

PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE

Budget estimates 2020-21 (Donnellan)

Melbourne—Tuesday, 15 December 2020

MEMBERS

Ms Lizzie Blandthorn—Chair

Mr Richard Riordan—Deputy Chair

Mr Sam Hibbins

Mr David Limbrick

Mr Gary Maas

Mr Danny O'Brien

Ms Pauline Richards

Mr Tim Richardson

Ms Nina Taylor

Ms Bridget Vallence

WITNESSES

Mr Luke Donnellan, MP, Minister for Disability, Ageing and Carers,

Professor Euan Wallace, Secretary,

Mr Ben Rimmer, Associate Secretary; Deputy Secretary, Housing; Chief Executive Officer, Homes Victoria,

Mr Argiri Alisandratos, Deputy Secretary, Children, Families, Communities and Disability,

Mr Greg Stenton, Deputy Secretary, Corporate Services,

Ms Simone Corin, Executive Director, Quality, Improvement and System Reform,

Ms Jackie Kearney, Executive Director, Health and Wellbeing,

Mr James MacIsaac, Executive Director, Social Services, and

Mr Phil O'Meara, Executive Director, Social Services, Department of Health and Human Services.

The CHAIR: Thank you, Minister, very much for joining with us again tonight for consideration this time of the disability, ageing and carers portfolio.

We again invite you to make a 5-minute presentation, and then this will be followed by questions from the committee.

Visual presentation.

Mr DONNELLAN: Thank you. This year has obviously been a tremendously challenging one for Victorians living with a disability who have increased vulnerability to the impacts of COVID-19 and are yet so reliant on the care and connection provided by people around them. It has reinforced the need for the government to be proactive in ensuring people who need specialist help are getting it. It is not enough to rely on the market to deliver it. What is demonstrated through this budget is an ongoing and unwavering commitment to support vulnerable Victorians, with a particular focus on those in residential care and also people who need help accessing and navigating the NDIS, as well as those who are ineligible for the scheme but still need support and clients whose services overlap with state-run services like health.

In all there is an extra \$461 million in supports over the next four years on top of existing services and operational funding across the disability, ageing and carers portfolio. Specifically in relation to disability, as we know, as part of the bilateral agreement with the commonwealth Victoria contributes \$2.5 billion to the NDIS each year plus indexation. This transition to the NDIS is close to being completed, but the challenges in ensuring the scheme delivers on its promises remain. Beyond this contribution there is much more we are doing to support Victorians with a disability. It would be remiss of me to not start by mentioning the \$1.6 billion in record investment to transform support for students with a disability in Victorian government schools, doubling the number of students who receive extra support in the classroom to 55 000. In addition to this the Andrews government will invest an extra \$223 million over the next four years to support Victorians with a disability who are not eligible for the NDIS across a range of areas, which I will detail later.

The Victorian government is also due this year to finalise the new state disability plan, which guides state supports for all people with a disability and promotes and benchmarks our progress in supporting inclusion and participation across all aspects of society. To do this requires significant consultation with people with a disability and advocacy groups. But due to the pandemic this consultation program obviously had to be paused to ensure that the vulnerable cohort was protected from the virus and also to focus on the immediate supports required during this pandemic. I am glad to report this program is to start development and the state plan has now restarted as of 3 December. And ahead of next year's budget we have committed an extra \$11.7 million for a range of activities in support of the current plan and ongoing advocacy. Most notably, there is more than \$7 million to deliver the new *Victorian Autism Plan*, which I launched a year ago, with particular focus on clinical assessments so that people can then get the publicly funded services they require. There is also

\$6.7 million to continue the disability worker regulation scheme, with registration of workers due to start on 1 July 2021.

The next slide provides an overview of the outer scope supports that are being provided by the Victorian government. In particular I would like to highlight that younger people living with disability who are ineligible for the NDIS will be afforded the independence they deserve, with another \$41.9 million through our home and community care program for younger people. Our community health centres will receive an extra \$15 million so they can assist people with disability accessing the scheme where they require clinical assessments or reports. As part of this, \$5 million has been allocated to provide coordination and supports for Victorians with complex needs, including continuing the government's intensive support team for a further two years, which has already helped more than 1300 Victorians with complex needs who have had difficulty navigating the NDIS to receive the care that they appropriately deserve. We are also providing specialist accommodation for children with profound disabilities who were relinquished by their parents into the child protection system.

Moving on to aged care, I was delighted to go down to Cheltenham only last week to announce that we have allocated \$134 million to fund stage 3 of our modernisation of public sector aged care in metropolitan Melbourne, which is a 150-bed facility in Kingston as part of Monash Health. This is a very exciting project which will support older Victorians across the south-eastern suburbs. In country Victoria another \$10 million has been allocated to the rural residential aged care facilities renewal program in the 2020–21 state budget. A further \$900 000 was allocated towards the design of and planning for a new 90-bed public sector aged-care facility in Coburg, which is stage 4 of our modernisation strategy.

But it is not just about bricks and mortar and the fabrics; it is also about care for our seniors. Forty million dollars will support an increase in aged-care student placements—

The CHAIR: Thank you, Minister. I will give the call to the Deputy Chair, Mr Richard Riordan, MP.

Mr RIORDAN: Thank you very much, Chair. Thank you, Minister. Budget paper 3, page 245, states the government's objective is to:

... increase the satisfaction of those who care voluntarily for people with a disability ...

Still today we have people with special needs who live in supported shared accommodation unable to attend facility-based day care or therapy programs. If you are home based, you can attend, but if you are in shared accommodation, you cannot. This has been applied to locations that have not had active cases for months. To ease pressure on carers, Minister, when will you open day care and therapy sessions for those in shared accommodation?

Mr DONNELLAN: Well, all those decisions in relation to the safety of our vulnerable cohort are taken by public health; all our decisions in relation to day programs, full stop, including the opening up of hydrotherapy and others after stage 3, are guided by public health advice. That is what decides how we go about doing this. In terms of our day programs, they are open. Day programs are now available, and that was after that third stage of opening up, I think in November from memory. The last step, anyway, is that they were available to be open.

Mr RIORDAN: Right. So is there now full clarity and a full plan in place for all the ages and vulnerable groups and all their various activities in communities far and wide about the services and activities that are still not open yet? Is there clarity about the road map for them, or are we still having to wait for decisions on an ongoing basis?

Mr DONNELLAN: Well, they are open. They are available and they are open at the moment.

Mr RIORDAN: So there are no restrictions left. Is that what you are saying?

Mr DONNELLAN: Well, no. They have indicated they can open subject to, I think, density restrictions and the like. But say, for argument's sake, in terms of hydrotherapy, it was one-on-one for people who needed it initially, then after the opening-up stage, the third stage, it moved to, I think from memory, group sessions of up to 10. So it has opened up; people are able to go to day programs now. A lot of these day programs are obviously operated by private operators. They are not operated by the Department of Health and Human Services, so it is not just—

Mr RIORDAN: So that is my next question, Minister. Tell me: the Premier made much that the state public sector is still pretty much in major lockdown—until February, I think was the date he gave—so how many of these important services and support services that the department provides to these vulnerable groups and their carers are still sort of only phone based or people cannot actually go and get issues and support resolved?

Mr DONNELLAN: In terms of disability, as you would be aware, our residential services have transitioned to the NDIS, so that was about 5000 staff who transitioned there. In terms of disability service in the forensic space, we are still providing those services, so they are still being provided. Most of the day programs are actually run by private operators, so it is not a matter of all community service organisations or the like. It is more a matter of us asking and providing information to service providers about the public health advice, so that is our role in that space. We do not run and operate a whole lot of services in this space anymore.

Mr RIORDAN: Minister, is it your department that is responsible for concessions? I am just looking at the budget paper here. Do you cover concessions?

Mr DONNELLAN: Yes, I have got concessions.

Mr RIORDAN: For elderly concessions?

Mr DONNELLAN: Across a broad range of concession-holders.

Mr RIORDAN: For example, the rural transport concession for V/Line travel—does that come under you?

Mr DONNELLAN: No, that is the Department of Transport.

Mr RIORDAN: That is a special service where elderly pensioners were given four free tickets a year to travel.

Mr DONNELLAN: I think that is funded through the Department of Transport. Yes, I am just looking at officials.

Mr RIORDAN: So you have no say over that?

Mr DONNELLAN: No.

Mr RIORDAN: Just out of interest—it has caused a lot concern in a rural electorate like mine—have you advocated with your colleague at Transport about the fact that the department changed the process for that and made older and vulnerable people have to go online in the middle of a pandemic to update their details in order to access that quite valuable concession?

Ms KEARNEY: Would you like me to respond?

Mr DONNELLAN: Yes, I will get Jackie Kearney to specifically answer that question.

The CHAIR: Sorry to interrupt. The time has actually expired, so we will pass the call to Mr Gary Maas, MP.

Mr MAAS: Thank you, Minister. If I could take you to the topic of investment in public sector aged care—and the budget paper reference is budget paper 3, page 78—your presentation talked a bit about stage 3 of the Kingston project. I was hoping you would be able to take the committee through how the Kingston project will enhance the quality of care that residents will receive in public sector aged care in Melbourne's south-east.

Mr DONNELLAN: Okay. In terms of the investment, obviously we did that announcement last Friday, and that project is a commitment of \$134 million plus. It is focused on low-income people with both mental health needs and dementia, because what we are finding is that in terms of care for people with dementia it is not being taken up in terms of not-for-profits and the private sector in the levels that we had hoped, in a sense, if that makes sense. So it is very much about us as a government recognising that that is a cohort of the elderly that is not able to necessarily find the right supports and the right care in the CSO and the private sector, so it is very much about us ensuring that we are caring for the most vulnerable people in that community. As you would note, during the COVID-19 period of time our public sector aged care since 1 January had I think

15 cases of COVID in total. Three of those were in residents, and the remainder were in staff. We have got great staff, great support, and they have done a marvellous job during this COVID-19 period, but in many ways the building stock just was not up to scratch in relative terms compared to the quality of care being provided by the staff. This is part of a continuum of upgrades of these facilities. I think about a week or two earlier I was out at Wantirna. That is about a 120 aged-care facility. That again has a focus on those with low income, those with long-term mental illness and those with dementia, because it is just not a part of a market. The funding levels provided by the commonwealth government in that space are just not providing, to be honest, the incentives for the private sector and the community service organisations to do that.

This building will be fit for purpose. It is very much going to be dementia friendly, with a focus on high levels of mobility. So in other words, very flexible spaces. It will also have pandemic air conditioning, which was something that I was aware of and which has of recent months been obviously a particular focus. In other words, that has the capacity to zone off areas, flush the air out of the area and bring in only fresh air on an ongoing basis. So in other words, we can zone them off into smaller groups and provide greater protection through the building fabric and through the quality of the air condition that is actually being provided. That is going to be provided in all those new facilities, as I was indicating a little bit earlier.

Things like memory boxes for people with dementia will be outside their room at the one in Wantirna, for argument's sake, so that might jolt the memory of someone suffering dementia that that is actually their room, if that makes sense. These are sort of design innovations that the state government is applying to the building fabric, with recognition that obviously we have got the nurse-to-patient ratios where 80 per cent of our staff in our aged-care facilities are nurses, and that compares to other parts of the sector where the level of nursing staff is about 25 per cent. Our capacity for infection prevention and control is very strong because of that. That is a longwinded way of saying we needed the building fabric in many ways to match the quality of the staff and the commitment of the staff that we have in our public sector aged-care residential facilities.

Mr MAAS: Terrific. Thanks, Minister. I think I am out of time.

The CHAIR: Thank you, Mr Maas. I will pass the call to Mr David Limbrick, MLC.

Mr LIMBRICK: Thank you, Chair. And thank you, Minister and team, again. I wanted to follow on from something that I was talking to the youth justice minister about, and that is that the large number of children that are in the youth justice system who have a cognitive impairment, some sort of cognitive disability. Something in the budget paper related to this on page 247 of budget paper 3. It talks about the forensic disability service. I am interested in how we are using this service. I imagine that it is to try and reduce those numbers of people in the justice system who are there because of behavioural issues through some cognitive disability. Would a smaller number of people in, say, for instance, the youth justice system with cognitive disabilities be an indication of the success of this type of program? How do they interact like that? Because that is the ultimate objective, isn't it?

Mr DONNELLAN: The ultimate objective probably is to not incarcerate these people full stop, and I would agree with you. But I would be reluctant to say that in my portfolio, I am going to guess—

You know what I mean. Minister Hutchins—I was about to call her Natalie because she is a good friend.

Mr LIMBRICK: But this must interact with that, certainly.

Mr DONNELLAN: Yes. Look, that is very much why we have got Home Stretch and Better Futures to try and not have children enter the youth justice system. In many ways that is about recognising that we need to give them help. We cannot just have them at 15.9 years of age, I will say, try and guide themselves, especially if you have got an acquired brain injury or things like that. My understanding is the numbers in terms of young people in youth justice with acquired brain injury is high. I do not have the figure before me, but I do know it is high. And in many ways our forensic system is about recognising that we do have people with acquired brain injury and other injuries and their behaviour can be complex and that we need to provide supports and the like and provide a proper system. There is a crossover with the NDIS because that is obviously for someone who has a disability. We are working extensively with the NDIS to also try and get early supports in for some of these people, only because we have transitioned many of the supports we used to provide into the NDIS, and now we are trying to ensure that we have those supports provided to someone who is exiting the youth justice system. There is still more work to do in that space, but that is why that funding is there for the forensic

disability system. The NDIS has introduced youth justice liaison—I think it is four or five justice liaison people—to assist in that process of getting them the supports so they, to be blunt, do not re-enter jail at a later date, whether it be as an adult or youth justice.

Mr LIMBRICK: Thank you. With regard to adults, it is also my understanding that a lot of people have acquired brain injury that enter the justice system. Could this type of forensic disability thing be something that someone would get diverted to through, say, the Drug Court? Is that a possible way? Because one way that they can acquire a brain injury is through a heroin overdose or something. Is that a pathway that they can get into this type of system?

Mr DONNELLAN: Well, part of it will be to deal with some of the behaviours of the individual, and some of them might be sexual—there might have been previous sexual assaults or things like that. That is why we have got a forensic system, and then outside of that we have also got a system that deals with people with complex and potentially dangerous behaviour. Probably the forensic system deals more with the dangerous behaviour, but we have also got people, as you say, with other injuries like that that we also have in specialised residential facilities to actually support them, to ensure that they are supported when they have got such disabilities.

Mr LIMBRICK: Thank you very much. I think I am out of time—I could not quite see it.

The CHAIR: Almost. Thank you, Mr Limbrick. Mr Danny O'Brien, MP.

Mr D O'BRIEN: Thanks, Chair. Minister, just referring again to disability services, and particularly with respect to day care as we were talking about a moment ago, because of the second wave, the failures in hotel quarantine and the extended lockdown, many of our disability service providers were closed or heavily restricted for long periods of time, and for some of them that has particularly impacted on their financial state. What support is the government putting in place to assist them?

Mr DONNELLAN: Obviously, as I indicated earlier, these are private organisations—they are not government-operated services, and obviously they service NDIS clients. In many ways they are, I guess, largely the responsibility of the commonwealth government through the NDIS and the like. And whether that be in terms of capacity building or the like, I would very much look towards the federal government to enter that space. That was all part of the bilateral agreements which were undertaken I think in 2019, from memory. I might have to correct myself on that, but—

Mr D O'BRIEN: I guess the point of the question though, Minister, is only Victoria had the second wave and that has placed huge pressure on the whole community, but particularly the disability services community. So are you providing any further assistance for them?

Mr DONNELLAN: Absolutely. Look, I was very early to speak to the education minister to ensure that young people with disabilities were still able to attend SRS schools so that they got that stimulation, because many of them at the initial stages had been locked down for an extensive period of time, and that is incredibly difficult for family.

Mr D O'BRIEN: I get that, for the children in particular. What I am talking about, though, is particularly the disability service providers. I acknowledge that they are not funded generally by the state government—

Mr DONNELLAN: Well, they were never funded by the state government, so in many ways that is something that I really look to the NDIS to provide assistance and support for.

Mr D O'BRIEN: And on that, there are a number of these service providers, and they are normally not-for-profits, charities often, and often in particularly the country areas the NDIS market is pretty thin, so providing day care has been their bread and butter. And the fact they have not been able to do it for six months has been a significant issue. Can you provide a guarantee that none of those will be forced to close as a result of the second wave?

Mr DONNELLAN: No. Obviously I cannot because obviously they would be providing service to NDIS clients. Obviously we are providing a lot of support during that COVID period in terms of for residential services and things like that to ensure that they are providing care and the like during that period of time for

cleaning and so forth, so we put in about \$48 million across 2019–20, 2020–21 to fund a range of measures for all Victorians with disability to get the help they need during this period.

Mr D O'BRIEN: Sorry, that was across 2019–20, did you say?

Mr DONNELLAN: Yes, 2019–20 and 2020–21. So because obviously we are doing this late the periods are a little bit out of whack, but for argument's sake we funded \$7.5 million to sort of reduce worker mobility to ensure that people were not getting infected from people working at multiple sites. We were also investing in new disability liaison officers across the health system.

Mr D O'BRIEN: Yes. With respect, that is not the question I asked. Can I perhaps go back a little bit to the question Mr Riordan was asking. My understanding is that for many of these day care facilities anyone from shared accommodation is still currently unable to attend. Is that still the case?

Mr DONNELLAN: I do not believe so, no. No. I do not know where that came from.

Mr D O'BRIEN: Righto. The issue I guess is: I have got a personal example in my electorate of a 24-year-old whose mum is 60, she is his sole carer, they live out of town, he is used to going to his service five days a week and he is still restricted to one day a week because of the density requirements. And I guess I am asking: can you provide us with the medical advice that you have been given as minister that says that they still cannot open when those same people can go to the supermarket, can go to the cinema, can go to various other places? Why can't they go to their day care?

Mr DONNELLAN: Well, I do not have the advice available with me right away, but obviously we are guided by public health in all of these matters, and we take—

Mr D O'BRIEN: I would be happy to take it on notice if you can provide it, if it is written advice.

Mr DONNELLAN: Look, we will take that on notice and come back to you.

Mr D O'BRIEN: Okay. Thank you.

The CHAIR: Thank you, and I will pass the call to Ms Pauline Richards, MP.

Ms RICHARDS: Thank you, Minister and officials, for appearing here this evening. I would like to expand on the discussion you were having earlier with Mr Maas about the modernisation strategy and refer you specifically to budget paper 3, page 78. I am wondering if you can explain how the Kingston project fits into the government's modernisation of metropolitan public sector residential aged-care services strategies?

Mr DONNELLAN: It is actually going across the metropolitan area in different stages and trying to provide those better dementia-friendly—providing rooms that are individual rooms with individual ensuites so that, one, we can provide better care but also then we can isolate any instances of things like, you know, this pandemic. So stage 1 was a new \$55.5 million, 90-bed facility at St George's in Kew. This project was pretty much ready to go—is ready to go—but it is being kept. We have not formally got it up and running because of the fact that we kept it aside just in case it was required for COVID-19. So that is a new 90-bed facility at St George's in Kew, and that is very much stage 1.

As I mentioned a little bit earlier, stage 3 is Kingston, but stage 4, next cab off the rank, will be Coburg, which is \$900 000, which I think the Chair in front of me will be reasonably happy with because that is a new facility there. That \$900 000 is very much to provide design and planning for that space. That be followed by stage 5 in the outer north and stage 6 in the outer west.

A significant proportion, as I was saying, of these residents in all of our public sector aged care have very complex care needs. Many will not be taken up, as I was saying a little bit earlier, in terms of there just is not the capacity in the not-for-profit and private sector, in their assessment, in terms of the funding levels for them to provide care for people with complex behaviour, and that includes dementia and mental illness. So we are very much making sure that with the nurse-to-patient ratios we have we are taking up that work that very much needs to be done. That is why we are sort of doing it in stages and ensuring that we have those facilities available across the metropolitan region.

Ms RICHARDS: And to keep our Chair happy with information about what is going on in her community I would like to refer you to budget paper 3, page 63, and that funding for stage 4 at Coburg. I am interested in understanding what that funding will deliver.

Mr DONNELLAN: Well, another high-quality facility—individual beds, individual rooms with ensuites. It will be a 90-bed facility—greenfield site, so it will be totally new—at 2 Grassland Avenue in Coburg. It will consist of 45 high-dependency beds and 45 aged persons mental health beds. So while we are building Wantirna and Kingston, we are very much going to get on with the job of looking to plan Coburg so that the inner northern suburbs have that capacity and availability there. It is very specialised design work in this space because you have got to understand the flow patterns of how people work in environments like this. So it is not the type of thing that you could put out to the broad-based architectural market. It is something that is very specific in terms of both hospitals and aged care because of the way they operate, so you need highly skilled individuals to do that work with a lot of experience.

Ms RICHARDS: Thank you, Minister. I refer you to budget paper 3, page 21. These projects are for metropolitan Melbourne, which is obviously very important, but I am interested in what the government is doing to enhance and improve public sector aged care in regional Victoria.

Mr DONNELLAN: Well, we represent 10 per cent of the aged-care beds across the state and in regional and country Victoria we provide 80 per cent of aged care, so the honest truth is without the state government being in that space there would not be the capacity of aged care in country and regional Victoria. So our aged-care operations, there are 159 across 103 regional and rural areas, and this might be a group of five, it might be a group of 10 even and sometimes larger, but a lot of the time these will be under the auspices of a local health network, linked to a local health network, and in many ways—I will put it bluntly—there are not the volumes for the private sector to look at really entering there with profits.

Ms RICHARDS: Thanks, Minister.

The CHAIR: Thank you, Minister. Mr Sam Hibbins.

Mr HIBBINS: Thanks, Chair. Thank you, Minister and team, for appearing this evening. I want to ask, and to the extent that you are able to answer questions about the government's Big Housing Build—

Mr DONNELLAN: A little bit, but not a lot. But I will give it a go.

Mr HIBBINS: to what extent will houses be made suitable for people living with a disability—understanding there is accessibility but there is also public housing or social housing that actually requires, you know, specialist modification, what have you. To what extent is that going to be catered for?

Mr DONNELLAN: I think from memory—this is just going from memory, and I will look for the sheet in two seconds—40 per cent of all people in public sector housing are on a disability pension; that is just a basic fact. I think under the Minister for Planning's new design guide 5 per cent of all units in the state which are built have to have high levels of capacity to move around. So they have to be built to a higher standard in a sense of able to be moved around in. But I will just grab that, if you will bear with me for two seconds.

As we know, obviously a lot of people will be looking to the NDIS, and that is about 5000 to 6000 people approximately in Victoria who will be covered by the NDIS, but the rest will obviously have to be looking at public housing. People with disability already have priority access to public housing—as I was saying, 40 per cent. So as part of the new \$2.7 billion which was announced in May, \$498 million will be used to build and upgrade community and public housing as part of the building works package. With that in mind, because we have got 40 per cent of our rebated renters within public housing, all new homes constructed by Homes Victoria as part of the Big Housing Build will aim for silver rating from Livable Homes Australia as a minimum. They will work with people with disabilities to ensure the appropriate outcomes for those identified needs. The Better Apartments Design Standards introduced in April 2017 include requirements for at least 50 per cent—I have well and truly bugged that figure up, so I should not go from memory; it is not 5 per cent, it is 50 per cent—of all new apartments, not just social housing, to include design features that meet the needs of people with limited mobility and obviously older people with disabilities.

So that is in the thinking of the government—because we have got so many people on disability pensions, not all of them may necessarily have a physical disability, but there is a need to provide wider entries and all that type of stuff to allow flexibility to come in and out of apartments.

Mr HIBBINS: Yes. So I guess what I am getting at is that there will be both a general accessibility for dwellings but also if tenants require them, there will also be an opportunity to get the more specialised—

Mr DONNELLAN: Yes. That is what the intention is, yes, absolutely.

Mr HIBBINS: All right. Terrific. Thanks a lot. No further questions.

The CHAIR: Thank you, Mr Hibbins, and I will pass to Mr Tim Richardson, MP.

Mr RICHARDSON: Thank you, Chair. Thank you, Minister and department representatives, for joining us again. Minister, I want to refer you to budget paper 3, pages 63 and 67, regarding ‘Clinical placements for aged care safe patient care’ and ‘Future provision of public sector residential aged care’. We know that while Victoria remains the largest public sector provider of aged care in Australia, the commonwealth are the primary funders and regulators of the sector. In the wake of the coronavirus pandemic, which devastated private nursing homes, are you able to explain for the committee’s benefit the Victorian government’s new investment in clinical placement programs and how this will improve the quality of care for residents?

Mr DONNELLAN: Yes. Look, this was, I think from memory, a \$40 million commitment. It recognises that in many ways we certainly needed to be so much better prepared. We tragically lost, I think, 652 people in aged care during this period of time. But in many ways what that highlighted was that our infection prevention and control was not up to scratch and that more needed to be done. If you look at the public sector residential aged care, we had, as I was saying a little bit earlier, 15 outbreaks in total. A lot of that can be attributed to, I believe, the nurse-to-patient ratios, which were one to seven during the day, one to eight in the afternoon and one to 15 in the evening—with the one to seven in the morning with a charge nurse as well. That is about having quality staff there, really, who are highly trained and highly skilled. As I was saying a little bit earlier, 80 per cent of our staff in our aged-care sector are nurses; that is on average across the for-profit and not-for-profit sectors.

So this is very much about really saying we want to, I guess, partner with the federal government to look at providing greater numbers of nurses into the aged-care sector, and as you will note, the royal commission indicated that I think the preparations in relation to the pandemic in the private and not-for-profit sectors were lacking, to put it simply, and that there needed to be better training, including recently, I think, a recommendation which came out which suggested really the need to work with the localised health services, both private and public, to really link them into aged-care facilities to provide that skills training and provide that guidance, provide that clinical care which is just so desperately needed.

So this is about really saying, ‘Look, we’re happy to enter that space’. We’re happy to work with the federal government, and we really want to ensure that we have got enough stock or numbers of nurses, to put it simply, to be able to provide that quality care. That is why there was that announcement. I guess in many ways we will await the outcome of the royal commission and obviously await the outcome of the federal minister’s full response to the royal commission, but there have obviously been some responses to date, and because the royal commission has not finished, obviously there will be a later response at a later date. But that is an area where we really believe that in terms of the care and quality of the care, the big difference is having those highly skilled nurses there. I very much thank them for what has been an incredibly difficult period for all people in aged care, whether you are a nurse, a cook or whatever, for the work they have done and probably in many ways for the trauma many of them have suffered from seeing patients or residents that they have worked with pass away.

Mr RICHARDSON: I might leave it there, Minister. I do not think I will get another question out. Thank you.

The CHAIR: Thank you, Mr Richardson. I will pass to Ms Vallence, MP.

Ms VALLENCE: Thank you, Chair. Minister, if I can turn you to page 23 of the ‘Jobs Plan’, it states that:

Recognising the overwhelming number of women in personal caring roles, the Government will invest ... to support pathways into employment in the community services, disability and aged care sectors.

How many women will be supported with this initiative?

Mr DONNELLAN: Look, I think the initiative is approximately with the intent to—I think it was about 150 from memory. I might be corrected on that, but I think it is—

Ms VALLENCE: One hundred and fifty women?

Mr DONNELLAN: Yes, approximately.

Ms VALLENCE: Okay. Could you clarify that perhaps on notice if you do not have it available at hand?

Mr DONNELLAN: Yes. Look, I think there is the carers program to get carers into work or back into work; that is approximately 150. There is the graduate program for people to go into child protection, which is a \$3.6 million program to encourage people to, I guess, get experience in child protection initially—and a lot of the time that will be an administrative role, so they are not necessarily making critical decisions—and I do not have the numbers at hand for that one. So there are multiple programs across different parts of it. They are all encouraging people to go into human services, but they are all separately funded in different programs.

Ms VALLENCE: Sure. I appreciate the initiative in relation to supporting women, but I do know actually of a number of males who are disability and aged-care workers. Will males be similarly supported into the sector?

Mr DONNELLAN: Look, the programs I have talked about are not women or male specific; okay? You asked me about the numbers for I think one of the programs, which is about 150, but it was not 150 women, it was 150 persons. The graduate program is not necessarily in child protection, is not—

Ms VALLENCE: I am just referring to that specific item in the 'Jobs Plan' at page 23, and it specifically refers to women getting into that sector. But look, that is fine—150—and if you could—

Mr DONNELLAN: Look, I might correct myself on that, but I will—

Ms VALLENCE: And whilst you are looking that up, it is not detailed, the number of women, in the budget paper, but what is your measure of success for the program?

Mr DONNELLAN: Well, obviously getting people into work.

Ms VALLENCE: Okay; great.

Mr DONNELLAN: I guess that is the simplest way of doing it. Well, that is the purpose of the exercise, so that has got to be the measure.

Ms VALLENCE: Yes; okay. Now, the disability worker regulation scheme has received funding in the budget for this year only; it seems to have been cut in the forward estimates. How will the ongoing cost of the scheme be met?

Mr DONNELLAN: That will be in the next budget, which is only just around the corner, as we all know. I will obviously be bidding for that, but because it is a new agency set-up, we have given them an initial allocation to get started, and then once I guess we get a greater sense of the requirements, costings and so forth, then we will do funding over the forward estimates. But that is not unusual; I think we have done that with various new agencies we have set up, like I understand the Commission for Children and Young People initially was set up with an initial budget to start. And then once I guess we get a sense of what it is going to cost to run, then we look at funding it through the forward estimates. Look, it is a good scheme which will in many ways—

Ms VALLENCE: We will discuss it again in May, I guess.

Mr DONNELLAN: Yes. Look, I am happy to discuss it in May. I will keep going.

Ms VALLENCE: Just to follow up in terms of the clinical placements that will be provided across the forward estimates for aged care, safe patient care, how many clinical placements will there be for the \$40 million investment?

Mr DONNELLAN: I do not actually have that on hand, but it obviously is—

Ms VALLENCE: Would you be able to provide the number of placements you are targeting on notice?

Mr DONNELLAN: Look, I am happy to provide it on notice. I will just ask if we have got a specific figure. In fact I will get Jackie, if you do not mind.

Ms KEARNEY: Sorry, Minister. The Department of Health and Human Services has yet to identify a specific figure. There is work to be done to identify the craft groups that will be involved in that. So as the minister has pointed out, it will focus on nurses, but it will also focus on allied health and aged-care assistance. So based on the craft group we will be able to determine the number.

Mr DONNELLAN: It is actually a subsidy to the providers to take on the clinical placement. So it is actually a subsidy to providers.

Ms VALLENCE: Right, but you have allocated funding without specifying how many—

The CHAIR: Thank you, Ms Vallence, your time has expired. I will pass the call to Ms Nina Taylor, MLC.

Ms TAYLOR: Could you please explain how the initiative that is explained in budget paper 3, page 72, delivers for autistic Victorians and the *Victorian Autism Plan*?

Mr DONNELLAN: Yes, happily. Thank you, Nina. The plan was released in December 2019, backed by \$7.1 million in funding at the time, in response to a state parliamentary inquiry into services for people with autism spectrum disorder. The plan has a five-year outlook and is guided by the same outcomes focus of the disability plan *Absolutely Everyone: State Disability Plan 2017–2020*. In other words, it is about making sure autistic people can enjoy opportunities for choice, participation and contribution with our community. It is estimated that one in every 100 Victorians has autism, but as there is no easy, definitive test, it is possible that many live without a diagnosis, so the true rate of occurrence may be higher. The peak body, Amaze, as well as other Victorian autism and disability organisations were closely involved in the development of the plan. The group has an ongoing role in advising on the implementation of the plan, and I would like to obviously thank them for the work they have done, because they are great organisations. As part of the launch of the plan we established Australia's first social behavioural change campaign to promote better understanding and inclusion of autistic people, supported by \$2.8 million from the government in partnership with Amaze.

To this year's state budget, we are backing our autism plan with a further \$7 million for 3150 extra publicly-funded autism assessments over the next four years to improve access to early intervention and support—and that is just so vital, because so many parents simply do not have the capacity to get these assessments undertaken in terms of funding, and it is just so vital to identify and get it right in terms of what plans you actually put in place—and that adds to \$2 million we already funded in the last budget for 475 autism assessments and diagnoses through child and adolescent mental health services. We know, just as I was saying a little bit earlier, how expensive it is.

To get into the NDIS you need to have these assessments undertaken so you can actually get on the pathway and get services funded. I think it is 27 per cent of our participants from Victoria in the NDIS that have got autism. That is a high level, and I understand that is probably a little bit below some of the other states, where it is closer to 30 or 31 per cent. So I really do not know what to make of that here, but obviously there is a need to do these assessments, and I think they are very much welcome.

I should also note that we provided \$280 000 in COVID-19 support funding to small autism organisations that have been significantly impacted by the pandemic. And separately there has obviously been a massive injection of funding, as I said a little bit earlier, from the department of education in terms of schooling to assist—my understanding, I think from memory—55 000 children in terms of their education at schools. And there was I think also funding in the prior budget or the budget before of \$218 million, through education again, to provide

supports and the like for children with autism at schools. In many ways it is about really the government together bringing different parts of the service provision we have to actually support our children with autism.

Ms TAYLOR: Thank you. And keeping with the same budget paper reference, page 72, noting your progression with the implementation of the *Victorian Autism Plan*, can you update the committee on the development of the new state disability plan 2021–24?

Mr DONNELLAN: Yes. Look, that is obviously a lot of the work we would have liked to have done this year, but it has not been possible. As I think I was saying a little bit earlier, I think from memory obviously we have got the consultations up and running again, but a lot of this year has been lost, which is pretty frustrating. But the development of the plan, which will guide us from 2021 to 2024, will really be about post-NDIS transitions. In other words, a lot of our residential services, other services that we used to provide will have gone over to the NDIS. In many ways it will be focused from direct service delivery to more access and inclusion in the community. So that is why in many ways we as a—

We have got to do it all together.

The CHAIR: Thank you, Minister. That concludes the time we have available for consideration of your budget estimates this evening. We thank you and all of your officials for appearing before our committee today. The committee will follow up on any questions taken on notice in writing and responses will be required within 10 working days of the committee's request. We thank all ministers and officers who have given evidence to the committee today, Hansard, the secretariat and of course the cleaning staff and the catering staff. The committee will resume consideration of the 2020–21 budget estimates tomorrow. We declare this hearing adjourned. Thank you.

Committee adjourned.