

T R A N S C R I P T

LEGISLATIVE COUNCIL LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into Ambulance Victoria

Melbourne – Friday 13 June 2025

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Michael Galea – Deputy Chair

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Richard Welch

WITNESSES

Anita L'Enfant, Manager, Human Rights Solutions,

Julia Manning, Senior Consultant, Human Rights Solutions, and

Aimee Cooper, Manager, Legal, Victorian Equal Opportunity and Human Rights Commission.

The CHAIR: Welcome to the next session of the Legal and Social Issues Committee Inquiry into Ambulance Victoria. Just for the record, could you please state your name and the organisation that you are appearing on behalf of, please.

Anita L'ENFANT: My name is Anita L'Enfant and I am appearing on behalf of the Victorian Equal Opportunity and Human Rights Commission.

Julia MANNING: I am Julia Manning. I am also here from the Victorian Equal Opportunity and Human Rights Commission.

Aimee COOPER: I am Aimee Cooper, also here from the commission.

The CHAIR: Thanks very much. I will introduce the committee. My name is Joe McCracken, Chair of the inquiry.

Michael GALEA: Hi there. Michael Galea, Member for South-Eastern Metropolitan.

Ryan BATCHELOR: Ryan Batchelor, Member for Southern Metropolitan Region.

Georgie CROZIER: Georgie Crozier, Member for Southern Metropolitan Region and also Shadow Minister for Health and ambulance services.

Anasina GRAY-BARBERIO: Anasina Gray-Barberio, Northern Metropolitan Region.

Ann-Marie HERMANS: I am Ann-Marie Hermans, for the South-Eastern Metropolitan Region as well.

The CHAIR: Beautiful. Thanks very much for that. I will just read through this, and then we will get to openings. All evidence taken is protected by parliamentary privilege as provided by the *Constitution Act 1975* and further subject to the provisions of the Legislative Council standing orders. Therefore the information that you provide during this hearing is protected by law. You are protected against any action for what you say during this hearing; however, if you go elsewhere and repeat the same things, those comments may not be protected. Any deliberately false evidence or misleading of the committee may be considered a contempt of Parliament.

All evidence is being recorded. You will be provided with a proof version of the transcript following the hearing. Transcripts will ultimately be made public and put on the committee's website as well.

Who would you like me to hand it to for openings?

Anita L'ENFANT: Me.

The CHAIR: We will probably do 5 minutes or however long it might take for openings, and then we will go through questions. I will hand it over to you, Anita. Thank you.

Anita L'ENFANT: Thank you very much. We are happy to be here to assist in this inquiry. Our commissioner Ro Allen sends their apologies; they are currently on the Walk for Truth with Commissioner Travis Lovett of the Yoorrook Justice Commission. I would like to start by acknowledging that we are on Wurundjeri lands, the lands of the people of the Kulin nation, and I pay my respects to elders past and present.

I would like to start by explaining that this independent review into workplace equality at Ambulance Victoria addresses three of your inquiry terms of reference – the working conditions of paramedics, governance and

accountability and the workplace culture within Ambulance Victoria – with a focus on occupational health and safety impacts, including to the morale and wellbeing of paramedics and employees.

We conducted this review following a number of individuals coming forward in October 2020 who had publicly shared their stories of discrimination and sexual harassment, bullying and victimisation at Ambulance Victoria. Their allegations centred on unlawful conduct, predominantly against women, and they spoke of an ongoing and pervasive workplace culture that demeans, discriminates against and excludes women particularly. Ambulance Victoria asked us to undertake this independent review into workplace equality under section 151 of the *Equal Opportunity Act*. The review set out to examine the nature, extent, drivers and impacts of discrimination, sexual harassment, bullying and victimisation; consider the adequacy of Ambulance Victoria's response to unlawful conduct; and identify leading practice strategies to ensure a safe, equal and inclusive organisation.

The review was delivered in three phases. 2021 and 2022 covered phase 1, and that reviewed AV's compliance with the *Equal Opportunity Act*. It made 43 recommendations for improvement. It was published in two volumes: volume 1 on 30 November 2021 and volume 2 on 30 March 2022. Following the publication of volume 2, AV publicly committed to implementing all 43 recommendations by 2027. Phase 2 of the review then occurred from the end of those findings till May 2024, and that was implementation support for AV as they began the implementation of the phase 1 recommendations. Phase 2 largely took the form of clarifying AV's understanding of the recommendations and also supporting their development of things like their planning strategies – the strategic plans and road maps.

Most recently we have completed phase 3, which was the progress evaluation audit. I headed up that review, and my colleague Julia here also was in that team. That is why I am speaking to you today. That audit was completed in 2024 and delivered in January of this year. That assessed Ambulance Victoria's progress towards the implementation of 25 priority recommendations from phase 1. I am sure you have some questions around that, so I will not go into them. That was to assess the extent and adequacy of the steps taken to implement those recommendations, to identify some early impacts arising from them and some barriers and enablers to completing these reforms and getting them underway.

Just quickly, of those 25 recommendations, five we assessed as implemented and embedding, so continuing on; five were assessed as implemented to a significant extent; nine as implemented to a moderate extent; four recommendations as in planning and development stage; and two as not yet commenced.

Some of the findings of the early impacts, some of the positive ones: phase 1 findings shone a light on experiences of inequality and created an increased willingness to speak up, particularly in phase 1. In phase 3 we found the establishment of the professional standards and behaviours department has been seen largely as a positive. You will see in our report we refer to that as providing a good framework for AV to handle complaints. The increase in resourcing and focus on inclusion and diversity was also seen as a positive and also with governance, particularly with the board and exec.

Some of the negative impacts we have seen are that the workforce is not seeing any tangible or meaningful changes to their day-to-day experiences, and that is impacting morale; the tick-the-box approach to the reform is something that we found in our findings, and that approach to reform, rather than continuing the intent behind the reform, led to the way that we delivered the report with the recommendations and then a description of the intent either side of that; and flexible work was another area that was a big area that needed attention.

Rather than add more recommendations to the 43, we delivered and described some barriers and enablers – four barriers that would create problems of implementation of their reforms and four enablers. You will have seen those in the submission. I am happy to go through those if you would like to in the chat as we go further.

To conclude this statement, Julia will provide a summary of our key messages for AV.

Julia MANNING: This independent review into workplace equality in Ambulance Victoria took place because of courageous whistleblowers who spoke up about unlawful conduct. These concerns were validated by the commission during phase 1 of the review, which found concerning high experiences of discrimination, sexual harassment, bullying and victimisation among Ambulance Victoria's workforce. The experiences shared with the commission during phase 1 showed that Ambulance Victoria's efforts to prevent unlawful and harmful conduct were insufficient.

The commission acknowledges that Ambulance Victoria has dedicated substantial time and resources to implementing the phase 1 recommendations. It was very clear to the commission over the course of the progress evaluation audit that many people across the organisation have enthusiastically contributed to the planning, development and execution of the work that is required to implement these recommendations. They want to see change and have worked towards it over the last few years. While the commission's review role has ended, the workforce's enthusiasm and dedication to positive change will be critical parts of driving progress on reforms.

As in any organisation, Ambulance Victoria's leaders are responsible for setting workplace culture and leading change. The commission consistently heard during the progress evaluation audit that Ambulance Victoria's workforce felt let down by a lack of senior leader accountability on workplace reform. The commission heard that the workforce did not feel the organisation listened to them on reform issues. They did not agree that Ambulance Victoria was committed to a workplace free from unlawful conduct, did not trust that Ambulance Victoria would implement all of the commission's recommendations and were fearful that their negative experiences in the workplace would not improve.

The commission acknowledges the desire of Ambulance Victoria's leadership to understand why there was a disconnect between the work of the reforms and the effect of the reforms on the workplace. For the people in the senior leadership roles who have been working to bring about positive change, our findings may have been difficult to hear, not least because having a leadership role does not make a person themselves immune from experiencing unlawful conduct. A person's experience of discrimination, sexual harassment, bullying and/or victimisation is no less harmful because of their job title. However, to say nothing or to downplay these issues would have been a disservice to everyone at Ambulance Victoria.

The commission could not have participated in this inquiry without the contributions of the workforce members who shared their concerns, experiences and perspectives with us through the entire review. To every current and former employee, volunteer, graduate paramedic and first responder from Ambulance Victoria who assisted with and participated in the review, we thank you.

Every Victorian has a lawful right to be safe from discrimination, sexual harassment, bullying and victimisation at work, and with this comes the responsibility not to engage in unlawful conduct. We thank the inquiry for their time. I will now pass back to Anita for questions.

The CHAIR: Perfect. I will start off with questions, and then we will just go through the committee members. My first question – I was looking through your submission and the particular point you noted about safety. You said:

... the recommendation is not being realised and meaningful change is not being experienced by the workforce.

Why?

Anita L'ENFANT: For some of the safety –

The CHAIR: Safety is a point that you have raised, yes.

Anita L'ENFANT: Yes. The recommendations in phase 3, when we looked at the 25 priority recommendations, were grouped roughly into different areas. Safety is one of them. One of the biggest reasons why is the time it took for the development of a prevention plan. In our original review we recommended that that be done within six months of the review landing.

The CHAIR: And it took longer?

Anita L'ENFANT: It did. In the middle of our progress evaluation audit it was still being finalised, so that is –

The CHAIR: How much longer would that have been – another year or so?

Anita L'ENFANT: Yes, another year, so that was significant. There was a safety audit conducted. The results of that, in our findings, were not shared widely, so that contributed to the workforce not realising that

steps had been taken. We also identified a feeling of psychological unsafety, and that is where those incidents of discrimination were apparent when you have a look at the findings.

The CHAIR: Who was responsible for the development and implementation of the plan?

Anita L'ENFANT: There were a number of teams that were responsible for that. I think that is a question for Ambulance Victoria – exactly who – but it came under the workplace reform.

The CHAIR: That is fair enough. But someone in leadership in AV is responsible for this, and obviously it has not been done in the timely manner that you suggested in a recommendation. Flexible work continues to come up as an issue. We have heard it from a number of different people before. In your view, why do you think there has not been progress made in that space?

Anita L'ENFANT: In our findings the commission found that there were a couple of big barriers to flexible work. Some of it is the outdated systems and the rostering system. We understood, as we were working through our audit, that in November a new rostering system was due to be installed.

Georgie CROZIER: Last November?

Anita L'ENFANT: Yes. Obviously our audit was done by the time that happened, so we did not get a chance to have a look at that. But that found – and you will read this in the report – that individuals would look to have reasonable adjustments or flexible work and then the system itself would not let those things happen, so that is one of the areas where flexibility was difficult. The rolled-in rate – which you will see in the enablers and barriers, the one to do with flexibility – seems to be something that was also difficult. It meant that it was hard for people to find the motivation to do some of those shifts – the weekend shifts, the more difficult ones.

The CHAIR: My time has expired, so I am going to pass over to Mr Galea now.

Michael GALEA: Thank you, Chair. Thank you all for joining us today. I might direct my questions to you, Ms L'Enfant, but please feel free to direct as you please. I will start on a similar thing. I can see from the key findings from your submission that there are some areas where significant progress has been observed by you and in other areas there is still some work to do, including the PSBD, which we actually talked about in a previous session too. The VAU was quite happy with that recommendation from you guys and the implementation of that. Flexible work is one big example and rostering as well. Would it be fair to say that the areas which affect the largest number of staff on a day-to-day basis are the ones that work still needs to be done on, and therefore is that why perhaps you are seeing that generalised trust in leadership is still lagging where you would like to see it? Because while some things have definitely improved, the things that are affecting the majority of the workforce on a more day-to-day-basis are still requiring some attention.

Anita L'ENFANT: Yes, that would absolutely be fair to say. When we spoke with AV about the progress and if you have a look at their 'Your AV roadmap', their strategy was to embed reforms in the beginning of the reform period, which meant that of the reforms – and you will see it – the ones that have been implemented relate to more governance, they relate to the leadership side and they relate to reflective practice and those types of things, and that was a deliberate choice by them to create that foundation and embed it. As a result of that, though, the workforce told us that those things were difficult to see and not as visible. So I think you are absolutely correct in assuming that the focus on the particular work that they had undertaken in this first part of the reforms was not as visible, and that has contributed to the low morale.

Michael GALEA: Interesting. Thank you. The time period in which you were looking at AV is obviously one that has seen some quite significant changes at the top of the organisation as well.

Anita L'ENFANT: Yes.

Michael GALEA: Do you have any commentary on where that is landing in your most recent review – the culture of the senior executive management, as perhaps compared to previous leadership, in relation to these issues that you have identified and the willingness and drive to right these issues that you have identified?

Anita L'ENFANT: Yes, you are absolutely right. The senior leadership – in fact the executive – has almost completely changed, with a whole new team. Throughout our progress evaluation audit we had a strong commitment from leadership to be wanting to see the changes. We worked really closely with them throughout

to ensure that we understood where the areas of need were and where certain recommendations were not landing, and we had cooperation all the way through. Even with changes in leadership all that way through, that cooperation was there. By the end when we delivered the report itself that commitment was as strong as it was all the way through.

Michael GALEA: That is good. And in terms of the present leadership team, are there any particular areas of focus that you would like to see beyond what has already been covered in your submission? And just before that, are there any particular areas that you would like them to be mindful of in progressing with the remainder of the recommendations?

Anita L'ENFANT: Yes. We worked really hard and listened, especially through phase 2, to the way that Ambulance Victoria approached the reforms. They very much approached it by looking at, 'What's needed? These are the things that are needed. It's done.' And that led to the intent behind some of the reforms not actually being achieved. That is why we developed the barriers and enablers, because they are actually things that are part of the organisation itself. And as we have shared in both the report and with AV themselves, focus on those would be incredibly helpful.

Michael GALEA: Thank you.

The CHAIR: Thanks. I will now hand over to Ms Crozier.

Georgie CROZIER: Thank you, Chair. Thank you all very much for being before the committee this afternoon and for your submission. It was a large body of work. How many years did it take?

Anita L'ENFANT: It was 2021 till last year, so what is that? Four years.

Georgie CROZIER: Four years. And over that time you have done it in phases, as you have explained to the committee.

Anita L'ENFANT: Yes.

Georgie CROZIER: And you spoke to, I think – I cannot remember; what was the percentage of the workforce? The numbers that you spoke of – 1389 responses – what percentage is that of the workforce?

Anita L'ENFANT: The total number of the workforce is about 7000 to 8000. Those responses to the survey were about the same as they received in their People Matter survey.

Georgie CROZIER: You spoke about the barriers and enablers and the 43 recommendations made to government and that AV said they would implement by 2027. There are still some outstanding ones, I understand? We are still way off from 2027, obviously, but how many are still outstanding?

Anita L'ENFANT: In the progress evaluation audit we focused on 25 of the key recommendations, so we did not have a look at the progress in the other 43. So I cannot give you a number of exactly how many have not been started yet.

Georgie CROZIER: But in your phase 3 report, or your evaluation audit, you speak about what you have heard. Much of the workforce is concerned about ramping, rostering, end-of-shift management, dispatch from day to day and a number of other things. The workforce report that they had not felt directly impacted by work undertaken to implement the recommendations, and therefore there was diminishing trust within Ambulance Victoria. It appears to be a barrier for reform. The systems act as a barrier, and again, Ambulance Victoria have said that they would implement these. However, they have not been. I am just wondering: what is your understanding about the number? The 25 priority recommendations may be there, but have they all been implemented?

Anita L'ENFANT: There are two that have not yet been implemented.

Georgie CROZIER: Which ones are those?

Anita L'ENFANT: I will have a look.

Georgie CROZIER: You said 33 and encouraging a speak-up culture, which comes under safety, and then flexibility and career advancement. Recommendation 33 is 'Building knowledge, capability and accountability'. Is that still outstanding?

Anita L'ENFANT: I cannot tell you whether they are outstanding right now, because our work finished in January. But at the time they were outstanding, and there were some specific reasons around why they were outstanding. With the speak-up culture, it was seen that they needed to get the PSBD in place first. So there were some reasons around that.

Georgie CROZIER: Thank you. One of the barriers you described, 'Investment in an identified paramedic archetype', is very general, I think. But that is then your recommendation about the diversity and inclusion. Can you just speak to the committee a little bit about that and how many roles you recommended to Ambulance Victoria for them to provide to deal with that issue?

Anita L'ENFANT: When we spoke about focusing on that particular archetype, we used that as a way of helping Ambulance Victoria understand the way that their –

Georgie CROZIER: It is pretty general, though, isn't it? It is pretty general in terms of how you describe it, identified as a white non-disabled man described as confident and stoic. I mean, it is pretty –

Anita L'ENFANT: I am not sure what you are asking me.

Georgie CROZIER: Well, I am just saying that you have said that that was a barrier and you have described paramedics in that way –

The CHAIR: We are short of time.

Georgie CROZIER: I understand that, but I think this is an important point – and yet you have said that you have provided to AV that they needed to be inclusive. So what recommendations around those roles to deal with those issues did you make to AV?

The CHAIR: Just 30 seconds.

Anita L'ENFANT: I am so sorry; I am not sure we are really understanding this from the same perspective. The description of the archetype is to say, 'Your systems are built to support who you think is your workforce, which is this archetype particularly. Build your systems to think about the other types of people who are in your workforce that may not fit into that archetype.' So that was the recommendation, or that was the –

Georgie CROZIER: Did that come through from the response?

The CHAIR: Sorry, we are going to have to move on, I am afraid. I am really sorry. Ms Gray-Barberio, it is over to you.

Anasina GRAY-BARBERIO: Thank you, Chair. Good afternoon, and welcome this afternoon.

Anita L'ENFANT: Thank you.

Anasina GRAY-BARBERIO: I want to touch on the survey that you did, which received more than 2000 responses. Were a lot of those responses from women who had experienced sexual harassment, bullying and victimisation?

Anita L'ENFANT: The first survey we did – yes, absolutely.

Anasina GRAY-BARBERIO: Okay. I am just going to follow up. One of your findings in your phase 1 report spoke about the need to increase the representation of women in senior operational and specialist clinical roles. What cooperation did you receive from senior leadership and Ambulance Victoria to respond to, I guess, those gaps in the system?

Anita L'ENFANT: Yes, absolutely. I will take the first part of your question. On the types of experiences that we received in the statistics, which you will have there, most of the survey respondents reported discrimination: 47.2 per cent of survey respondents reported experiencing discrimination that presented as

verbal, physical or written abuse; 17.4 per cent reported experiencing sexual harassment – examples of that were sexually suggestive comments or jokes and unwelcome touching; 52 per cent reported experiencing bullying, and that was in the form of exclusion from work activities, particularly in isolated settings, and victimisation. People who reported felt that they were not then supported.

Anasina GRAY-BARBERIO: Can I just interject, just following up on Ms Crozier's question around one of the recommendations that is yet to be implemented, which was on the speak-out culture. Do you think there is an under-reporting of these issues from women that is parallel to, or having some kind of interaction with, the speak-out culture as something that the senior leadership at Ambulance Victoria are finding difficult? Or are they perhaps, in your opinion, not willing or committed to actioning to ensure that these issues at a systemic level can be addressed?

Anita L'ENFANT: That certainly is in line with the research that shows that under-reporting is real, and that is there, acknowledged in the report. What we did find, in response to the delivery of the phase 1 report, is that many of the responses to us asking staff how they felt and what the impact of this was, was that they felt that there was more of a speak-up culture or that the ability to speak up about these things was something that was more accepted.

Anasina GRAY-BARBERIO: Sorry, I am just conscious of time. During your review, did you find any findings that pointed towards the exodus from Ambulance Victoria showing an overwhelming demonstration of women leaving due to some of these systemic issues?

Anita L'ENFANT: Not particularly of women, but that certainly was something we did find – that people who did not feel their issues were addressed would leave. Not particularly women in that space though. In terms of the make-up of women in the organisation, there have been efforts to include women in senior levels. We have not seen that yet filtering towards the rest of the organisation.

Anasina GRAY-BARBERIO: Thank you very much.

The CHAIR: Thanks. I will hand over to Mr Batchelor.

Ryan BATCHELOR: Thanks, Chair, and thanks to all of you for coming along today and for the very important work that the human rights commission has done here. If I could get you to go back to the core of the inquiry and get your reflections on what were the drivers, the causes, of the issues that you were brought in to confront, what did your work identify as being those drivers? Because we talked a little bit about how we are going to deal with it; I am just trying to get a bit on the record about the problem that existed in the first place and what you thought was creating it.

Anita L'ENFANT: Yes. In the phase 1 report the drivers are listed as a command-and-control culture, and that is where the archetype comes in in terms of rethinking how we do this. Having a command-and-control culture and really having a focus on the work that is done – which we found was a strong focus and a strong commitment to the work of Ambulance Victoria throughout the organisation, through both of the reports. That focus has led to an acknowledgement of the stereotypical archetype, and therefore the systems are built around that – systems that do not support things like an acknowledgement of flexible work as a given rather than having to apply for those things and putting those things into regular scheduling and rostering. That reluctance to do that, the idea of trying to silence and keep silent those discrimination occurrences, was something that was a real driver in phase 1, those sorts of particular areas.

Ryan BATCHELOR: Yes. Sure.

Anita L'ENFANT: Is there something that you want to add?

Julia MANNING: Yes. We have got the list.

Anita L'ENFANT: Yes. We can actually read them all out to you. Do you want to do that?

Julia MANNING: Sure. There were a few drivers that were explicitly identified in the phase 1 report. The first one was power imbalances; secondly, organisational tolerance and a culture of silence and disrespect; thirdly, disproportionate focus on operational KPIs; fourth is leadership and management gaps; fifth is structural barriers; and sixth is work-related risk factors.

Ryan BATCHELOR: Obviously there has been some recent reform, there have been changes in leadership. How effective do you think the organisation has been at getting on the journey to change?

Anita L'ENFANT: I can discuss our findings, not my personal opinion. Our findings have shown that there has been work done, and the effectiveness, from what we hear, is different in different places throughout the organisation, so it depends on where people sit in the organisation as to how effective those changes have been.

Ryan BATCHELOR: I have only got 10 seconds. Do you think, overall, right track or wrong track in terms of the direction?

Anita L'ENFANT: That has not been a part of what we are able to comment on.

The CHAIR: Thank you. I will now pass over to Mrs Hermans, who is online.

Ann-Marie HERMANS: Thank you. And thank you so much for coming in. I do appreciate the work of the equal opportunity and human rights commission and really appreciate your submission. I do have a number of things that I would just like to take up based on what some of your colleagues have been mentioning. You have mentioned in phase 3 that perpetrators will be held accountable and complainants will not be victimised as something that you would like to see happen. That then suggests that perpetrators have not been accountable and that complainants have been victimised. Can you give us some greater understanding in terms of perhaps workplace culture and AV leadership of what that looks like? What types of things are we actually having to deal with here in terms of where perpetrators have not been accountable and where complainants have been victimised?

Anita L'ENFANT: Yes. Throughout both the reports there are descriptions of exactly the types of things that have happened. One of the things that particularly comes to mind is that people who have spoken up in the past, before the delivery of our report, have not been listened to and have then felt that they did not want to speak up because their opportunity for progression might be something that is not there for them because they have spoken up in terms of victimisation.

Ann-Marie HERMANS: Just to be clear, though, it is one thing to say that 'I don't feel comfortable to speak up in case I don't get the promotion', but it is another thing to actually suggest that they have genuinely been victimised in this way.

Anita L'ENFANT: Yes.

Ann-Marie HERMANS: And it is another thing to actually say that there are perpetrators who are not being held accountable. Try to be a little bit more specific and drill down into a little bit more of the important – I mean, obviously these are incredibly important issues. Just to give us a broader understanding of how improvements can be made, it would help if we fully understand a little bit more, if that can be unpacked just a little bit more in terms of leadership and workplace culture.

Anita L'ENFANT: Yes. At the time of the phase 1 review the complaints process that was in place was found that that absolutely did happen, that perpetrators were not held to account, that people were moved on into other areas rather than the perpetrator being held to account, and again, it is all in the phase 1 report. And yes, we absolutely did hear about people not feeling like they had been considered or their applications for career advancement had been considered because they had had spoken up.

Ann-Marie HERMANS: In more recent times, with the changes that have taken place, would you say that this is still an issue within the workplace culture and within the AV leadership?

Anita L'ENFANT: The phase 3 audit did not delve back into those questions on experiences, because we are only halfway through the process of reforms, and that was an agreement as part of the phase 3 audit. Did we hear that there were still elements of that happening? Yes, we did. What we did hear, though, was –

Ann-Marie HERMANS: If you could give us a bit of clarity on what that would look like based on what you have been hearing – sorry to interrupt you; there is a bit of a delay.

Anita L'ENFANT: That is okay. Yes, we did hear that there were elements of that still happening. We did hear, though, about the way that the framework of the PSBD was addressing those.

The CHAIR: Thank you very much. We are out of time. I know there are a couple more minutes for questions. I am going to throw to Ms Crozier first and then Mr Galea, but I will shorten the timer so it is all clear.

Georgie CROZIER: Thank you. I just want to go to the point. We have heard from witnesses throughout the inquiry and we heard from Danny Hill just before lunch, who made the point around the pressures and stresses and mental health impacts on paramedics. They are very significant. He said the mental health impacts of the current system are incredibly serious and they are leading to a lot of the issues. We have heard from other paramedics who have talked about flexibility and long shift hours. Nothing seems to have changed given the work that you have done. So I am concerned that you started that work in 2021 and we are now in 2025 – we have had a significant failure in leadership – but we have still got these very significant issues occurring. You speak about the barriers – the inconsistent approach to workplace flexibility and these other barriers. In your mind, just from the work of the commission, what was the number one barrier that you felt was just the overwhelming issue that was most paramount?

Anita L'ENFANT: That inconsistent approach to flexibility – gosh, the number one is a hard one to choose.

Georgie CROZIER: I know. It probably is. But I just think – what were you hearing? I am trying to get a sense of what the issues are and therefore those recommendations. So if you are hearing, 'Look, it was overwhelming' – we heard that was the main concern.

Anita L'ENFANT: Yes, pretty much.

The CHAIR: You have probably about 10 seconds if you want to answer that question.

Anita L'ENFANT: The ramping, those pressures – the time pressures and the lack of ability for –

Georgie CROZIER: To do their job?

Anita L'ENFANT: individuals to actually get the flexibility when they needed it – and therefore there is distributed leadership in there, where things have to go up and be approved more centrally. That is a significant issue.

The CHAIR: All right, thank you. I will pass on to Mr Galea now.

Michael GALEA: Thank you, Chair. Thank you again. Just a quick question: the phase 3 progress evaluation audit, that was primarily focusing on the – was it 24 or 25 –

Anita L'ENFANT: Twenty-five, yes.

Michael GALEA: priority recommendations from phase 1 –

Anita L'ENFANT: Yes.

Michael GALEA: There are an additional 19 recs from phase 2, and they were outside the scope of your review. Is that right, or are they also considered?

Anita L'ENFANT: No, you are absolutely right. The 25 were within the scope of the audit. The additional were outside the scope of that particular audit.

Michael GALEA: I see. So there is no plan from the human rights commission to come back to those additional 19?

Anita L'ENFANT: No. We would happily do it if there was funding available to do it, but no.

Michael GALEA: That is up to AV to report that.

Georgie CROZIER: How much did it cost you? You need more funding.

Anita L'ENFANT: Oh, gosh. I do not think we can share exact numbers, but yes, the plan to do the audit was where it could be most helpful, and it made sense to do it as the reforms were progressing.

Michael GALEA: To focus on the priority ones that you looked at most, yes?

Anita L'ENFANT: Yes.

Michael GALEA: Thank you.

The CHAIR: All right, we might bring this session to an end. Thanks very much for your appearance today. We really appreciate the evidence you have given, and we will call it a close. Thanks very much.

Witnesses withdrew.