneration (urban and rural) and its impact on the wider determinants of health?
- How can EH move away from a predominantly enforcement culture?
- How can the profile of EH be raised in the new Public Health agenda?
- How can EH increase its capacity and capability for partnership working?

Balancing roles in EH: emerging issues in environmental protection in UK

- | | |
|----------------------|-------------------------|
| ■ Professionals view | ■ Public view |
| 1. Climate change | 1. Mobile phone towers |
| 2. Air quality | 2. Litter / dog fouling |
| 3. Contaminated land | 3. Fly tipping |
| 4. Ambient noise | 4. Domestic noise |
| 5. Waste | 5. Waste plants |



Tim Everett, Worthing Borough Council, CIEH conference 2007

The current regulatory UK landscape

- Hampton review (2005)
- 'Strong & Prosperous Communities' (2006)
- Macrory recommendations (2006)
- 'All our futures' Tavistock Inst. (2007)
- Rogers report (2007)
- 'Lifting the burdens' Taskforce (2007) → LBRO
- Lyons report (2007)

Terminology...confusion reigns

- Env Health Practitioner: term reserved for people registered by EHRB
- Env Health Officer: term no longer used but still familiar to most people in Govt and the general public to describe those working in LA. Public often cannot differentiate between EHPs and technicians – call them all EHOs
- Technician/Technical officer: terms without formal definition, but used for those with specific skills assisting EHPs or performing certain aspects of work for which they have been trained

A plea from our colleagues in the UK

- 'It is very confusing for the public and other professionals in the public health field to have such an unstructured technician workforce with no common job definitions, job descriptions/boundaries, qualifications and job titles
- It's important that you get this sorted out in Australia or you will end up in the same state as us!

Norman Parkinson, KCL (pers comm)

Thoughts on Australian situation

- We should be ready to explore the idea of TRAINED and TESTED technical staff but with a number of provisos:
 - They will not solve issues of EHO shortage – so we need to continue to develop strategies to deal with this
 - Division of labour between the professional and technical grades needs to be clearly delineated both theoretically and in practice
 - Theoretically we need to outline competency frameworks for both grades which are as far as possible nationally consistent
 - Practically it can be difficult to decide whether an issue requires technical or professional assistance until a visit is made. In UK, often use technicians for first response when those staff are not competent to assess the issues – this is the wrong way round!

Cromar response to Wall report

'The message must be given very strongly to local government employers that EHTs are not replacements for EHPs (which seems to be the current understanding) but can do only a limited number of tasks under supervision.

We should not rush into any plan to develop training packages for one potentially minor sector of the workforce without addressing the much more important questions pertaining to the needs at the upper levels of the profession.

Without the ability to train and retain skilled professional EHPs there will be no future for any lower level staff.'

Cromar (2007)

Wall Report comment / recommendations

- That EHTs be considered only to augment the role of the EHO not as a replacement. Thus a discussion of EHTs has no place in any debate on improving recruitment and retention of EHO workforce
- That development of resources to train EHPPs to deal with workforce shortage not be favoured over resources spent considering strategies to improve recruitment and retention of EHOs
- That Local Government associations / LMGA consider an aggressive nationwide campaign to raise the profile of the identity and importance of EHOs, similar to range of State based campaigns currently being run

More recommendations

- That employers (including both Local and State Government) consider offering cadetships and scholarships to individuals undertaking approved degree based programs (both undergraduate and postgraduate) in environmental health
- That State Governments consider offering subsidies to undergraduate and postgraduate degree programs in the same way that they have agreed to support LGTP schemes

AIEH role

- To welcome interested EH personnel at all levels into our professional body including technical grades, EH Practitioners and other professionals
- To assist in developing a qualifications structure which creates a greater number of trained individuals across the spectrum of grades while minimising risks to public health
- To establish clear mechanisms to encourage continuing professional development at all levels of interest and ability and thus provide a ladder of opportunity for all



The last Environmental Health Officer?



Kirstin Ross
Department of Environmental Health, Flinders University

CSI: Environmental Health
or
Making environmental health sexy to
prospective students

- Why?
- Overview of the workshop
- Training the trainer
- Success?

- Why?

- SA EHO Workforce Review (2004)
 - "all indicators predict a workforce shortage of EHOs .."
- Public health workforce in local government (2004) (Qld.)
 - "issues related to recruitment and retention"
- Environmental Health Officer Workforce Review (2005) (Victoria)
 - "supply of graduates is unlikely to meet future demand.."
- Local Government Environmental Health Workforce Survey 2005 Report (2005) (Tas)
 - "...large unmet demand for qualified environmental health staff."

- "Environmental Health. For many people, these two words conjure up an unappealing range of activities including catching rats, unblocking drains, even clearing up dog's mess in the park. Stop right there, put aside your preconceptions.."

(<http://www.ca.courses-careers.com/environmental.htm>)

Response:

- Develop a mechanism that allows EHPs into schools to tell kids what a great career environmental health is
 - Nancy's numbers: 35%
- Criteria:
 - Needs to be informative (teachers)
 - Needs to be fun (students)
- Workshop
 - Funding from the SA Department of Health
 - In collaboration with the AIEH (SA Branch)
 - Aimed at years 10 and 11

Development of workshop

- “Investigating an outbreak of gastroenteritis following a cyclone”
- Developed with:
 - 3 EH PhD students,
 - ASMS teachers,
 - 17 year old nephew and 16 year old cousin
- Designed so that AIEH members can take to schools and act as the facilitator


Workshop summary

- Scenario:
 - Cyclone hits a town
 - People present with gastro-like symptoms
 - Suspected cause is drinking water
- As EHPs for the day the students need to determine the cause and suggest action
- Work in groups (3-5 kids) – six sets of everything
- TV news, newspapers, map, water samples, fact sheets
- + ‘real-life’ red herrings

The workshop – 2.5 hours

- First: Students watch an EH promo DVD (courtesy of Curtin Uni.)
- Next: information is given sequentially to take students on a journey to discover the cause of illness – drinking water
 - News DVD – sets the scene for water contamination
 - 2 Newspaper articles

newcast




Cyclone Wreaks Havoc in Red Hill

The small town of Red Hill has been plagued by cyclone damage. The town's infrastructure, including its water supply, has been severely damaged. The town's water supply is now contaminated, and the cause is not yet known.

NEWS

Gastro illness increase 'significant'
By Steven Baird

A Department of Health and Community Services spokesman announced today that there has been a significant increase in the number of people presenting to their doctor with gastro-intestinal illness symptoms. Dr. Malcolm Urbain, spokesman for the Department of Health and Community Services, said the increase began after Cyclone Ruby hit Red Hill, and the cause is not yet known.

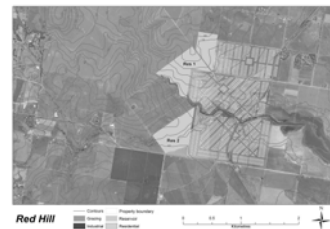


ILLNESS CAUSE UNKNOWN: Dr. Malcolm Urbain

•Two fictitious articles:

- one to set overall scene
- one to get across the health effects (at this stage ‘cause unknown’)

Map

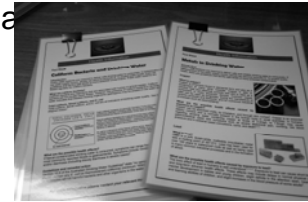


- Fictitious map of area
 - Constructed so that there are two potential sources of contamination
 - 1. Metals from broken banks of smelter - industry
 - 2. Agricultural waste from farms - topography
- Highlighting that there is no one clear answer - CSI

Water samples

- Each student group is given 2 bottles of water - samples allegedly taken from each of the reservoirs
 - created to have a known concentration of contaminants
- One sample with added metals (v. low conc. of copper and zinc)
- One sample with "bacteria"

Health fact sheets: metals and bacteria



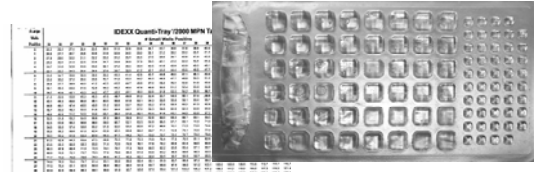
- Students are given two fact sheets (metals and bacteria)
- Specifically written to cover:
 - public health drinking water facts (eg coliforms and *E. coli*)
 - concentrations that would cause harm
 - remediation action

Test for water samples for bacteria: two steps - presence/quantification



- Students testing for bacterial presence or absence in the two water samples
- UV light fluoresces when the indicator is added if bacteria present
- We have artificially 'contaminated' one water sample (using pH increase) therefore no bacteria = safe

Quantify bacteria in water samples



- Using photo plates allegedly from a lab
- Calculate the number of bacteria (coliforms and *E. coli*) in the water sample from previous test
- Compare with guidelines
- Find that bacteria level in that reservoir could cause symptoms

Measure copper and zinc in water samples



- Here the students are testing for copper and zinc in the two water samples
- We have artificially contaminated this water with low concs of metals
- High enough to detect, but below guideline concentrations

Determine management actions



Management of Pollutants in Drinking Water

Management of Metals in Drinking Water

Regular testing is required to ensure that levels of metals in drinking water do not exceed legal limits. If water is contaminated the source of the contamination must be found.

Metals can be removed from water using various methods, such as a process which removes the gel of the water and is a mixture of metals. This water then undergoes a process of filtration to remove the gel of the water and is a mixture of metals. This water then undergoes a process of filtration to remove the gel of the water and is a mixture of metals.

Until this is done, Health Authorities would generally recommend that the water is not consumed and that bottled water is used as drinking water.

Management of Bacteria in Drinking Water

To protect consumers, drinking water is routinely disinfected using chlorine, ultraviolet light, or ozone. However, if total concentration is found to drinking water, it is usually removed by additional "boil" disinfection (adding chlorine for a short period of time).

Until this is done, Health Authorities generally recommend that the water is not consumed and that bottled water is used as drinking water.

- Determined that the bacteria causing illness
- Not the metals

- Based on the 'Health Fact Sheets' and 'Management of Pollutants Fact Sheets' students work out action

Write and record a radio announcement



- Each group's announcement is played to the rest of the class using speakers

•E.g. trial with ASMS students



- Discuss response to workshop
- Chance for the EHPs to talk about their own work

In the kit...

- Self contained apart from a DVD player
 - Letters of introduction and invitation
 - Instructions for facilitators
 - DVDs - EH promo and newscast
 - Maps, student instructions, fact sheets, photos
 - Chemicals and MSDS sheets
 - Safety equipment - aprons, goggles, gloves
 - Test kits for bacteria in water
 - Test kits for zinc in water, test kits for copper in water
 - Tape recorders + speakers

So workshop is developed... take it to the schools...

- Getting schools interested:
 - Promotion at Flinders Uni High School Careers Day
 - Science teachers workshop
 - Directly, by contacting schools

Facilitators: training the trainers

- Need to get EHPs running the workshop
- One training session has been run (2 x 2.5 hours)
- Advertised at SA AIEH Conference
- 14 EHPs/EH students trained to facilitate workshop

However:

- More high school bookings than EHPs to facilitate the workshop
 - EHPs want to go into schools - just don't have time
 - Mainly facilitated by graduate and undergraduate EH students
 - Need to get more funding if this method continues
- Or...Change training (get more EHPs as facilitators)
 - we have made a training video + booklet package
 - training can occur at any time
 - Trial this method in Mt Gambier next week

Success?

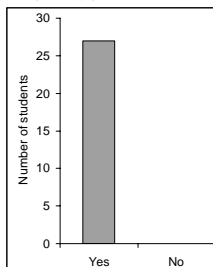
- Criteria:
 - Needs to be informative (teachers)
 - Needs to be fun (students)

Why would teachers want to promote environmental health?

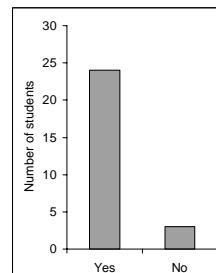
- SSABSA Stage 1 Learning Outcomes:
 - Stage 1 Biology: Learning Outcomes 1, 3, 4, 5, 6, 7, 8
 - Stage 1 Health Education: Learning Outcomes 1, 5, 6, 7
 - Stage 1 Contemporary Issues and Science: Learning Outcomes 1, 2, 3, 4, 5, 6, 7
 - Stage 1 Geography: Learning Outcomes 2, 4, 5, 7.
- Year 10 Learning Areas Outcomes:
 - Health and Physical Education: Outcome 5.6
 - Science: Outcome 5.5
 - Society and Environment: Outcome 5.5, 5.6

Trial: ASMS Student response

Did you enjoy the workshop?



Do you know more about environmental health than you did before?



Success?

- Presented five workshops
- More booked
- Students and teachers are engaged
- But...How to measure success as in more undergrad enrolments?
 - Increase in undergrad numbers (won't be seen for at least 2 years)
 - Next stage to develop mechanisms monitor this

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- Department of Health (funding)
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- ASMS students and staff
- Volunteer actors and the SA SES
- John Dearlove, Johnstone Shire Council, Innisfail

- Questions?

