CORRECTED VERSION

STANDING COMMITTEE ON ENVIRONMENT AND PLANNING

REFERENCES COMMITTEE

Inquiry into environmental design and public health

Melbourne — 4 October 2011

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<u>Witnesses</u>

Mr S. Worn, executive officer,

Ms S. Stevenson, senior policy and project officer, and

Mr J. Black, project director, Planning for Health and Wellbeing Project, Planning Institute of Australia.

The CHAIR — Good morning, and thank you for taking the time to be with us this morning. As you would be aware, you are covered by parliamentary privilege in terms of what you say here, but the same comments made outside of today's hearing in the general public arena are not necessarily covered by that privilege. You will be aware that today's proceedings are being recorded by Hansard, and a copy of the transcript will be provided to you in about 10 days time. If there are any typographical errors or any other issues you would like to raise, we would appreciate it if you could liaise with Keir from the secretariat office.

All of the committee members present were at the Planning Institute of Australia's forum in Collins Street a couple of months ago when the inquiry first kicked off, so we are fairly well aware of the position of the planning institute. We have also heard from a number of other key organisations that have close partnerships with your organisation. We appreciate that you will now provide us with a presentation on the key issues that you think are important for this inquiry. For the record, would you please introduce yourselves, giving the organisation you represent and the address.

Mr WORN — Good morning. My name is Stuart Worn. I am the Victorian executive officer of the Planning Institute of Australia, which is located in the Green Building at 60 Leicester Street, Carlton.

Ms STEVENSON — I am Simone Stevenson. I am the senior policy and project officer at the Planning Institute of Australia, Victorian division.

Mr BLACK — Jason Black, project director of the Planning For Health And Wellbeing Project at the Planning Institute of Australia.

Mr WORN — This morning our presentation is going to reflect a little bit of what you saw at the public forum we ran earlier in the year at the MAV offices, which was part of our preparation for our submission. We actually made two submissions, one on behalf of the planning institute and a larger submission on behalf of a number of organisations, some of which actually signed the submission. Due to timing and internal politics, others did not sign the submission, but they did make contributions to it. Our presentation today will reflect some of the things you have already seen, but given the time that has passed since then and the number of other inquiries and submissions we have made, we have incorporated some of that information into today's submission just to give you a more up-to-date position on the planning institute.

Overheads shown.

Mr WORN — To start off with I will give you some background on the planning institute. It is a national peak body representing the planning professions. It has been serving the profession for the last 60 years. It was our birthday a couple of weeks ago. We left the monarchy camp back in 2002 when we ceased to be the Royal Australian Planning Institute. We have members overseas as well as in Australia, and we are company of limited liability.

We have approximately 5000 members, 50 per cent of whom work in local government. The remaining 50 per cent work in consulting, state government or academia. That will be reflected in some of the statistics we will show you later. We are an organisation of individuals, not companies, so we are a professional body, not an association. We serve our members by promoting planning issues in the community, increasing the debate around planning issues and our members' interests. We register and regulate the academic performance of universities that teach planning, and we try to communicate professional development and best practice to our members, of course with some networking. And of course we try to influence government and the media in regard to the planning profession.

We have an approach that we take that we call the bubble tree, which you will see on the diagram there. We believe there are four components to every policy or piece of advocacy that we undertake. That needs to be based on evidence, and we try to use leadership. In our presentation today we will talk about an example of where we have undertaken leadership when we talk about Selandra Rise. We undertake education — that is, we run seminars — we produce a journal and we do a myriad of activities that are about increasing awareness. We advocate, whether that involves making presentations to committees like this one or making comments in the media. We do those three things from an evidence base, because we believe that evidence is the best basis for policy rather than some of the other approaches that we see.

The last thing I wanted to talk about was what we have done in the health and wellbeing space. Here are a couple of key dot points around things the planning institute does and has been doing for the last 10 years. You will hear from Trevor Budge later this morning. He was one of our members who really kicked the institute's interest off in the health and wellbeing space a long time ago. We have links to a number of other organisations, particularly our colleagues at VicHealth, who have been great supporters of the planning institute over a long period of time, working on our health and wellbeing project. We have had a strong focus on trying to promote health as a key planning issue. You might have heard us talk at the MAV session about the role that health played in planning several centuries ago in addressing chronic disease and how that has perhaps been forgotten. Today we are revisiting the importance of the built environment in creating healthy places. Part of that is our Selandra Rise project and our national project, which is about healthy places and spaces.

I will now hand over to my colleague, Simone, to talk about some recent research we have done.

Ms STEVENSON — You will obviously be aware of the current review of the Victorian planning system. As part of our submission to the initial review we surveyed our members via our online survey tool and basically asked them what they thought the best and worst parts of the planning system were and also the best opportunities for change. We came up with an extremely broad range of recommendations about what was good and what was bad, some of which we think are relevant to this inquiry. We had 106 members respond. It was quite representative of our membership in general: 48.9 per cent of respondents worked in the public sector, 39.4 per cent worked in the private sector, 4.3 per cent worked in academia, 5.3 per cent were students and 2.1 per cent were other, unspecified.

This slide shows just some of the things which were identified and which are relevant here. In terms of the structural issues of the Victorian planning system, something that came up pretty frequently was the lack of integration between planning and other relevant legislation — for example the Public Health and Wellbeing Act and various aspects of the Planning and Environment Act — and that the current system is not able to respond quickly to issues as they arise; it is not responsive.

In terms of policy reform problems with the system, two things which came up were a lack of direction and mechanisms to address the social impacts of planning, including health, and a need for more open spaces for recreation, social interaction and food production. When it came to identifying what people thought were the best opportunities to improve the system, some of the things that came up included the need to review and improve the clarity of the Planning and Environment Act; a need to facilitate increased density particularly around activity centres; and a need for prioritisation of sustainable transport methods, including cycling and walking. I will now pass over to Jason.

Mr BLACK — My part of the presentation basically responds directly to the terms of reference. There is a sequential order, if you like, to the things I will cover. A lot of the information is drawn from the joint submission that we put in with a number of the other groups, but we thought it was probably useful to elaborate on some of those points, particularly given that a number of the key recommendations which were included in there relate directly to specific changes to the planning world, if you like, and things that could be done from a land use planning and development perspective. We thought it would be a good opportunity for us to answer any questions in that regard as well.

This is an interesting slide. I really want to highlight that one of the difficulties with this issue as we move across a range of different industries is the notion of the concept of environmental design and public health. It is one that was quite difficult for land use planners to digest. We really put this in as something that emerged from the discussion that you all attended and some of the working groups and later discussions we had with our members. I think in itself it is an important point on this topic. We sometimes feel that we are going into a new area here, often because of the language barrier. The planners are thinking, 'What is this environmental design that we talk about?', but we are actually talking about land use planning in this context and the relationship with public health. We just make that point up-front as something we are thinking about as we, hopefully, continue into this space.

Obviously I will not go into detail about the joint submission consultation process; you were all involved in that. We had the presentations, the workshops and the like on the day. As I said, a number of things that I will talk about have really been drawn from that process. I guess you have not had a full opportunity to see where that ended up.

The first term of reference relates to the question about the review of evidence about the contribution of the natural and built environment to the promotion of health and wellbeing. The first point we would like to make in this specific area is that we do not feel like we have to go and create another group of evidence. We think the fact we are here is a major recognition of the evidence that has gone before us. However, in the submission we provided there were two or three pages of endless references that could be referred to. A lot of the work that has been done with Healthy Spaces and Places and Healthy by Design and those other areas, which no doubt our counterparts have talked to, has really been off the back of a lot of the research that has already been done. Stuart mentioned the Planning for Health and Wellbeing project. It is one that the planning institute has been involved in since 2002, and really its first five or six years were about creating that evidence and raising that awareness of the relationship between land use planning and public health. I know it can be seen to be a bit presumptuous that we believe it exists, but we have a fairly lengthy list of evidence and research that can be relied upon if we need to further prove that there is a strong relationship between the natural and built environments and public health outcomes for the health and wellbeing of our communities.

In regard to identifying the key elements of planning which provide the most promising opportunities for improving outcomes in Victoria, we have provided this diagram here, which is really about taking us on a journey through the planning process. It starts, obviously, with policy, rules, regulations and legislation and moves through to the environment. To follow the terminology and not completely depart from the ship is to say that our built environment and our natural environment provide us with a great opportunity to effectively influence people's behaviours.

To take that a step further, I guess it is really about the notion of creating places that provide the optimum conditions for people to achieve health and wellbeing and to be active within their communities and that promote longevity of the activities. Rather than us needing to create artificial places and spaces, we are about creating a setting for those behaviours to follow and ultimately for the health status to follow from there. Put simply, if we do not plan and then develop and create an environment in which people can be physically active and connect with each other, then how can we assume that their behaviours will follow? That is key to that point.

Referring to other areas where we think planning and design can make a difference, I will articulate some of the key points. What we have done in the Planning for Health and Wellbeing project is identify key priority areas which directly relate — carrying on from the previous slide on environment — to what part of the environment it is that we are talking about. We see here the priority areas, which relate to social inclusion, childhood health, physical activity, safety, food and mental health. They are all areas, or umbrellas if you like, where we believe we can create, within the planning setting, opportunities for that positive behaviour that contributes to people's health and wellbeing. A lot of the work — and I will talk specifically about the Selandra Rise project shortly — that we do is captured under these six headings as umbrellas to give people focus. In the planning world, where a number of new things are forever coming in that people need to consider, we use this as an opportunity to capture attention under the umbrellas.

The other areas that would be typically familiar with practitioners directly come from the Healthy Spaces and Places program and the Healthy by Design work, and here you can see the 10 design principle areas. If we think about what strategies and initiatives we could undertake from a planning and development perspective under these 10 headings, we can start to build a fairly collective picture of this health and wellbeing setting. On things like active transport, what can we do as planners to improve active transport opportunities for the community? There is also mixed land use, the interaction of different land uses and the interaction of people in mixed-density projects et cetera. These are familiar terms for planners and again help to provide that umbrella or that setting for the planning environment we talked about earlier.

I refer to assessing the extent to which these factors are currently taken into account in planning in both the public and private sectors as well as their effectiveness, particularly in growth areas. I guess one of the things we need to point out is that a lot of what we are talking about here is not embedded in legislation. It is not embedded in the rules and guidelines — but probably a bit more in the guidelines, because we had the Healthy by Design. How do you take that from being something that we might pick up as planners and developers to being something that we need to?

It is a very important point, because when the chips are down and we are thinking about all the other things that are going into the box that we have to consider as planners, the starting point and the fallback position will

always be: what do the rules say we have to do? This notion that a key priority area has not been invented in legislation and this idea that the community's health and wellbeing is not a central point to the way we plan our communities is really the challenge that we see before us, and I will talk about some of the things in a minute.

What we are tending to find is that a lot of the pick-up in this is really relating to voluntary projects — as I mentioned, I will talk about one of those shortly — where specific councils or specific developers or proponents are interested in dabbling in this area of health and wellbeing. Often it will be initiated through a public-private partnership — for example, the Selandra Rise project is a collaboration between the City of Casey, the Growth Areas Authority, Stockland, the planning institute and VicHealth, so there is a group willingness there among all the players involved in our planning, design, development and service delivery process to carry through. If we do not have the strength of those partnerships, then keeping the momentum behind the key priority areas becomes a real struggle.

I guess I will just mention there — and it is important mention it — that no doubt if we were to take a well-let's-have-a-look-at-what-we-have-got scenario, there are areas within the Victorian Planning Provisions that do have references to community health and wellbeing and to notions of some of these key priority areas, but it is done almost in an isolated way. It is not embedded in the objectives of planners; it is not embedded in state planning policy and then flowing down. There are elements of ResCode — clause 56, as we call it — that have picked up these themes. There are elements of the precinct structure planning guidelines that have picked up on these themes, but the community's health and wellbeing is not actually embedded in the starting point to planning in our communities. Our fundamental, real main point is: why is it so? That is the gap, so we will talk about how we might be able to deal with those gaps.

What a lot of this relates to — these ideas of partnerships and those sort of things — is then trying to get those partnerships to stimulate a market demand, so almost a drive from the other side. If we go back to that very early slide where we had policy, environment and behaviour, if we do not have the policy for legislation, then we have got to start to try to influence people's decisions. That is what the Selandra Rise project is about; it is trying to influence people's decisions to vote and say, 'We are going to live here because we are going to be promised a healthy community'. It is a nice strategy, but is it going to have the overall impacts that we should be seeking to achieve, which we obviously can through policy and legislation?

There are a few things to Selandra Rise, as we see here, around the timely delivery of services. One of the great issues in our growing communities is how we get community services and support to the people as they are arriving, not in two or three years time. We have a certain number of people who live there now, so we can put a community development officer into the community. One of the things that Selandra Rise is really challenging is bringing that support from day one — looking at ways in which we can break the mould and break the provision ratio. That is what it is called: the 'provision ratio' — 'You have got X amount of houses, so we will give you something now'. The principle on which we plan is based around how many widgets, and then: 'We will give you X amount of something'.

Obviously when we are thinking about community health and wellbeing and support services, there really is a disconnect between the widget model and actually supporting people. Selandra Community Place is a key initiative within that, which is a real driver for the City of Casey in that they are going to provide a community support officer in place from day one and then grow its role as the community grows. Rather than waiting for the community to get there, they are going to grow with the community. We can talk about that initiative in some detail if we need to. You can see there are a number of other things that we are focusing on, which is all about this idea of bringing the elements of community to the place rather than saying, 'You live in Cranbourne. We've got lots of jobs in Dandenong South. Enjoy sitting on Thompsons Road for half your life'. We are thinking about local employment opportunities and those types of things; these ideas that can be brought into all growth area settings. We can think about these things and think about initiatives that break that rigid model — the provision ratio model.

The next slide shows what are probably the key elements at Selandra Rise that tied this together. There is the partnership, as I mentioned. Without that complete partnership we would not be able to maintain the momentum that we can at Selandra Rise, because we have design and development — being construction — and service delivery all within the tent, which are critically important. We had clear objectives which embedded this idea of a healthy and engaged community. When we start to waiver — when in doubt — everyone has to revert back to the objectives of the project. That has been a major strong point,

The third bit, which we are embarking on now, is this longitudinal study, which is going to evaluate the effectiveness of all the things I have talked about in Selandra Rise over the next five years. Hopefully, as Stuart highlighted with the bubble diagram, it will create the evidence base that says, 'If you do X, we can achieve Y outcomes in our community'. That is what it comes down to in the planning and development work. We are forever competing about what the priorities are going to be. If we are going to say the health and wellbeing of the community is a priority, then the first question will be, 'How do we do that?'. That is when we go to the priority areas and the 10 principles that I talked to. Then we say, 'So what do we get out of that?'. That is what the study is about. It is about working out that if we have planned all these things, what we actually get out of it as a health and wellbeing outcome for that community. Once we have that evidence, the discussion about other people within the industry thinking this is a good idea and those types of things become a lot easier.

The fourth term of reference is about the opportunities to influence the consideration of the role of legislation, guidelines and partnerships, which I guess I have been touching on. As I mentioned, at the moment we are relying heavily on this voluntary engagement model, but we think we need to take the next step and specifically require health outcomes to be the foremost consideration in planning decisions. Obviously there are a whole lot of other considerations that go to that. What we would say is that there are elements of the environment — for example, the natural environment, to which there might be a green element — which contribute to the health and wellbeing of the community. There might be social elements which contribute to health and wellbeing. The health and wellbeing of the community is not just down to, 'Do I have a community hub, or do I have access to services or facilities?'. It is a broader notion of people belonging and feeling a sense of belonging within their community.

Victorian planning decisions are always based on planning schemes; that is a key point, and I mentioned the Victorian planning provisions before. When the chips are down and we are looking at what we need to do, our starting point is going to be the planning schemes. What does the planning scheme say to us about whatever it is that we are proposing to do in a new community? If our planning schemes are not telling us that the forefront consideration is the community's health and wellbeing and it is something else, then how can planners and developers be expected to read into it that the community's health and wellbeing is a priority?

The key recommendations — and I have not drawn on all the recommendations, but these ones are fundamental — are that health and wellbeing needs should be included in the visions of all municipal strategic statements which are contained in planning schemes. That is local government's statement about what is important and what is envisaged within their community. We run these training courses, and we look at a lot of MSSs, or municipal strategic statements, and it is amazing how few of them actually speak about people and the outcome they envisage for people. The idea is that it should be invented in visions, and then if we take a step back, there is obviously a role for the state within the planning schemes, which is to embed in the state planning policy framework that the health and wellbeing of the community is a priority. If we then take one step further up the chain, we should embed it as a key objective of the Planning and Environment Act, or whatever its new name might be in the future.

People will say, 'What would a few words in an act mean to you anyway?'. Put simply, it is amazing how many times we go to VCAT and a barrister or a QC wants to start with, 'Let's talk about the objectives of planning'. Maybe they are paid to make the song and dance about that, but that is a really important point, because if the community's health and wellbeing is the starting point of the objectives of planning, then it is natural that it will flow down to the other elements.

The fifth point in the terms of reference is about providing recommendations for future planning and investment particularly around the effectiveness of the Environments for Health municipal public health framework. This is another interesting and important point. The Environments for Health framework can be reinforced again through the building of the local government documents, if you like. There is a gap that exists. The municipal Public Health and Wellbeing Act requires that public health and wellbeing plans are consistent with the municipal strategic statement and the council plans, but the Planning and Environment Act does not require consistency between the municipal strategic statement and the municipal public health and wellbeing plans.

So you have got one set of legislation talking to planning, but you have not got the planning legislation talking back; therefore, naturally, going back to the point I was making before about the municipal strategic statements not picking up on this health and wellbeing notion, they are not picking it up. We are relying on local councils to, hopefully, work across the department, get their plans in order and find their way into a document, whereas

from the health side of things they are required to work their way and make sure they have consistency with the MSS and council plan. There is a very simple recommendation that we have included in our submission there that could be picked up just to strengthen that cross-link.

We want to make mention of caution about the Environments for Health framework, because there is a division in there about social, built, natural and economic environments. We think we just need to be cautious about this, because there is a silo opportunity that is crying out to occur there. Once again we focus on the social, and we focus on the economic. We get into that whole discussion about 'on balance' and those types of things. Our position would be that the community's health and wellbeing is a complete package. It is not a trade-off between the economic and social, the economic and natural or what have you.

The final point, which is in the terms of reference relates to the cross-references between the Public Health and Wellbeing Act, the Transport Integration Act and the Planning and Environment Act. You can see there the specific section, 12A(4), of the Planning and Environment Act that we think needs to be amended. Again there is a notion that we need to take a step back from thinking about tinkering with the Planning and Environment Act to somehow weave our community health and wellbeing outcomes into it and actually take a holistic review of the act. We have that opportunity now. That is obviously at the forefront of things that are occurring.

There is a notion of being able not only to tinker with a few words here and there, although if that is what we have to have, we will have it. But what we are really saying is, 'What is the starting premise of the Planning and Environment Act?', or the planning act or whatever it may be called, similarly to what they have done with the Transport Integration Act. What is the starting premise? It is clear. We need to think about how we make sure that we are clear about what we are trying to achieve with the planning act and we are clear about how it integrates with these other key acts that clearly have a role in planning as well: the Transport Integration Act and the Public Health and Wellbeing Act.

The last part of the terms of reference relates to the international experience. We will not go into this in too much detail, but it is in our submission. Obviously the World Health Organisation's Healthy Cities movement is alive, it exists, it has a large membership and it is international. From the Australian perspective the City of Casey is involved. This program is really about trying to draw this idea of a healthy city to the forefront of consideration. I guess our answer to the question is that there is a lot to be learnt there and that we should look to pick up on examples from some of those other cities.

The one that we have brought out there is Bogotá, which they have prioritised. If we go back to those key principles again, they have heavily prioritised that Active Transport initiative or idea, and from a built-form environment perspective you can see critical and mass change has occurred in that city that has prioritised an active transport outcome, and then obviously that has flow-on effects. I guess that is an isolated example of where that is working, and political decisions and a whole lot of other decisions were made to help drive that outcome.

The final point is in regard to health impact assessments, the idea of not just getting the planners to do another thing — you know, 'Not another impact assessment!'. What we have suggested here is that it would be quite possible to identify the types of development applications or land use proposals that are likely to have some higher potential impact on community health and wellbeing outcomes, whether it is a positive or a negative. In those particular examples we think that health impact assessments should be required, but we do not necessarily need to make health impact assessment a new industry in its own right. I think this is where planning over the last few years has got it wrong — that is, we now require social work practice assessments, economic impact assessments and this, that and the other thing, which has effectively bred a new industry that runs side by side with the planning industry where it becomes an anchor to the planning decision-making process, because it is time consuming and it costs a lot: 'Do we really need to this? Do we know?'. What we propose here is that we think again through a lot of the work that has been done through Healthy Spaces and Places, Healthy by Design and a lot of the other documents referenced here, but there is opportunity to create a tool, if you like — a health impact assessment tool — that everyday planners can use as part of their daily job and carry out those assessments. It does not have to be a whole new industry of people who now do health impact assessments, because that is where we feel that we will start to get a lot of resistance from not just planners but others within the planning and development industry, so we think it is important to make that distinguishing point.

I do not think we need to go into these in too much detail, but really just to say in regards to the public space, which is one that is in the terms of reference, and just to touch on that provision ratio concept again. If we have got X amount of people within a community, there is a calculation that we do to work out how many hectares of active and passive open space we need to have. That does not guarantee us the environment that is going to encourage all people across the community to be active or to participate in an active sport or walk around our park or whatever. Often it is because the elderly person cannot walk the 500 metres to the park. It is nice if we can put it there, but they cannot walk there, so what are their opportunities to get around their community and sit on a small park bench in a corner? Is it having the notion of pocket parks? Obviously there is a maintenance conflict here and a burden for some local councils to be able to maintain all these different spaces, but at the same time we think that we have done away with the quality of assessment of our open spaces, and we need to bring that back, because we are now provision-ratio focused — it is all about quantities — but we have got to go back to thinking about the quality of our spaces.

I cite one example. There is an example that is being planned at the moment where there is a very large lake similar to the size of Albert Park Lake, but that particular municipality does not believe that the outcomes that we are achieving around Albert Park Lake can be achieved in this particular community. There is an understanding therefore that the view that is taken on that particular space is, 'No, you need that for drainage; that's not anything to do with open space'. Anything to do with creating spaces for our community to interact, 'That's a drainage issue. We still want you to provide your number of football ovals over here and your number of 1-hectare parks'. Obviously as we look at other examples, such as Albert Park, we can see that that is not the case. Yes, there is a major drainage function there that is occurring for that part of Melbourne, but there has also been a major physical activity outcome and a social connectedness outcome, and people having a sense of belonging to the community has been achieved in that space as well. How do we change the thinking away from just being about numbers and provisions all the time back to being about the spaces we are creating? I think we conclude with the next slide.

Mr WORN — To help you there, what Jason is talking about is that they are not going to provide a running track around that lake.

The CHAIR — Yes, we understand that.

Mr BLACK — This is, I guess, where we come back to. If our starting point for planning is not to think about the community's health and wellbeing, when we get to those individual examples like the one I just cited there — and there are a million others that we could talk about — we do not think about the value that that space adds to the community's health and wellbeing; we think about the drainage function. I guess what we want to say is that if we can take this opportunity to re-invent the thought that planning is actually about people, then some of these planning challenges will be thought about differently.

The CHAIR — Thank you; that was very comprehensive. What kinds of developments do you believe should be subject to mandatory health impact assessments, and have they been counter effective when used in other jurisdictions?

Mr BLACK — I guess as far as the health impact assessments go, the most obvious one is where there is a major increase in population. Obviously when we look at the growth area context, the planning processes that we carry out in those areas are such that we could put another 20 000, 30 000 or 40 000 people into an area. So we are obviously thinking about the health implications of that — whether it is hospital provision or the impact of adding those people to the existing community that is already there and the service impacts that that has. Wherever we have major increases in population I think that needs to be a central point, but also those other areas that might have an effect on a development that could then create a potential health concern. Trying to focus not necessarily just on medical health impact assessments but on community health and wellbeing impact assessments as well is important.

But to turn the question around the other way, asking a small-scale, medium-density development to carry out a health impact assessment may not necessary get us the outcomes that we would be seeking, that might say, 'This is a development at scale and this is how we can improve the health and wellbeing of this community'. The reason why I say that is that with the smaller scale developers and smaller scale developments obviously a cumulative effect can occur, which I think is really more of a municipal planning responsibility rather than an individual development responsibility. If we get it down to thinking about, 'Let's look at that individual

development', we will end up with a whole lot of cut-and-paste reports that pick up on key things which are the flavour of the month and which are submitted just to get us through the process. There will not then be the effective outcome that we are seeking to achieve.

Mr SCHEFFER — Chair, my question relates to that; do you mind if I jump in? When you talked about the linking of the legislation I think you said that in the local planning schemes there was not a lot of emphasis on people, for example, and there was a drift away from that. What I want to ask you is this. One of our witnesses talked about the health problems with packaged liquor outlets and how local governments could not use the planning tools they had available to run an argument for why there should not be an increase in density of those outlets. Do you think that if there was a closer link between it, that would give greater strength to municipalities and community organisations to mount a case in that kind of instance or in other analogous instances?

Mr BLACK — Absolutely. The issue with the packaged liquor outlets — and, when I think about it, gaming venues and those sorts of things are obviously prime candidates for health impact assessments as well — is there are specific controls that will relate to that particular land use. Often a proponent can comply with those. But it is the policy setting that it sits within that really needs to be the second part, or the key part, of the decision-making process for the council and for VCAT. Using that as an example, a packaged liquor outlet in an area of high-risk alcohol consumption complies with the standard, and so in it goes. Now we have a new superbarn — —

Mr SCHEFFER — So the connection can be more than just the consciousness raising that you were talking about.

Mr BLACK — That is right.

Mr SCHEFFER — It can actually be a regulatory tool that can be used to produce a better health outcome for the community.

Mr BLACK — Yes, absolutely.

Mr TEE — Thank you, and I just more broadly thank the planning institute not only for its role in coordinating the submission but also for organising the forum, which I thought was very helpful, certainly to my identifying of some of the issues.

I really want to focus back on the lake and the running track. Looking at your recommendations, they are broad in nature — that is, the objectives of the act and about aligning the bits of legislation. Essentially, as I understand what you are saying, if we can get those broad parameters right, then those councils, those communities and those planners that want to have an open space allowance do not then get knocked off at VCAT. That is how I see your submission. In those circumstances I wonder if you would have a different outcome in relation to the running track in the sense of whether we need to go further to ensure that open space is a requirement of the planning system rather than having the broad objectives which allow councils to deliver those when they are required. Turning that around, would you now get a running track if your recommendations were implemented? Does that make sense?

Mr BLACK — Yes. The first thing to say is that if we think of the growth area context, the precinct structure plan guidelines tell us that we need to have active and passive open space, shared trail networks and a range of different things. Similarly the planning schemes require us to have a percentage of open space within new subdivisions et cetera — or, as I mentioned, ResCode picks up on these things. It is not necessarily that the planning system at the moment is not saying, 'You have got to provide open space'; what I think it lacks is that it does not actually think about that open space in the sense of what role it plays within a community when you put it there. It is that notion that it is all right to spread these 1-hectare parks 400 metres or 500 metres apart throughout our community, but if it is a community that is not physically active enough to be able to walk the distances to those parks or if the parks are developed in a way that does not think about the starting premise of who the parks are servicing — —

Mr TEE — I suppose my point is that none of your recommendations would pick up those issues. All you are suggesting is that we should make sure that when the planners make up their minds, one of their objectives — one of the 10 things they have to consider — is access to open space. It is a question of how much flexibility and how much regulation. I am particularly mindful of Wyndham council, which gave us evidence

about precinct structure plans which they said were sensational but which were whittled down at every step of the process so that by the time you got the project on the ground and the houses were being built, it looked nothing like the precinct structure plan.

Mr BLACK — I think the last recommendation in the summary of recommendations about this idea that it is public open space that needs to be qualitatively assessed is varied and contextual. Just those three words in themselves, added to the provision ratio, should be able to take us on that journey of thinking about creating spaces for people. It does not need to be something that is put into the objectives of planning as such, but we can start to pick it up as it flows down through state planning policy and down through ResCode and the precinct structure plan guidelines. It is just that notion of moving away from saying one plus one equals that many parks. We have got to think about the places we are creating so people actually use them.

Mr WORN — Selandra Rise demonstrates this, because it has become incredibly popular. Its sales figures are the highest in Australia. They have sold more than 50 per cent of the lots before they have even built the display village, which hopefully will sell the lots, and that is because the product that has been provided is a quality product. We have thought about what goes in each of the places. We have not used the junk land to put the public open space on; we have used the best land. We have built a park around a hill because everyone knows that a park with a hill in it is a lot more fun than a park that is on flat ground; you can run up and down the hill and walk up the hill. There are many benefits to a hill.

I guess what we are trying to say is that it is not about the quantity but the quality of what is provided. Some of that you can regulate, and some of that will be led by market forces. What we are trying to do in Selandra Rise is, hopefully, move the market. We are already seeing that shift being created in little ways. The work of RMIT will be able to demonstrate what is successful, and there will be an even better evidence base to create those shifts that can be supported by legislation about what is good and what is bad. We cannot just solve it by creating laws. We need to create demand as well. To keep talking about playgrounds, you have probably all had the experience where you have travelled past playgrounds to go to a particular playground because that is a more fun playground for your kids to use. That is what we have to be thinking about when we are creating places — what works.

The CHAIR — How we can educate developers so that they are on board and start at the beginning.

Mr WORN — They will be driven by financial outcomes, won't they.

Mr BLACK — I guess the point, though, is that with the Selandra Rise project we have the healthy and engaged community objective. Part of that is actually engaging with those new residents as they arrive as to what spaces they want. It is just a simple engagement exercise before we just whack out the standard template park. The hilltop park that Stuart referred to has resulted in a number of design changes to that space from the template.

Mr ELSBURY — I think we are a bit transfixed with the lake, but I will go back to it again. Are we talking about trying to legislate creativity in the product that is being offered? In the particular instance you were talking about we have got a lake that serves a functional purpose. It takes water away from an area so that we do not get flooding. Living in the outer western suburbs I have experienced different initiatives that different groups have used. One particular developer put a drainage ditch down the middle of a street so that it almost became a public waterway down the middle of the road. It looks better than just a nature strip. In another instance you have got bike paths down either side of the drainage area. In another instance you have a major flood pan that has basically been built into an amphitheatre with rugby goalposts, which I find quite disturbing.

Are we talking about trying to legislate? If you are going to be doing something that is functional where you have a drainage area or a patch of land that just cannot be used because it is infill land, or you have a patch of land that has been capped for whatever reason, that instead of just having it as a flat park or having a bit of grass there, we are asking what we can actually put on it to add to it?

Mr BLACK — Please don't let us get fixated on the lake example — —

Mr ELSBURY — My other questions are totally off lake!

Mr BLACK — The last point there is really what we are talking about. When we are planning we are thinking about how we spatially arrange place. That is effectively what it is about. If our starting premise to spatially arranging place is thinking about the community's health and wellbeing, we will end up with different outcomes from if we spatially arrange place for function only. I guess what I am saying is that we are not legislating to be creative; we are legislating to think about how the spaces we are putting out there can set the environment — as in one of the earlier slides — to encourage the behavioural change within the community or encourage us to facilitate that behavioural activity.

Mr ELSBURY — Earlier, in your presentation, you mentioned that there is something we have forgotten in planning; I cannot remember who actually said that. You said something had been forgotten in our planning modes. If you look at somewhere like St Kilda, you definitely have the ability to walk around, and there are shops close by and that sort of thing. Is it more that the technological advances we have made have dragged us away from physical activity in that we all have the car in the garage, so instead of going down to the corner shop we drive to Safeway?

I know that in my neighbourhood and in the neighbourhoods I have lived in in the past there are all these houses around and a corner shop that is struggling to make a living, or there are, sitting in a street, a group of former shops that have been closed down and converted back into houses because people do not use them anymore. They are more likely to jump in the car, drive down to the main shopping strip and do their shopping there rather than wander a couple of hundred metres up the road and deal with a milk bar or a small fruit and vegetable shop.

Mr WORN — You are on the money there, Andrew. I always joke that if we have to drive to the gym to do a spin class, perhaps we have got it wrong. All the things you have just touched on — access to fresh and affordable food, social interaction with the local community, walking and physical activity, interconnection — are what we have lost in the planning system.

Mr ELSBURY — In 1860 the VE Commodore was a long way off. You could not just jump in your vehicle and go down the road; you actually had to either hop on a bike or go for a walk, and the planning of that era was reflective. We have something to learn from the planning of the past. Okay, we get rid of the asbestos and all the other bits and pieces that we got wrong, but we have something to learn from looking at the previous generations' way of building their communities.

Mr BLACK — It is a combination of technology, lack of time and big business. They also did not have big shopping centres, or whatever, existing back in the 1960s either. One of the things we are trying to say is that part of this discussion is about thinking about how we can get the community to interact within its spaces. The spatial arrangement of place contributes, but spending 45 minutes on Thompsons Road in peak hour trying to get through one roundabout cannot be the best way for anyone in the community to be spending their time; we would so much prefer them to be with their families.

Ms PENNICUIK — Thank you for your presentation and submission; there is lots of interesting stuff there to think about. Back to the public open space issue, in the last Parliament there was another committee which looked at public land development. I know it is hard to get a handle on it. Basically we are losing public land and public open spaces is what you could say, and we have done over the last couple of decades. Developers tend to try to get out of providing public open space in their developments because they can make more money out of having another dwelling, for example. An example would be the Kew Residential Services redevelopment, where the developer was trying to claim roads and footpaths as public open space. I am a bit concerned about what you were saying about not regulating or specifying a certain amount but it just needing to be contextual et cetera. I get a bit concerned hearing that, because I think that is what developers can weasel their way out of, particularly at VCAT and particularly if it is not a high-level objective. Could you answer my concern there? I just do not think that is going to lead to us having better open space.

Mr BLACK — It is certainly not to do away with a level of prescription. You have to have a level of prescription; you cannot just throw the gate open. Sorry, I guess what we were saying was that prescription does not give you the complete answer and that you need to add elements to it rather than take away the prescription.

There is a dual challenge, or there is a different challenge, in established areas versus growth areas as well, because in a growth area context the provision ratio or the prescription is kind of working and it is all calculated

in now, whereas in the established areas the land value per square metre is just so ripe, as you said, that there is going to be that constant challenge. Thinking about what we are trying to do with Melbourne — that is, increase densities within established areas as well — that idea of public open space and a prescription or a mechanism that ensures that that wriggle room that you talk about does not just happen is crucial as well to stop that VCAT challenge of, 'Well, there was no prescription'.

Obviously there is a challenge as we seek to increase densities in our established areas — that is, the increased pressure that goes onto the existing open space and the funding that can go to that open space to improve it, maintain it or whatever it is. Again, I would say that the planning for that should not necessarily be at a project-by-project level; you need to apply more of a larger municipal or regional sort of assessment to that, because what will end up happening with every project that pops up will be, 'This site is ripe for development; we are not putting open space here'. But if you take a step back to look at that with a municipal plan for open space or whatever, if its spatial designation is open space, then that is what it is. It is a question of: how do you get the planning before the development pressure occurs? I think that that is where in the established areas the prescription idea and the thinking about the role of planning can really come to the fore in relation to open space.

   Mr WORN — Just to touch on that a bit further, in growth areas we have development contribution plans whereby the developer provides money or amenity in the public interest. We could see development contribution plans apply to all areas of development, and we need a mechanism to make that work. There is a review under way at present that might lead to that, but that is something that should be worthy of consideration. It is not just about public open space; it is a myriad of other community facilities that need to be provided to create great places. It is not just about parks; it is about child-care facilities, libraries and, like you say, swimming pools and a number of other things that need to be provided, not just open grasslands.

   The CHAIR — We have run out of time. I thank you very much, Jason, Simone and Stuart, not only for your presentation today but also for the contribution you have made in terms of this inquiry. It has been excellent, and I think it really has moved all of these very important issues forward. Thank you again.

Witnesses withdrew.