

Public Accounts and Estimates Committee

Inquiry into the 2019-20 Financial and Performance Outcomes

22 February 2021

Department of Health and Human Services

Witnesses:

- Professor Euan M Wallace AM, Secretary, Department of Health
- Mr Ben Rimmer, Associate Secretary, Department of Families, Fairness and Housing; Chief Executive Officer, Homes Victoria
- Ms Katherine Whetton, Deputy Secretary, Mental Health, Department of Health
- Mr Argiri Alisandratos, Deputy Secretary, Children, Families, Communities and Disability, Department of Families, Fairness and Housing
- Mr Chris Hotham, Deputy Secretary, Health Infrastructure, Department of Health
- Ms Eleri Butler, Chief Executive Office, Family Safety Victoria
- Ms Sandy Pitcher, Secretary, Department of Families, Fairness and Housing
- Mr Greg Stenton; Deputy Secretary, Corporate Services, Department of Families, Fairness and Housing
- Mr Ben Fielding, Deputy Secretary, Commissioning and Service Performance, Department of Health
- Ms Jacinda de Witts, Deputy Secretary, Regulatory, Risk, Integrity and Legal, Department of Health
- Ms Chris Asquini, Deputy Secretary, Community Services Operations, Department of Families, Fairness and Housing

QUESTIONS ON NOTICE**QUESTION 1**

In relation to the Ballarat Health Services redevelopment and expansion :

How much of the estimated expenditure, per the budget documents we are talking about, has been spent to date? I note you have budgeted more money in subsequent budgets, but how is it tracking to this budget?

Mr RIORDAN: My first question today is for Professor Wallace—the Department of Health's questions. Page 53 of the questionnaire, the Ballarat Health Services redevelopment and expansion—it was said that this was due to be completed in July 2018 and now has a completion date of June 2026. This is an extensive delay for the people of Ballarat. However, the Victorian Health and Human Services Building Authority lists on its website that it is in fact going to be completed in 2027. For a project that is already incredibly late, why is there this inconsistency in completion dates, and can we expect further blowouts or costs from those put in the budget?

Prof. WALLACE: Thank you. Look, I might ask Mr Hotham, who looks after our infrastructure portfolio, to answer.

Mr HOTHAM: Thanks for the question, Mr Riordan. Effectively the revision to the dates in the questionnaire does not relate to an elongation of the project. The July 2018 date was for the business case to be completed. The business case was completed on time. The profile of the project is now out to 2026. As I say, the projected completion is June 2026.

Mr RIORDAN: Right. So the listing of 2027 is not correct in the health authority's—

Mr HOTHAM: That is not the advice that I have had. June 2026 is still our estimated completion date for that project.

Mr RIORDAN: Okay. And is it still on budget?

Mr HOTHAM: It is still on budget.

Mr RIORDAN: Right. **How much of the estimated expenditure, per the budget documents we are talking about, has been spent to date? I note you have budgeted more money in subsequent budgets, but how is it tracking to this budget?**

Mr HOTHAM: I do not think I have that to hand, Mr Riordan.

Mr RIORDAN: Can you just take that on notice, please?

Mr HOTHAM: I will have to take that on notice, yes.

FPO Hearing Transcript, p. 5

RESPONSE**Answer:**

The expenditure to date on the Ballarat Base Hospital Redevelopment is approximately \$300,000.

The 2019-20 Budget Papers reflect tracking to the project's original intended completion date of June 2026. Now with the announcement in late 2020 of additional scope to the project, in the form of an \$80 million Central Energy Plant, the full new project will be completed in late 2027.

QUESTION 2

2a: Has all of the asbestos at the Victorian Eye and Ear Hospital now been removed and dealt with, or is it still an ongoing issue?

2b: I can come back to you and take on notice the measures that we put in place on site to protect staff.

Mr RIORDAN: Yes, okay. Great. And this is possibly also to you, Mr Hotham, but I will address Professor Wallace, and if necessary—The Victorian Eye and Ear Hospital redevelopment was due to be completed by the government in December 2018. The 2019-20 budget paper 4 revised that up to December 2021, and page 56 of the questionnaire revised that up further still to June 2022. What is the status of that project, and why are there extending timelines?

Prof. WALLACE: Again, as you know, the build has had significant challenges in the redevelopment, with asbestos etcetera in the early phases, but again I might ask Chris to add detail.

Mr HOTHAM: And the long and the short of it is exactly that, Secretary. As you know, Mr Riordan, that is a somewhat beleaguered project in terms of the time it has taken and the budget costs associated with it, which were due to underlying asbestos issues associated with the project.

Mr RIORDAN: Were these asbestos issues that were not taken into account in the planning?

Mr HOTHAM: That is right; they were not picked up in the original planning.

Mr RIORDAN: Asbestos auditing—isn't that standard practice in public buildings?

Mr HOTHAM: Well, look, it should be. Yes, it should have been properly costed in the business case of 2014. Since we have taken it on and rebaselined it in 2019–20, we have now got a revised project schedule and budget to reset the works to properly account for the works, the decanting and the asbestos issues that were not in the original costings.

Mr RIORDAN: Has all of the asbestos now been removed and dealt with, or is it still an ongoing issue?

Mr HOTHAM: I would have to take that on notice as to where we are at in terms of the full removal of asbestos.

Mr RIORDAN: Okay, if you could please take that on notice.

Mr RIORDAN: Because it was done four years earlier than when you actually started—okay. Were there any threats posed to the health of workers and patients at the hospital as a result of the asbestos and the presence of the asbestos beforehand?

Mr HOTHAM: I can answer in broad terms to say that that would have been the number one consideration for our construction workforce. **I can come back to you and take on notice the measures that we put in place on site to protect staff.**

Mr RIORDAN: I guess I ask the question, Mr Hotham, because there seems to have been a \$66 million underestimation of the asbestos problem, so it is not unreasonable to assume that there was perhaps asbestos in far more spots and places, and public places, than what may have otherwise been expected.

Mr HOTHAM: I think, yes, to your question, the discovery of asbestos effectively, if you like, riddled throughout the facility led to a number of very big changes to the development path of that project. That included a number of choices that delayed the program, particularly around that careful juggling act, as it was, to keep some of the site running whilst there was redevelopment. I am happy to come back to you with exactly the safeguards and considerations that were put into staff, but I

would not have any concerns, and no concerns have been raised with me, as to the impact on staff or patients from that asbestos.

FPO Hearing Transcript, pp. 5, 6, 7

RESPONSE

Answer:

Asbestos continues to be removed as part of the Victorian Eye and Ear Hospital project, which is being managed safely by the construction manager, Hansen Yuncken, in accordance with safe work standards.

The asbestos is being removed in the areas of the hospital that are within the project scope such as where the new hospital fit-out is being completed including associated plant rooms and service ducts. Removal of the asbestos within the project scope will be completed within the current completion date of June 2022 and the current approved budget.

A management plan is in place and governed by the Royal Victorian Eye and Ear Hospital to ensure the continued safe occupation.

Daily air monitoring is being undertaken across the hospital to ensure the Occupational Health and Safety standards are being preserved for contractors, staff and the public.

QUESTION 3**Has all flammable cladding now been removed from the Royal Melbourne Hospital?**

Mr RIORDAN: All right. Well, while we are on the topic of not being fully aware of dangerous materials in our buildings, flammable cladding: on page 64 of the questionnaire it details that the Royal Melbourne Hospital's critical infrastructure works saw a six-month time line blowout due to additional cladding rectification works. So, my question is: **has all flammable cladding now been removed from the Royal Melbourne Hospital?**

Mr HOTHAM: We will have to take that on notice as well, I think, Mr Riordan. The flammable cladding has obviously been a major priority of ours in terms of identifying its location across facilities in the state. We have done that full audit. We have identified high-risk sites and steps have been taken to remove cladding on those sites. To your question on exactly how far advanced we are at there, I will come back to you on that.

FPO Hearing Transcript, p. 7

RESPONSE**Answer:**

The department audited more than 1,100 health service buildings to identify non-compliant cladding.

Independent expert fire engineers have inspected each of the affected public hospital buildings and recommended a program of works.

All of the hospital buildings identified for replacement works are safe to occupy. No audit recommended an evacuation of the building.

In all instances, remedial works and activities have been undertaken to reduce risk, for example, the installation of a cyclone fence, installation of sprinklers in undercroft, increasing perimeter patrols, removing motorcycle parking spaces along the external walls of buildings, and restricting the circumstances where hot works can be carried out to the external façade.

In this context there are two projects to remove the flammable cladding from the Royal Melbourne Hospital.

The North Wing Expansion at Royal Melbourne Hospital cladding works were completed in January 2020.

The Royal Melbourne Hospital Perioperative Building is currently under design with removal forecast to commence in May 2021 and construction complete October 2021. This forms part of Cladding Safety Victoria program of works.

QUESTION 4

4a: Can you please confirm that the ‘high-risk’ cladding environment settings have all been dealt with?

4b: Can you please provide a table of how you rated the areas high risk, medium risk, low risk?

4c: Can you give us a table of what is left in the high, medium and low categories?

4d: In particular, are there any high risks left outstanding.?

4e: Which other hospitals have had their high risk removed and are still—by hospital, not just cumulative?

Mr RIORDAN: Okay. Flammable cladding has been quite an issue for quite some time now. Our hospitals have the most vulnerable people in them, so it does seem a bit of a worry you cannot just say, ‘Oh no, we’ve dealt with our hospitals’. Can we take it on notice that there is perhaps a series of other major metropolitan hospitals still with cladding issues?

Mr HOTHAM: No, I do not believe that is a reasonable conclusion. The audit that we have done was very much focused on what the high-risk cladding environments were, and that is to the impact in terms of, say, waiting areas where people are smoking cigarettes and things. It has been an identification of the highest risk facilities and components of those facilities, and the replacement of cladding certainly targeted those areas first. So whilst it will take some years and some effort to continue to retrofit the cladding across a range of buildings, right at the minute I think you can be assured that the high-risk settings have been dealt with.

Mr RIORDAN: Okay, but **can you confirm that—all high-risk areas? And assuming you have rated the areas high risk, medium risk, low risk, can you give us a table of what is left in high, medium and low?**

Mr HOTHAM: Yes, I am happy to come back to you on the results of the audit.

Mr RIORDAN: **In particular if there are any high-risks still left outstanding.** And just I guess the follow-up on that, and I guess this is being taken on notice, is which other hospitals have had their high risk removed and are still—by hospital, not just cumulative?

Mr HOTHAM: Yes, I am happy to come back to you on the results of the audit.

Mr RIORDAN: In particular if there are any high-risks still left outstanding. And just I guess the follow-up on that, and I guess this is being taken on notice, is **which other hospitals have had their high risk removed and are still—by hospital, not just cumulative?**

Mr HOTHAM: Sure.

FPO Hearing Transcript, p. 7

RESPONSE**Answer:**

The department audited more than 1,100 health service buildings to identify non-compliant cladding. Independent expert fire engineers have inspected each of the affected public hospital buildings and recommended a program of works.

Non-compliant cladding was found on 18 public hospital buildings with an additional two buildings requiring minor canopy works only.

All of the hospital buildings identified for replacement works are safe to occupy. No audit recommended an evacuation of the building.

In all instances, remedial works and activities have been undertaken to reduce risk, for example, the installation of a cyclone fence, installation of sprinklers in undercroft, increasing perimeter patrols, removing motorcycle parking spaces along the external walls of buildings, and restricting the circumstances where hot works can be carried out to the external façade.

Rectification works haven't been allowed to happen at Victorian hospital buildings for large parts of the past year due to the Chief Health Officer's restrictions. We are hopeful to have works underway in the coming months, pending health advice.

Non-compliant cladding removal completed to date	Cladding rectification works continues Risk Rating Medium / High
The Royal Women's Hospital	The Acute Services building at Sunshine Hospital
Werribee Mercy Hospital – Catherine McAuley Centre	The original building at Casey Hospital not part of the Public Private Partnership (PPP)
Geelong University Hospital	Monash Medical Centre Block A at Clayton
Shepparton Hospital	The Austin Hospital Tower and Mercy Hospital for Women
Northern Hospital In-Patient Unit Tower	The Royal Dental Hospital
The North Wing Expansion at Royal Melbourne Hospital	Front entrance building Frankston Hospital (Block F)
	Warrnambool Hospital
	The Perioperative building at Royal Melbourne Hospital

QUESTION 5

5a: Can you provide the committee with a list of the projects and programs that were reprioritised, including the dollar value?

5b: Can you provide the committee with a list of the projects or programs that were cancelled altogether and/or have not restarted or continued since?

5c: Can you provide the committee with a list of capital projects that were reprioritised, including dollar value, including those that were cancelled altogether and/or have not restarted or continued since?

Mr D O'BRIEN: Thanks, Chair, and good afternoon, all. Can I just begin, Professor, page 34 of the department's questionnaire response, there is a note there: The department was not operating under business-as-usual for the second half of 2019–20 due to the coronavirus ... where the implementation of several programs was either postponed or reprioritised. **Could you provide the committee with a list of the projects and programs that were reprioritised, including the dollar value?**

Prof. WALLACE: Yes, we could.

Mr D O'BRIEN: Are you happy to take that on notice?

Prof. WALLACE: Oh, no—

Mr STENTON: Mr O'Brien, I think that would be challenging, only in the sense that as Professor Wallace said about 80 per cent of the department was pivoted to coronavirus. So, when you say projects, we could probably come back with service-related projects, but there are many projects in the department. In my area, for example, we deferred projects on financial systems implementation and took those staff allocated into other things. So, I think it would be challenging to try and understand everything internally, but we certainly could identify projects that were paused while other things occurred.

Mr D O'BRIEN: Yes, well, perhaps as best you can. Perhaps if **we look at in particular any projects or programs that were cancelled altogether and/or have not restarted or not continued since.**

Prof. WALLACE: I am not aware that we have cancelled anything altogether, and it was actually in my introduction, clearly the approach the department took was to prioritise—what are the things that need done today, done tomorrow both in business-as-usual, if you like, portfolios but also in response to COVID and then what things could we postpone, delay, defer. We have talked about some of that already: the breast screens deferred for seven weeks et cetera. **Mr Hotham might want to talk about it because there were a couple of capital projects that we deferred, or do you want them provided—**

Mr D O'BRIEN: Yes, otherwise we will be here for my entire time so if we could have them provided on notice, Professor, that would be great.

FPO Hearing Transcript, pp. 14-15

RESPONSE**Answer:****5a: Can you provide the committee with a list of the projects and programs that were reprioritised, including the dollar value?**

As a result of the COVID-19 pandemic, the department heavily focused its efforts on the response. While this impacted the delivery of a number of programs, none were reprioritised from a financial point of view, and any delays are being caught up.

5b: Can you provide the committee with a list of the projects or programs that were cancelled altogether and/or have not restarted or continued since?

There were no programs in this category.

5c: Can you provide the committee with a list of capital projects that were reprioritized, including dollar value, including those that were cancelled altogether and/or have not restarted or continued since?

The majority of the health capital works program was recognised as 'State significant' under Stage 4 restrictions allowing work to continue with appropriate COVID-safe plans in place.

To assist the state's response to COVID-19, some human resources were diverted to support the efforts of the government. Projects were only suspended as a result of the Stage 4 restrictions that were experienced in the later part of 2020, or because it was either unsafe to continue the works or the project would have impacted the health service ability to deal with the pandemic.

Mental Health Crisis Hubs were suspended due to the requirement to build in emergency departments and have now restarted.

The Alfred Project is the only project that currently is still paused. Until the situation with COVID-19 reduces, materially it is not possible to proceed with this project without significantly compromising the capacity of Alfred Health. The current end date of the project remains viable subject to the timing of COVID-19 impacts.

Work on projects resumed following the easing of restrictions in the latter half of 2020. Other projects have been accelerated to deal with COVID-19 or provide extra capacity, including Goulburn Valley Hospital and The Northern Hospital Development.

The department has not formally requested adjustment to the completion date for any health infrastructure projects due to COVID-19.

Some projects will incur additional COVID-19 related costs as a function of COVID-19 health overlays on operations, social distancing and hygiene. These will be assessed and dealt with in accordance with the contract terms and allowances, and the respective project budgets.

QUESTION 6

Are you able to provide for the year 2019–20 but also the prior year the number of people under 18 who had been admitted to an adult facility? [Victorian Auditor-General's Report *Child and Youth Mental Health*, June 2019]

Mr D O'BRIEN: Okay. Thank you. Can I move on. The Victorian Auditor-General in 2019 undertook a report on child and youth mental health, and one of the findings was that children as young as 13 were being admitted to adult mental health services. **Are you able to provide for me for the year 2019–20 but also the prior year the number of people under 18 who had been admitted to an adult facility?**

Prof. WALLACE: I do not have those numbers to hand; I do not know if any of my colleagues do. If we have got those numbers, we will provide them.

Mr D O'BRIEN: On notice? That would be great.

FPO Hearing Transcript, p. 16

RESPONSE**Answer:**

The number of people aged under 18 (at the time of admission) admitted to an adult mental health facility in 2019-20 was 1,455. A person may have one or more admissions in any given year.

The number of people aged under 18 (at the time of admission) admitted to an adult mental health facility in 2018-19 was 1,434. A person may have one or more admissions in any given year.

QUESTION 7**How are we dealing with children with mental health issues?**

Mr D O'BRIEN: [.....] Likewise, the VAGO report recommended that the department develop strategic directions for child, adolescent and youth mental health, which include objectives, outcomes measures, targets and an implementation plan. Has that work been completed?

Prof. WALLACE: No. I think is fair to say that work on mental health reform in all of its shapes and sizes has not been completed. Again, one of the priorities for the establishment of the administrative office was to respond to the interim findings in anticipation of much more fulsome findings for the final report, again which we get next week. We are anticipating root-and-branch reform to our mental health system. There are largely three or four—depending on how you cut it—populations that will need to be addressed: children; adolescents—young adults; adults; and then the older person. One of the priorities for the department will be to ensure that the responses that we shape and recommend to the ministers best meet the needs of the royal commission's recommendations.

Mr D O'BRIEN: Professor, sorry. Can I just interrupt you there? I am very aware of the royal commission process. But the concern of many in the mental health field is that we do not just sit back and wait until those recommendations come out. This is a VAGO report from three years ago. Has it not been acted on at all?

Prof. WALLACE: Well, I think the fact that the government commissioned a royal commission in itself is a reflection of the broad acceptance of what the state of Victoria's mental health system was. There was an urgent need for it to be fixed, and we should have an independent commission, a royal commission, to look at it and advise government.

So I think action has been taken. In anticipation of the royal commission's recommendations in December last year, one of the first things I did in this role was to establish a new standalone division of mental health within the department. So previously mental health had been in a very broad acute health care division called health and wellbeing. Recognising that we are going to need to respond across the diversity of those populations to the royal commission's findings, that there was an urgency around it, I created a new division, and Ms Katherine Whetton, who is here, is the deputy secretary of that division. So I do not think it is the right characterisation to say that nothing has been done. I think—

Mr D O'BRIEN: I am talking I guess, Professor, though, the actuality—

Prof. WALLACE: The specific, yes, I appreciate that.

Mr D O'BRIEN: With respect, that is a very bureaucratic answer. We have established a royal commission and we have set up another part of the bureaucracy. The question is: **actually how are we dealing with children with mental health issues?** Perhaps I can go on, noting that you will take the data question on notice ...

FPO Hearing Transcript, p. 16

RESPONSE**Answer:**

The Victorian Government is taking significant steps to address the mental health and wellbeing issues faced by children and young people.

The Department of Health continues to meet with mental health clinical and operational leaders on an ongoing basis to discuss the mental health and wellbeing needs of children and young people.

We are committed to implementing all of the 20 recommendations in the report from the Child and Youth (mental health services) Victorian Auditor-General's Office (VAGO) audit from June 2019. Progress was made during 2019-20, with six of the 20 recommendations implemented, and another six started or on track, however, some disruptions and delays have occurred due to the COVID-19 pandemic.

In April 2020, a \$59.4 million package was announced to help meet mental health demand due to COVID-19 and support children, young people and their families to navigate changing routines and interactions and any increased anxiety and stress. The investment included:

- \$6.7 million to expand online and phone counselling services through BeyondBlue, Lifeline, Kids Helpline and Suicide Line Victoria
- \$6 million to fast track Orygen's innovative Moderated Online Social Therapy (MOST) platform, which provides online therapy and peer support for young people, who would have otherwise waited six months to access. MOST is currently being rolled-out across all Victorian headspace centres and Child and Youth Mental Health Services.

In May 2020, the Victorian Government provided \$19.5 million to deliver essential reform recommendations from the Royal Commission into Victoria's Mental Health System interim report. This funding included support for Orygen Youth Specialist, a program of Melbourne Health, to deliver 15 mental health hospital-in-the-home beds.

In August 2020, a further \$59.7 million, in new funding, was announced to provide surge capacity for clinical mental health services across Victoria to cope with additional presentations and reduce pressure on hospital emergency departments. This funding included:

- Extended hours for mental health clinics to enable face-to-face sessions and assessments to be conducted in accordance with physical distancing requirements
- Increased consultation and liaison services for specialist mental health services and to support the capacity of the Commonwealth HeadtoHelp mental health clinics
- Support for 15 Melbourne-based headspace centres for more proactive outreach to young people during the pandemic.

The 2020-21 State Budget provides \$868.6 million to deliver the best mental health treatment and care for every single Victorian when they need it. A significant proportion of this investment is dedicated to supporting the mental health of young people with more acute mental health beds and services, early intervention supports and building a robust child, adolescent and youth mental health workforce. This investment includes funding for Orygen (\$7 million) to support the operations of the Parkville facility and continue to build the research and innovation capabilities.

The Victorian Government has invested \$11.9 million in development of a 20-bed Youth Prevention and Recovery Care service at Parkville. This service will offer short-term, flexible and responsive mental health treatment for Victorians aged 16-25 in a home-like environment. The new service is due to open in early 2022.

The Victorian Government also recently committed \$2 million in new funding for Victorians with eating disorders. This is in response to a significant increase in eating disorder presentations since the pandemic, with child and youth mental health services in metropolitan Melbourne experiencing the highest impacts. The new funding includes \$500,000 for Eating Disorders Victoria (EDV) to continue delivering programs that improve quality of life for clients with an eating disorder and reducing hospital readmission rates. It also includes \$1.5 million to be invested across six metropolitan health services to provide specialist mental health clinicians to care for children and young people with eating disorders.

The Victorian Government is also establishing local wellbeing networks for vulnerable children and young people and their families in 13 child and youth mental health service catchments (five metropolitan and eight rural). This is partnership with local community organisations, schools and mental health services.

In 2018, the Victorian Government announced the Mental Health Practitioners initiative to support the mental health and wellbeing of school students. This \$51.2 million investment over four years and \$31 million per year ongoing will allow secondary schools across the state to employ over 190 qualified mental health professionals such as social workers, psychologists, occupational therapists and mental health nurses. The Mental Health Practitioners initiative commenced in Term 3, 2019 and will be implemented in every government secondary school by the end of the year (2021) providing the following functions:

- Providing direct counselling support and other early intervention services for individual students (or small groups where appropriate) identified as at-risk and/or experiencing mild to moderate mental health concerns
- Coordinating supports for students with complex needs, including proactively working with other departmental Health Wellbeing and Inclusion Workforces (HWIWs) and external health professionals to engage further support as required
- Enhancing mental health promotion and prevention activities in the school by building the capability of teaching staff and school leadership to manage student health and wellbeing, contributing to whole school health and wellbeing plans and helping to embed mental health promotion and prevention programs and strategies in the school.

In August 2020, the Victorian Government announced funding of \$9.96 million over two years to expand the Mental Health Practitioners initiative to reach specialist schools (with secondary enrolments) and their students. The initiative enables specialist schools to embed a suitably qualified mental health professional within their school. Implementation commenced at the start of 2021 and recruitment is currently underway.

The Victorian Government has continued to fund the Alannah and Madeline Foundation program to provide intensive case management and mental health supports to children and young people with complex mental health needs who have been victims of significant trauma or violence.

The Victorian Government is also involved in activating community and social connection supports, such as:

- A youth engagement strategy delivered by the YMCA which provides online health, wellbeing and mentoring support to young people
- Regular podcasts and YouTube material by mental health and education experts on supporting child and adolescent mental health, developed by the Department of Education and Training

- Digital resources for parents to help them support their children manage their anxiety and promote calm and build emotional wellbeing, to be delivered by Smiling Mind.

The Victorian Government will implement all of the recommendations in the Royal Commission's final report, due to be released on 2 March 2021. The Department of Health will analyse the Royal Commission's final report against the remaining child and youth (mental health) audit recommendations to align responses and ensure we build a better mental health and wellbeing system for Victorian children and young people.

QUESTION 8

9a. Could we have the time frame for referral of each of those people who are referred to mental health services (broken down by referral type, services referred to and the like)?

9b. How long does it take for someone to be admitted to a service, not just statistics for the 2019-20 year but for the previous four years, if it is easily accessible?

Mr D O'BRIEN: Again the mental health services annual report, on page 43, lists how people are referred to mental health services. It includes obviously emergency departments, acute health, GPs, family et cetera. Given that data is available, could we have, again on notice if you have got it, the **time frame for referral of each of those? So broken down by referral type, services referred to and the like?**

Prof. WALLACE: I am not sure we will have that data, but if we have it, we will provide it to you.

Mr D O'BRIEN: I am guessing that given we have the data for where the referrals come from—

Prof. WALLACE: Yeah, yeah, I know that.

Mr D O'BRIEN: **What I am asking for is then how long it takes for someone to be admitted to a service in that respect.**

Prof. WALLACE: Yeah, if we have it, we will provide it, because it requires then date stamping of referrals in a system that then reports referral dates to admission or appointment consultations.

Mr D O'BRIEN: Okay. If you have it, that would be good, and **ideally not just the 2019–20, if we could get it for the previous four years. If it is easily accessible,** that would be great.

FPO Hearing Transcript, pp. 16-17

RESPONSE

Answer:

As intimated at the committee hearing, the department does not have a centralised waiting list that collects time and date for all referrals to enable the calculation of the referral time for each category.

QUESTION 9

Do you have data for the number of calls services such as Lifeline and Beyond Blue over the past five years, including up to 2019-20?

Mr D O'BRIEN: Likewise the annual report refers to the increasing calls to services such as Lifeline and Beyond Blue. **Do you have data for the number of calls to those services over the past five years, including up to 2019-20?**

Prof. WALLACE: I am not sure, but again, if we have them, we will provide them. We certainly provide funding to those sorts of agencies. But if we have got that information, I will provide it.

Mr D O'BRIEN: I am seeing a shake of the head down the back, but you must have some of it because it is referred to in the annual report. So, again, if I could ask for that, that would be good.

FPO Hearing Transcript, p. 17

RESPONSE**Answer:**

The department does not have Victoria specific numbers for the full requested period, and data by state was not always collected over the five years to 2019-20.

Beyond Blue and Lifeline Victorian data are available from late in 2018. The data below shows an increase in calls answered for the calendar years 2019 and 2020.

Time period	Beyond blue crisis and support answered contacts Victoria	Lifeline answered contacts Victoria
31 December 2018 - 29 Dec 2019	41,679	206,638
30 December 2019 - 27 Dec 2020	62,709	271,816

Beyond Blue

2019-20: 273,845 contacts to Beyond Blue's Support Service

2018-19: 192,895 contacts to Beyond Blue's Support Service via phone, web chat and email

2017-18: 168,864 contacts to Beyond Blue's Support Service via phone, web chat and email

2016-17: 153,312 contacts to Beyond Blue's Support Service via phone, web chat and email

2015-16: 161,797 contacts to Beyond Blue's Support Service via phone, web chat and email

Lifeline

2019-20: 989,192 total calls

2018-19: 914,581 total calls

2017-18: 893,128 total calls

2016-17: 933,408 total calls

2015-16: 975,144 total calls

QUESTION 10

10a: How many people who volunteered to provide a surge workforce actually worked more than 8 hours?

10b: Are able to provide on notice the people that came through Torrens and what actual work they did?

Mr D O'BRIEN: How many of those 65,000 people who **volunteered to provide a surge workforce actually worked more than 8 hours?**

Prof. WALLACE: There are two surge workforces. There was a sort of a rallying cry that the department did with both the lead professional bodies—the ANMF in the case of nursing but also AHPRA. It was a rallying cry: could we mobilise a healthcare workforce—nursing, midwifery, allied, medical, people who perhaps were on maternity leave or retired or whatever—to work in health services in anticipation of what I have already described. And then there was the surge workforce for the department itself. So at the PAEC hearings before, the COVID hearings, we have talked about the 2500 people working in case and contact tracing and an additional three-and-a-bit-thousand from the department pivoting. That 2500-odd workforce that worked in CCOM or contact tracing teams—COVID public health—some of them came from health services, some of them came from that surge workforce and some of them came from industries that were stood down as part of the response to the pandemic—airlines et cetera.

Mr D O'BRIEN: If you **are able to provide on notice the people that came through Torrens and what actual work they did**, that would be appreciated.

Prof. WALLACE: Yes.

FPO Hearing Transcript, p. 17

RESPONSE

Answer:

10a: How many people who volunteered to provide a surge workforce actually worked more than 8 hours?

- The department does not collect these data in a manner to answer the question. The department has drawn upon a number of sectors to support its contract tracing and overall public health workforce needs. Staff that have been required for contract tracing, testing and outbreak management teams, have been sourced from private hospitals, health staffing agencies, general recruitment organisations, universities, professional peak bodies and other organisations such as HealthDirect, Helloworld and Stella.
- Some employees who were seconded from other organisations (including health organisations) have remained on their home organisations payroll system. The department does not have access to this data within the timeframe requested. The department will need to submit a formal request to these organisations for the relevant payroll data.
- Many of the employees within the COVID-19 Response are paid by external organisations and the collection of this information may not be available for all employees, including staff who were not required to be rostered on shift patterns while engaged by the department.

10b: Are able to provide on notice the people that came through Torrens and what actual work they did?

- That during the 2020 calendar year, the surge clinical workforce undertook over 33,000 shifts. Approximately 90 per cent of staff did more than one shift. The settings they worked in included: testing sites, aged care, hotel quarantine, and in hospitals placements. Additionally, the department also sourced and recruited to Public Health Officers (Contact Tracers) position, using Torrens Health as one of the many sourcing channels that was used to recruit this workforce rapidly.

QUESTION 11

11a: For 2019–20, how many unique clients presented to the centre? [Medically Supervised Injecting Room]

11b: Do you have any data on how many of those 4,900 users sought referral to other drug and alcohol treatment?

11c: How many of those unique clients requested drug and alcohol treatment?

11d: How many of those received drug and alcohol treatment within the public system?

Mr D O'BRIEN: Could I just move on to the medically supervised injecting centre. **Can you advise for 2019–20 how many unique clients presented to the centre?**

Prof. WALLACE: Let me see if I have got that number.

Mr D O'BRIEN: If you have got it there, I have got a couple of follow-up questions while you are looking, which are: how many of those unique clients requested drug and alcohol treatment and how many of those received drug and alcohol treatment within the public system?

Prof. WALLACE: So I have got—I am not sure if it was 2019–20 or whether it was the 18 months from the start. You remember it opened in June 2018 through to 2020. I have got 4900 users and some—

Mr D O'BRIEN: That is individual users?

Prof. WALLACE: Yes. Some 3800 overdoses managed, 21 deaths prevented.

Mr D O'BRIEN: Do you have any data on **how many of those 4900 users sought referral to other drug and alcohol treatment?**

Prof. WALLACE: I do not, and I do not think we have those numbers.

Mr D O'BRIEN: Presumably that is part of the assessment of the success of the process.

Prof. WALLACE: It is, but it is not something that—let me take it on notice, but I do not think it is something that is reported to us.

Mr D O'BRIEN: ... If you could take that on notice, and again, just to be clear: **how many of those requested drug and alcohol treatment, how many were received into drug and alcohol treatment in the public system and what was the average time to access treatment from referral—if you are able to provide that information?**

FPO Hearing Transcript, pp. 17-18

RESPONSE

Answer:

11a: For 2019–20, how many unique clients presented to the centre? [Medically Supervised Injecting Room]

For the period 1 July 2019 to 30 June 2020, there were 107,902 total visits to the medically supervised injecting room (MSIR), 104,707 of which included a supervised injection.

By 30 June 2020, 4,649 people were registered to use the facility and have been able to access co-located health and social support services.

The department does not hold data regarding unique clients for the period specified.

11b: Do you have any data on how many of those 4,900 users sought referral to other drug and alcohol treatment?

Locating the MSIR at North Richmond Community Health (NRCH) connects people who inject drugs with overdose response services, and an opportunity to access further health and social support.

Collocated services in the MSIR include primary and oral health care, blood-borne virus treatment, drug treatment and harm reduction services (including pharmacotherapy and Uniting ReGen services) and mental health, housing and legal services.

During a visit to the MSIR, clients can engage with staff in discussions about their health or access the consulting room clinics on offer that day. Staff have provided thousands of health and social support interventions over the course of the trial.

In addition to services provided onsite, staff refer clients, where appropriate, to external service providers in the broader health system. These include mental health services, AOD treatment services, general health services and the housing and employment sectors.

The department does not hold data regarding unique clients' alcohol and drug treatment referral queries for the period specified.

However, in June 2020 the independent review panel found that NRCH and MSIR staff have made significant progress in developing referral pathways to other service providers. It noted that, given the increased focus on providing services other than supervising injections since moving to the larger facility in July 2019, and the recent commencement of trialing a new, longer-acting drug therapy from within the facility, monitoring health outcomes will be helpful to understand progress in the extended trial period.

The MSIR will continue to focus on enabling better connection between this client group and supports to not only save lives but to help transform them.

A new independent review panel has been formed and will deliver a final report on the trial by December 2022.

11c: How many of those unique clients requested drug and alcohol treatment?

The department does not hold data regarding unique clients' requests for alcohol and drug treatment for the period specified.

11d: How many of those received drug and alcohol treatment within the public system?

The department does not hold data regarding unique clients' alcohol and drug treatment within the public system for the period specified.

QUESTION 12

12: Can you provide the total number of referrals to community or residential rehab over the past five years [but 2019-20 obviously]by month, indicating, how many people received treatment:

- a. within three days
- b. within seven days
- c. within 28 days
- d. longer than 28 days but who eventually entered treatment?

12e: Can you also provide numbers for those who withdrew while they were on the waiting list?

Mr D O'BRIEN: Are you able to provide data regarding the total number of referrals to rehab over the past five years by month, indicating how many people received treatment within three days, within seven days, within 28 days, longer than 28 days but who eventually entered treatment, and then those who withdrew while they were on the waiting list?

Prof. WALLACE: Just so I am clear, what you are asking for is, for the 2019–20 year, by month you are wanting—

Mr D O'BRIEN: People that were referred—

Prof. WALLACE: Referred.

Mr D O'BRIEN: to rehab, so community—

Prof. WALLACE: From the medically supervised—

Mr D O'BRIEN: No.

Prof. WALLACE: No?

Mr D O'BRIEN: Totally separate to that.

Prof. WALLACE: Sorry, apologies.

Mr D O'BRIEN: Just broadly in the community in Victoria.

Prof. WALLACE: Yes.

Mr D O'BRIEN: So those **referred to community or residential rehab**, ideally for the last five years, but 2019–20 obviously, if you have got it.....

FPO Hearing Transcript, pp. 17-18

RESPONSE

Answer:

In 2019-20, the total number of referrals to Victorian community and residential rehabilitation and the amount of time between referral and treatment, by month, was:

	2019-20											
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Total	5,576	5,183	4,775	5,799	4,813	3,980	5,050	5,110	5,415	5,763	5,419	5,328
12a. Within 3 days	1,596	1,473	1,345	1,641	1,375	1,112	1,426	1,425	1,506	1,649	1,545	1,469
12b. Within 7 days	1,710	1,582	1,462	1,781	1,473	1,199	1,532	1,580	1,663	1,787	1,692	1,614
12c. Within 28 days	1,980	1,835	1,711	2,070	1,713	1,399	1,779	1,834	1,977	2,056	1,903	1,912
12d. Over 28 days	290	293	257	307	252	270	313	271	269	271	279	333

The Victorian Alcohol and Drug Collection (VADC) was not fully adopted by services until April 2019. Prior to this date, the department did not collect the necessary data to enable the calculation of the time between referral and admission to community and residential rehabilitation services, within the requested timeframes.

12e: The department does not require alcohol and drug service providers to report on the number of clients who withdraw while waiting to access rehabilitation services.

QUESTION 13

13a: Has the Office of Housing put in an expression of interest for 8 Bendigo St, Collingwood or any other east–west link properties?

13b:for that property and any other former east–west link properties that have either been sold or been prepared for sale.

Mr HIBBINS: ... as I was asking the Treasury Secretary, the east–west link property sales that occurred in 2019–20 and whether the office of housing put an expression of interest in for any of the east–west link properties. In particular if I could illustrate the point with 8 Bendigo Street, Collingwood, which was described on the advertising board as ‘The entertainer’ with a ‘designer indoor-outdoor and living and entertainment zone’. Location: it was ‘conveniently situated near shops, cafes, transport and the Yarra parklands’. **Was an expression of interest put in by the office of housing for this property or any other east–west link properties?**

Ms PITCHER: I might hand over to Mr Rimmer.

Mr RIMMER: Thank you, Mr Hibbins, for the question. I do not know whether we put in an expression of interest for that particular property. It sounds like a delightful property.

Mr HIBBINS: For a public housing tenant.

Mr RIMMER: But I am very happy to find that out on notice. I do know that we have been leasing a number of properties in that vicinity and subleasing, I think from memory, to Magpie Nest, if I am remembering correctly. So I know that we are involved in that area still and using some of those properties to provide some good social outcomes, but I am not quite sure whether we put in a bid for that property. But I am very happy to look into that.

Mr HIBBINS: Thank you—for that property and any other former east–west link properties that have either been sold or been prepared for sale. That would benefit the committee.

FPO Hearing Transcript, pp. 21-22

RESPONSE

Answer:

Homes Victoria has not formally submitted an offer to purchase any of the East-West Link properties via the public sale process. Homes Victoria and the Department of Transport discussed the purchase of these homes which the Valuer General Victoria determined would be at market value. To date, Homes Victoria has chosen not to purchase any of these properties as they are not aligned from a value for money or physical condition perspective against other properties being considered to grow social housing.

QUESTION 14

Is it a cost to the Office of Housing to purchase land or properties through the government land sales program?

Mr HIBBINS: ... Can I ask more generally: does the office of housing generally put in expressions of interest through the government's land sales program?

Mr RIMMER: That is a great question. The answer to that is that over time it depends on budget allocations for the construction of new developments, because fairly obviously it is not much use investing heavily in land if you do not have the money to construct the housing on top of it. In the context of the Big Housing Build clearly there is significant money now available to increase housing stock—social housing stock and affordable housing stock—and in that regard we are very seriously looking at other government department landholdings where that land is not currently fully utilised. If I may, that is particularly so in regional Victoria. You would be aware that the Big Housing Build has a 25 per cent regional target, and that will require us to own land in regional Victoria that we currently do not or to have land used for social housing in regional Victoria that is currently not used for that purpose.

Mr HIBBINS: Thank you. **Is it a cost to the office of housing to purchase land or properties through the government land sales program?**

Mr RIMMER: If you do not mind, I might take that question on notice just so that I give you the specific, technically correct answer. It is a complicated area of government financial accounting, and it is not as straightforward as perhaps it might seem at face value, so I might take that on notice.

Mr HIBBINS: Okay. Great. Thank you.

Mr STENTON: If I may, Mr Hibbins.

Mr HIBBINS:

FPO Hearing Transcript, p. 22

RESPONSE

Answer:

Homes Victoria has neither expressed an interest nor purchased any land via the First Right of Refusal Program. More recent budget allocations have focused on redeveloping and increasing social housing on Director of Housing land, or on spot purchases of existing private housing to meet gaps in social housing provision. Under the Government Land Transaction Policy, if Homes Victoria wished to purchase land via the First Right of Refusal Program it would do so at Market Value as determined by the Valuer General Victoria Office.

As part of implementing the Big Housing Build, a detailed assessment of existing under-utilised government land parcels is underway in order to identify opportunities for the development of social and affordable housing. The Government Land Transaction Policy applies to the transaction of these parcels, with Homes Victoria required to purchase these sites at book value.

QUESTION 15

15a: Are you aware of the staffing levels or the contractors that undertake the cleaning in terms of how many staff they employ, whether they are full-time, casual or part-time employees?

15b: What is the overall funding provided for security at public housing estates?

15c: Are you also able to provide the staffing levels provided for security as well?

Mr HIBBINS: Are you aware of the staffing levels or the contractors that undertake the cleaning in terms of how many staff they employ, whether they are full-time, casual or part-time employees?

Mr RIMMER: I am sure we are aware. I am not currently in possession of that information in front of the committee, Mr Hibbins.

Mr HIBBINS: Would you be able to provide that to the committee?

Mr RIMMER: Of course.

Mr HIBBINS: Thank you. Similarly with security at public housing estates, **what is the overall funding provided for security?**

Mr RIMMER: The overall—sorry?

Mr HIBBINS: For security, the overall funding for security.

Mr RIMMER: I do not have that information in front of me, but I can provide that. Obviously during the COVID emergency there was significantly increased security for a whole variety of reasons, but for the 2019–20 year, I will have to come back to you with that exact number.

Mr HIBBINS: Okay, thank you. **Are you also able to provide the staffing levels provided for security as well?**

Mr RIMMER: Sure.

FPO Hearing Transcript, pp. 23-24

RESPONSE

Answer:

15a: The cleaning company employed by the department to provide cleaning services at various high rise and walk-up estates has 68 full-time, one part-time and three casual employees performing various cleaning duties; a total 72 staff.

15b: The department's security expenditure for the provision of security services at various housing estates was \$18.6 million in 2019-20.

15c: The security firm providing security services at the various high estates employs 149 full-time, eight part-time and 30 casual employees; a total 187 staff.

QUESTION 16

16a: How many complaints did the Office of Housing receive in the 2019–20 financial year?

16b: Can you please provide a breakdown of the number of complaints in terms of the categories of complaints?

16c: Can you also provide a breakdown on the timeliness of [complaints] resolutions?

Mr HIBBINS: Okay, thank you. I would like to find out now about the **office of housing and how many complaints were received in the 2019–20 financial year.**

Mr RIMMER: I do not think that information is in front of me, unless it is in the annual report and I am forgetting about that note. I think we will have to take that on notice.

Mr HIBBINS: Okay, thank you. **And if you could provide a breakdown in terms of just the categories of complaints and then the timeliness of the resolutions as well.**

Mr RIMMER: Sure.

Mr HIBBINS: I think that would greatly benefit the committee.

FPO Hearing Transcript, p. 24

RESPONSE

Answer:

16a: How many complaints did the Office of Housing receive in the 2019–20 financial year?

973 complaints relating to housing were received by the Department of Health and Human Services in the 2019-20 financial year.

16b: Can you please provide a breakdown of the number of complaints in terms of the categories of complaints?

The volume of complaints for the 2019-2020 financial year by category is below:

Item	Number
Complaint category	
Blank	298
Environment – where we do it	
Facility equipment	67
Compatibility of service users who share services	56
Safety during service delivery	40
Service access	25
Service choice, consultation and inclusion	3
Service entry/exit and transfer arrangements	4

Item	Number
Service delivery – what we do	

Responsiveness of communication	96
Accuracy and accessibility of communication	26
Knowledge/skills of workers	23
Level of detail in communication	21
Fees payments	9
Service quality – how we do it	
Management of complaint	95
Staff behaviour relationship	90
Service equity	58
Neighbourly behaviour	49
Application of policy procedure court order	10
Privacy complaint/breach	2
Staff rostering attendance	1
TOTAL	973

16c: Can you also provide a breakdown on the timeliness of [complaints] resolutions?

- 57% of complaints were resolved within two weeks
- 31% of complaints were resolved within two and four weeks
- 6% of complaints were resolved within four and six weeks
- 3% of complaints were resolved within six and eight weeks
- 3% of complaints were resolved or remain open over eight weeks

QUESTION 17

17: Does the department provide funding directly to residents' groups or tenants' groups within the estates?

Mr HIBBINS: Does the department provide funding directly to residents groups or tenants groups within the estates?

Mr RIMMER: Can I take that on notice, Mr Hibbins?

Mr HIBBINS: Sure.

Mr RIMMER: We do provide funding, as you are aware, to the Victorian Public Tenants Association. I think at various points in time we have funded specific residents groups at specific sites, but I am not sure whether that is continuing today, so I would need to check that on notice.

FPO Hearing Transcript, p. 24

RESPONSE

Answer:

The department funds eight Public Tenant Groups through a Funding and Service Agreement (Table 1). This funding enables public tenants (on a voluntary basis) to provide a representative forum to the department on behalf of the broader tenant community on issues that are relevant to all tenants. Such issues may include, but are not limited to, departmental policy, working collaboratively with other services, building/maintenance issues; and, tenancy queries.

Of the eight public tenant groups the department funds, three are located on high rise estates:

- Carlton Housing Estates Residents Services (CHERS)
- Emerald Hill Court Residents Association
- South Yarra Public Tenants Association

Table 1. Funded Public Tenant Groups

Tenant Group	Location	Area Housing office	Catchment	Funding
Ashburton Ashwood Chadstone Public Tenants Association	94 Batesford Rd, Chadstone 3149	Box Hill	Ashburton, Ashwood and Chadstone	\$ 7,052.79
Braybrook, Maidstone & Sunshine Public Tenants Association	113 Melton St, Braybrook 3019	Sunshine	Braybrook, Maidstone & Sunshine	\$ 7,052.79
Dallas Neighbourhood House, auspice to Broadmeadows Residents Advisory Team (BRAT)	180-182 Widford St, Dallas 3047	Broadmeadows	Broadmeadows	\$ 7,052.79
Camperdown Tenants Group Inc.	126 Manifold St, Camperdown 3260	Warrnambool	Camperdown	\$5,278.93

Carlton Housing Estates Residents Services (CHERS)	Ground Floor 510, Lygon St, Carlton 3053 (enter via rear of building)	Carlton	Elgin & Nicholson estate and Lygon street estate	\$ 7,052.79
East Preston East Reservoir Tenants Group	7 Newton St, Reservoir 3072	Preston	Preston and East Reservoir	\$5,278.93
Emerald Hill Court Residents Association	Emerald Hill Basement 200 Dorcas St, South Melbourne	South Melbourne	Emerald Estate and surrounding low rise	\$5,278.93
South Yarra Public Tenants Association	Ground Floor, 2 Simmons St, South Yarra, Vic 3141	Prahran	Horace Petty and King Street Estate	\$ 7,052.79

QUESTION 18

18: In terms of the Public Housing Renewal program:

- a. Why was a change to a rent-to-build arrangement made?
- b. Will the developer maintain the lease on that?
- c. What factors will determine an 'affordable unit'?

Mr HIBBINS: Now, in terms of the Public Housing Renewal program, the original plans for the program would have the non-social-housing dwellings being sold to private owners. Now, the stated arrangement is it would be a rent-to-build arrangement. Just some questions about that: **why was that change made? Will the developer maintain the lease on that? And what will determine 'affordable unit'?**

Mr RIMMER: Okay, there are a few questions in that. As you would be aware—

The CHAIR: Sorry, Mr Rimmer, perhaps you would like to take those on notice.

Mr HIBBINS: I would appreciate that. Thank you, Chair.

FPO Hearing Transcript, p. 25

RESPONSE

18a. Why was a change to a rent-to-build arrangement made?

The Public Housing Renewal Program invested \$185 million in kickstarting renewal of old and run-down public housing, with proceeds from the sale of units to the private market to contribute towards the cost of renewing social housing.

Renewal projects on sites in North Melbourne, Preston, Northcote and Brunswick West continue to be progressed under this model, with contracts for these projects signed in October 2018 and July 2019. The projects will see the replacement of 307 old and run-down public housing units with 457 social and 850 private units, with construction activity worth over \$600 million kicking off in September 2021, creating an estimated 520 jobs.

Homes Victoria is pursuing other development and renewal models on other sites, for example, in Flemington, Brighton and Prahran

These sites are currently going through a tender evaluation process.

18b. Will the developer maintain the lease on that?

Homes Victoria will own the land throughout the lease period and will regain full control of all housing at the end of the lease period. Partners will develop the social and private housing and maintain and upgrade it during the lease period.

18c. What factors will determine an 'affordable unit'?

Under the Big Housing Build, Homes Victoria will construct at least 2,900 affordable housing dwellings across Victoria. Affordable housing is defined in the *Planning and Environment Act 1987* as housing suitable for 'very low', 'low' and 'moderate' income households.

QUESTION 19

Has Comfy Kew accommodation been shut down?

Ms VALLENCE: But if you take Comfy Kew, for example, it sounds like the delivery of the services from that agency may not have transpired as well as we might have liked. **Will that accommodation, Comfy Kew, be shut down now?**

Mr RIMMER: I believe that accommodation is no longer taking clients, but I would have to confirm that on notice. But the homelessness agency and my team and Victoria Police worked extremely closely. You mentioned Lilydale; that is certainly one that had come to my attention during the relevant period. There was a lot of close liaison and work to ensure that there was effectively a zero tolerance approach to illegal and antisocial behaviour in hotels and in serviced apartments.

So it is very much the case that we took these issues seriously. The cohort of people who were housed are people who—not everyone—have a range of complexities about their lives, experience of a number of different state government service systems—.

FPO Hearing Transcript, p. 30

RESPONSE

Answer:

Comfy Inn Kew is no longer taking clients as part of the homeless hotel emergency accommodation response. In early October 2020, homelessness agencies were instructed not to refer clients to the Comfy Inn, and Homes Victoria worked with local homelessness services to help clients move into alternative emergency accommodation. No new referrals have been made to the Comfy Inn in this time, and clients of homelessness services are not currently being accommodated there.

QUESTION 20

20: How much of the \$2 million allocated to residential care services in Child Protection as at 30 June 2020 been allocated to staffing and how many incremental FTE has that been?

Ms VALLENCE: Thank you. It is a challenging situation but thank you for that. Secretary, the questionnaire at page 183—at June 2020 \$2 million was provided as additional funding to residential care services in child protection, and that included additional staffing. **How much of the \$2 million of that has been allocated to staffing and how many incremental FTE has that been?**

Ms PITCHER: I am happy to take that one and maybe Argiri will supplement. So we are looking at the \$2 million, and that was provided initially because of the challenges we were having around—

Ms VALLENCE: If you do not have it available, it is really: of that \$2 million how much was allocated to staffing and what is the FTE? I am happy to take it on notice if that is something that is—

Ms PITCHER: Yes. I will just check if Argiri has got the exact numbers, otherwise happily.

Mr ALISANDRATOS: Yes. Thanks, Secretary. Most of the funds were allocated directly to community service organisations that were delivering residential care services. I do not have the specific number in front of me of how many personnel, but we can take that away and provide that to you.

FPO Hearing Transcript, pp. 30-31

RESPONSE

Answer:

In June 2020, funding totaling \$1,939,095 for the 2019-20 financial year was entered as variations to the existing service agreement for 20 residential care agencies. The period of the funding commitments was from 1 June 2020 to 31 July 2020.

The additional funding was provided to contribute towards enhancing roster lines to provide additional care capacity within residential care homes to support young people comply with restrictions as well as additional workplace safety measures. The funding could also be used to respond to the needs of children and young people in their care, such as the provision of in-home educational supports, and the capacity to pool resources in a local area, such as through the use of a mobile response team across homes.

The department does not have a record of how much funding was allocated specifically to staffing enhancements that were implemented across residential care roster lines.