

**PARLIAMENT OF VICTORIA**

**PARLIAMENTARY DEBATES  
(HANSARD)**

**LEGISLATIVE COUNCIL**

**FIFTY-EIGHTH PARLIAMENT**

**FIRST SESSION**

**QUESTIONS ON NOTICE**

**Tuesday, 27 March 2018**

**(Extract from book 4)**

**Internet: [www.parliament.vic.gov.au/downloadhansard](http://www.parliament.vic.gov.au/downloadhansard)**

**By authority of the Victorian Government Printer**



## **The Governor**

The Honourable LINDA DESSAU, AC

## **The Lieutenant-Governor**

The Honourable KEN LAY, AO, APM

## **The ministry** (from 16 October 2017)

Premier . . . . .	The Hon. D. M. Andrews, MP
Deputy Premier, Minister for Education and Minister for Emergency Services . . . . .	The Hon. J. A. Merlino, MP
Treasurer and Minister for Resources . . . . .	The Hon. T. H. Pallas, MP
Minister for Public Transport and Minister for Major Projects . . . . .	The Hon. J. Allan, MP
Minister for Industry and Employment . . . . .	The Hon. B. A. Carroll, MP
Minister for Trade and Investment, Minister for Innovation and the Digital Economy, and Minister for Small Business . . . . .	The Hon. P. Dalidakis, MLC
Minister for Energy, Environment and Climate Change, and Minister for Suburban Development . . . . .	The Hon. L. D' Ambrosio, MP
Minister for Roads and Road Safety, and Minister for Ports . . . . .	The Hon. L. A. Donnellan, MP
Minister for Tourism and Major Events, Minister for Sport and Minister for Veterans . . . . .	The Hon. J. H. Eren, MP
Minister for Housing, Disability and Ageing, Minister for Mental Health, Minister for Equality and Minister for Creative Industries . . . . .	The Hon. M. P. Foley, MP
Minister for Health and Minister for Ambulance Services . . . . .	The Hon. J. Hennessy, MP
Minister for Aboriginal Affairs, Minister for Industrial Relations, Minister for Women and Minister for the Prevention of Family Violence . . . . .	The Hon. N. M. Hutchins, MP
Special Minister of State . . . . .	The Hon. G. Jennings, MLC
Minister for Consumer Affairs, Gaming and Liquor Regulation, and Minister for Local Government . . . . .	The Hon. M. Kairouz, MP
Minister for Families and Children, Minister for Early Childhood Education and Minister for Youth Affairs . . . . .	The Hon. J. Mikakos, MLC
Minister for Police and Minister for Water . . . . .	The Hon. L. M. Neville, MP
Attorney-General and Minister for Racing . . . . .	The Hon. M. P. Pakula, MP
Minister for Agriculture and Minister for Regional Development . . . . .	The Hon. J. L. Pulford, MLC
Minister for Finance and Minister for Multicultural Affairs . . . . .	The Hon. R. D. Scott, MP
Minister for Training and Skills, and Minister for Corrections . . . . .	The Hon. G. A. Tierney, MLC
Minister for Planning . . . . .	The Hon. R. W. Wynne, MP
Cabinet Secretary . . . . .	Ms M. Thomas, MP

### Legislative Council committees

**Privileges Committee** — Mr Dalidakis, Mr Mulino, Mr O’Sullivan, Mr Purcell, Mr Rich-Phillips, Ms Springle, Ms Symes and Ms Wooldridge.

**Procedure Committee** — The President, Dr Carling-Jenkins, Mr Davis, Mr Jennings, Ms Pennicuik, Ms Pulford, Ms Tierney and Ms Wooldridge.

### Legislative Council standing committees

**Standing Committee on the Economy and Infrastructure** — Mr Bourman, #Mr Davis, Ms Dunn, Mr Eideh, Mr Finn, Mr Gepp, Mr Leane, #Mr Melhem, Mr Ondarchie, Mr O’Sullivan and #Mr Rich-Phillips.

**Standing Committee on the Environment and Planning** — Ms Bath, #Mr Bourman, Mr Dalla-Riva, Mr Davis, #Ms Dunn, Mr Elasmarr, Mr Melhem, #Mr Purcell, #Mr Ramsay, #Dr Ratnam, Ms Shing, #Ms Symes, Ms Truong and Mr Young.

**Standing Committee on Legal and Social Issues** — #Ms Crozier, #Mr Elasmarr, Ms Fitzherbert, Mr Morris, Mr Mulino, Ms Patten, Mrs Peulich, #Dr Ratnam, #Mr Rich-Phillips, Mr Somyurek, Ms Springle and Ms Symes.

# participating members

### Legislative Council select committees

**Port of Melbourne Select Committee** — Mr Mulino, Mr Ondarchie, Mr Purcell, Mr Rich-Phillips, Ms Shing and Ms Tierney.

**Fire Services Bill Select Committee** — Ms Lovell, Mr Melhem, Mr Mulino, Mr O’Sullivan, Mr Rich Phillips, Ms Shing and Mr Young.

### Joint committees

**Accountability and Oversight Committee** — (*Council*): Mr O’Sullivan, Mr Purcell and Ms Symes. (*Assembly*): Mr Angus, Mr Gidley, Mr Noonan and Ms Thomson.

**Dispute Resolution Committee** — (*Council*): Mr Bourman, Mr Dalidakis, Ms Dunn, Mr Jennings and Ms Wooldridge. (*Assembly*): Ms Allan, Mr Clark, Ms Hutchins, Mr Merlino, Mr M. O’Brien, Mr Pakula and Mr Walsh.

**Economic, Education, Jobs and Skills Committee** — (*Council*): Mr Bourman, Mr Elasmarr and Mr Melhem. (*Assembly*): Mr Crisp, Mrs Fyffe, Ms Garrett and Ms Ryall.

**Electoral Matters Committee** — (*Council*): Ms Bath, Ms Patten and Mr Somyurek. (*Assembly*): Ms Asher, Ms Blandthorn, Mr Dixon and Ms Spence.

**Environment, Natural Resources and Regional Development Committee** — (*Council*): Mr O’Sullivan, Mr Ramsay and Mr Young. (*Assembly*): Mr J. Bull, Ms Halfpenny, Mr Richardson and Mr Riordan.

**Family and Community Development Committee** — (*Council*): Dr Carling-Jenkins and Mr Finn. (*Assembly*): Ms Britnell, Ms Couzens, Mr Edbrooke, Ms Edwards and Ms McLeish.

**House Committee** — (*Council*): The President (*ex officio*), Mr Eideh, Ms Lovell, Mr Mulino and Mr Young. (*Assembly*): The Speaker (*ex officio*), Mr J. Bull, Mr Crisp, Mrs Fyffe, Mr Staikos, Ms Suleyman and Mr Thompson.

**Independent Broad-based Anti-corruption Commission Committee** — (*Council*): Mr Ramsay and Ms Symes. (*Assembly*): Mr Hibbins, Mr D. O’Brien, Mr Richardson, Ms Thomson and Mr Wells.

**Law Reform, Road and Community Safety Committee** — (*Council*): Mr Gepp and Ms Patten. (*Assembly*): Mr Dixon, Mr Howard, Ms Suleyman, Mr Thompson and Mr Tilley.

**Public Accounts and Estimates Committee** — (*Council*): Ms Patten, Ms Pennicuik and Ms Shing. (*Assembly*): Mr Dimopoulos, Mr Morris, Mr D. O’Brien, Mr Pearson, Mr T. Smith and Ms Ward.

**Scrutiny of Acts and Regulations Committee** — (*Council*): Ms Bath and Mr Dalla-Riva. (*Assembly*): Ms Blandthorn, Mr J. Bull, Mr Dimopoulos, Ms Kilkenny and Mr Pesutto.

### Heads of parliamentary departments

*Assembly* — Acting Clerk of the Legislative Assembly: Ms Bridget Noonan

*Council* — Acting Clerk of the Parliaments and Clerk of the Legislative Council: Mr A. Young

*Parliamentary Services* — Secretary: Mr P. Lochert

**MEMBERS OF THE LEGISLATIVE COUNCIL**  
**FIFTY-EIGHTH PARLIAMENT — FIRST SESSION**

**President:**

The Hon. B. N. ATKINSON

**Deputy President:**

Mr K. EIDEH

**Acting Presidents:**

Ms Dunn, Mr Elasmr, Mr Melhem, Mr Morris, Ms Patten, Mr Purcell, Mr Ramsay

**Leader of the Government:**

The Hon. G. JENNINGS

**Deputy Leader of the Government:**

The Hon. J. L. PULFORD

**Leader of the Opposition:**

The Hon. M. WOOLDRIDGE

**Deputy Leader of the Opposition:**

The Hon. G. K. RICH-PHILLIPS

**Leader of The Nationals:**

Mr L. B. O'SULLIVAN

**Leader of the Greens:**

Dr S. RATNAM

Member	Region	Party	Member	Region	Party
Atkinson, Mr Bruce Norman	Eastern Metropolitan	LP	Mikakos, Ms Jenny	Northern Metropolitan	ALP
Barber, Mr Gregory John <sup>1</sup>	Northern Metropolitan	Greens	Morris, Mr Joshua	Western Victoria	LP
Bath, Ms Melina <sup>2</sup>	Eastern Victoria	Nats	Mulino, Mr Daniel	Eastern Victoria	ALP
Bourman, Mr Jeffrey	Eastern Victoria	SFFP	O'Brien, Mr Daniel David <sup>8</sup>	Eastern Victoria	Nats
Carling-Jenkins, Dr Rachel <sup>3</sup>	Western Metropolitan	AC	O'Donohue, Mr Edward John	Eastern Victoria	LP
Crozier, Ms Georgina Mary	Southern Metropolitan	LP	Ondarchie, Mr Craig Philip	Northern Metropolitan	LP
Dalidakis, Mr Philip	Southern Metropolitan	ALP	O'Sullivan, Luke Bartholomew <sup>9</sup>	Northern Victoria	Nats
Dalla-Riva, Mr Richard Alex Gordon	Eastern Metropolitan	LP	Patten, Ms Fiona <sup>10</sup>	Northern Metropolitan	RV
Davis, Mr David McLean	Southern Metropolitan	LP	Pennicuik, Ms Susan Margaret	Southern Metropolitan	Greens
Drum, Mr Damian Kevin <sup>4</sup>	Northern Victoria	Nats	Peulich, Mrs Inga	South Eastern Metropolitan	LP
Dunn, Ms Samantha	Eastern Metropolitan	Greens	Pulford, Ms Jaala Lee	Western Victoria	ALP
Eideh, Mr Khalil M.	Western Metropolitan	ALP	Purcell, Mr James	Western Victoria	VILJ
Elasmr, Mr Nazih	Northern Metropolitan	ALP	Ramsay, Mr Simon	Western Victoria	LP
Finn, Mr Bernard Thomas C.	Western Metropolitan	LP	Ratnam, Dr Samantha Shantini <sup>11</sup>	Northern Metropolitan	Greens
Fitzherbert, Ms Margaret	Southern Metropolitan	LP	Rich-Phillips, Mr Gordon Kenneth	South Eastern Metropolitan	LP
Gepp, Mr Mark <sup>5</sup>	Northern Victoria	ALP	Shing, Ms Harriet	Eastern Victoria	ALP
Hartland, Ms Colleen Mildred <sup>7</sup>	Western Metropolitan	Greens	Somyurek, Mr Adem	South Eastern Metropolitan	ALP
Herbert, Mr Steven Ralph <sup>6</sup>	Northern Victoria	ALP	Springle, Ms Nina	South Eastern Metropolitan	Greens
Jennings, Mr Gavin Wayne	South Eastern Metropolitan	ALP	Symes, Ms Jaclyn	Northern Victoria	ALP
Leane, Mr Shaun Leo	Eastern Metropolitan	ALP	Tierney, Ms Gayle Anne	Western Victoria	ALP
Lovell, Ms Wendy Ann	Northern Victoria	LP	Truong, Ms Huong <sup>12</sup>	Western Metropolitan	Greens
Melhem, Mr Cesar	Western Metropolitan	ALP	Wooldridge, Ms Mary Louise Newling	Eastern Metropolitan	LP
			Young, Mr Daniel	Northern Victoria	SFFP

<sup>1</sup> Resigned 28 September 2017

<sup>2</sup> Appointed 15 April 2015

<sup>3</sup> DLP until 26 June 2017

<sup>4</sup> Resigned 27 May 2016

<sup>5</sup> Appointed 7 June 2017

<sup>6</sup> Resigned 6 April 2017

<sup>7</sup> Resigned 9 February 2018

<sup>8</sup> Resigned 25 February 2015

<sup>9</sup> Appointed 12 October 2016

<sup>10</sup> ASP until 16 January 2018

<sup>11</sup> Appointed 18 October 2017

<sup>12</sup> Appointed 21 February 2018

**PARTY ABBREVIATIONS**

AC — Australian Conservatives; ALP — Labor Party; ASP — Australian Sex Party;  
DLP — Democratic Labour Party; Greens — Australian Greens;  
LP — Liberal Party; Nats — The Nationals; RV — Reason Victoria  
SFFP — Shooters, Fishers and Farmers Party; VILJ — Vote 1 Local Jobs



# CONTENTS

---

## QUESTIONS ON NOTICE

**TUESDAY, 27 MARCH 2018**

571.	Health .....	1421	12 535.	Health .....	1446
872.	Health .....	1421	12 540.	Public transport .....	1447
10 183.	Health .....	1422	12 541.	Public transport .....	1447
10 920.	Health .....	1422	12 542.	Public transport .....	1447
10 921.	Health .....	1423	12 543.	Public transport .....	1448
10 922.	Health .....	1423	12 548.	Public transport .....	1448
10 923.	Health .....	1423	12 595.	Families and children .....	1449
10 924.	Health .....	1424	12 597.	Families and children .....	1449
11 173.	Ambulance services .....	1424			
11 651.	Families and children .....	1424			
11 824.	Health .....	1425			
12 248.	Health .....	1425			
12 249.	Health .....	1426			
12 250.	Health .....	1426			
12 251.	Health .....	1427			
12 252.	Health .....	1427			
12 253.	Health .....	1427			
12 335.	Public transport .....	1428			
12 402.	Families and children .....	1428			
12 466.	Tourism and major events .....	1429			
12 473.	Police .....	1429			
12 475.	Police .....	1429			
12 476.	Police .....	1429			
12 477.	Police .....	1430			
12 486.	Early childhood education .....	1430			
12 487.	Early childhood education .....	1430			
12 488.	Early childhood education .....	1431			
12 489.	Early childhood education .....	1432			
12 490.	Families and children .....	1432			
12 491.	Families and children .....	1433			
12 492.	Families and children .....	1433			
12 493.	Families and children .....	1434			
12 494.	Families and children .....	1434			
12 495.	Families and children .....	1435			
12 496.	Families and children .....	1435			
12 497.	Families and children .....	1436			
12 498.	Families and children .....	1436			
12 499.	Families and children .....	1437			
12 500.	Families and children .....	1438			
12 501.	Families and children .....	1438			
12 502.	Families and children .....	1439			
12 503.	Families and children .....	1439			
12 504.	Families and children .....	1440			
12 505.	Families and children .....	1440			
12 506.	Families and children .....	1441			
12 507.	Families and children .....	1442			
12 508.	Families and children .....	1442			
12 509.	Families and children .....	1443			
12 510.	Families and children .....	1443			
12 511.	Families and children .....	1444			
12 529.	Health .....	1444			
12 530.	Health .....	1445			
12 531.	Health .....	1445			
12 532.	Health .....	1445			
12 533.	Health .....	1446			
12 534.	Health .....	1446			





**QUESTIONS ON NOTICE**

*Answers to the following questions on notice were circulated on the date shown.  
Questions have been incorporated from the notice paper of the Legislative Council.*

*Answers have been incorporated in the form supplied by the departments on behalf of the appropriate ministers.  
Headings reflect the portfolio of the minister answering the question.*

**Tuesday, 27 March 2018**

**Health**

**571. MS WOOLDRIDGE** — to ask the Minister for Families and Children (for the Minister for Health): in relation to the one-off payment to every Victorian Health Service to cover the additional cost of the 2015 Easter Sunday Public Holiday, how much funding did each Health Service receive to cover this additional cost.

**ANSWER:**

I am informed that:

When the Andrews Labor Government was elected at the end of 2014 we were elected on a platform of returning the Easter Sunday public holiday that was cruelly cut by the former Government.

As this public holiday occurred during the 14/15 financial year and it had not been included in usual WEIS processes by the former Government we provided a one off funding payment to cover additional costs associated with the public holiday.

Each health service received the funding they required to cover the additional cost.

*[Question 571 reinstated by order of President on 10 December 2015. Hansard reference to original answer: 25 November 2015, page 5265.]*

**Health**

**872. MS WOOLDRIDGE** — To ask the Minister for Families and Children (representing the Minister for Health as the lead Minister for Department of Health and Human Services (DHHS)): In relation to the DHHS:

- (1) What was the cost incurred due to the 5 April 2015 Easter Sunday Public Holiday.
- (2) If an answer to (1) is unavailable, what was the value of any adjustment made to base wage funding costs to reflect the 5 April 2015 Easter Sunday Public Holiday.
- (3) If an answer to (2) is unavailable, did DHHS use an unadjusted fund to implement the gazettal of the Easter Sunday public holiday in 2015, and if so, from which cost centre were the funds appropriated.
- (4) What is the cost to be incurred for the 2015 Grand Final Eve Public Holiday.
- (5) If an answer to (4) is unavailable, what is the projected or budgeted value of any adjustment made to base wage funding costs to reflect the 2015 Grand Final Eve Public Holiday.

**ANSWER:**

I am informed that:

Employee expenses in relation to the financial year 2014–15 are reported in the financial statements of the Department of Health & Human Services Annual Report 2014–15. That annual report was tabled on 6 October 2015.

Base wage funding costs for Department of Health & Human Services are reported in the 15/16 Victorian Budget.

The Department of Health & Human Services' employees are covered by the Victorian Public Service Workplace Determination 2012.

Employees covered by this industrial instrument are paid an additional allowance of 150% of the appropriate hourly rate for each hour of duty performed during ordinary time on a public holiday. Where time is worked in excess of the normal daily hours of duty, the rate paid is double time and a half of the ordinary rate.

*[Question 872, parts (1) and (4), reinstated by order of President on 10 December 2015. Hansard reference to original answer: 25 November 2015, page 5271.]*

### Health

**10 183. MS WOOLDRIDGE** — To ask the Minister for Families and Children (for the Minister for Health): Regarding the use of Code Brown, the State Health Emergency Response Plan (SHERP) states that when hospitals and health services respond to an external emergency, they will activate their Code Brown Plan —

- (1) how many hospitals activated their Code Brown Plan on 21 November 2016;
- (2) how many hospitals did not activate their Code Brown Plan on 21 November 2016;
- (3) for those hospitals that did not activate a Code Brown Plan what explanation has been offered to the Department, explaining why the Code was not called;
- (4) does every hospital have a Code Brown Plan as required by SHERP; and
- (5) when was the Department last assured of each hospital's compliance with SHERP.

### ANSWER:

I am informed that:

All hospitals and health services must have a Code Brown plan, consistent with the Australian Standard (AS) 4083-2010 *Planning for emergencies — health care facilities*.

The department has a rolling program of exercises with hospitals to support, practice and evaluate responses to an incident creating a surge in hospital services. This includes a test of Code Brown plans. The last exercise conducted by the department was in April 2017.

*[Question 10 183, parts (4) and (5), reinstated by order of President on 2 May 2017. Hansard reference to original answer: 7 February 2017, page 356.]*

### Health

**10 920. MS WOOLDRIDGE** — To ask the Minister for Families and Children (for the Minister for Health): In relation to the Victorian Supercare Pharmacy in Ascot Vale —

- (1) on what date did the onsite nurse start taking appointments;
- (2) how many hours a week is the onsite nurse employed; and
- (3) how many appointments has the onsite nurse undertaken from commencement of offering that service to 28 February 2017.

### ANSWER:

The Minister for Health:

Nursing services commenced at the first 5 Supercare pharmacies in August 2016. Supercare pharmacies have a nurse available from 6-10pm, 7 days a week. To the end of February, there had been approximately 2150 nursing episodes of service across the first 5 Supercare pharmacies.

**Health**

**10 921. MS WOOLDRIDGE** — To ask the Minister for Families and Children (for the Minister for Health):  
In relation to the Victorian Supercare Pharmacy in Yarraville South —

- (1) on what date did the onsite nurse start taking appointments;
- (2) how many hours a week is the onsite nurse employed; and
- (3) how many appointments has the onsite nurse undertaken from commencement of offering that service to 28 February 2017.

**ANSWER:**

The Minister for Health:

Nursing services commenced at the first 5 Supercare pharmacies in August 2016. Supercare pharmacies have a nurse available from 6-10pm, 7 days a week. To the end of February, there had been approximately 2150 nursing episodes of service across the first 5 Supercare pharmacies.

**Health**

**10 922. MS WOOLDRIDGE** — To ask the Minister for Families and Children (for the Minister for Health):  
In relation to the Victorian Supercare Pharmacy in Craigieburn —

- (1) on what date did the onsite nurse start taking appointments;
- (2) how many hours a week is the onsite nurse employed; and
- (3) how many appointments has the onsite nurse undertaken from commencement of offering that service to 28 February 2017.

**ANSWER:**

The Minister for Health:

Nursing services commenced at the first 5 Supercare pharmacies in August 2016. Supercare pharmacies have a nurse available from 6-10pm, 7 days a week. To the end of February, there had been approximately 2150 nursing episodes of service across the first 5 Supercare pharmacies.

**Health**

**10 923. MS WOOLDRIDGE** — To ask the Minister for Families and Children (for the Minister for Health):  
In relation to the Victorian Supercare Pharmacy in Knox-Wantirna —

- (1) on what date did the onsite nurse start taking appointments;
- (2) how many hours a week is the onsite nurse employed; and
- (3) how many appointments has the onsite nurse undertaken from commencement of offering that service to 28 February 2017.

**ANSWER:**

Nursing services commenced at the first 5 Supercare pharmacies in August 2016. Supercare pharmacies have a nurse available from 6-10pm, 7 days a week. To the end of February, there had been approximately 2150 nursing episodes of service across the first 5 Supercare pharmacies.

**Health**

**10 924. MS WOOLDRIDGE** — To ask the Minister for Families and Children (for the Minister for Health): In relation to the Victorian Supercare Pharmacy in Ballarat —

- (1) on what date did the onsite nurse start taking appointments;
- (2) how many hours a week is the onsite nurse employed; and
- (3) how many appointments has the onsite nurse undertaken from commencement of offering that service to 28 February 2017.

**ANSWER:**

The Minister for Health:

Nursing services commenced at the first 5 Supercare pharmacies in August 2016. Supercare pharmacies have a nurse available from 6-10pm, 7 days a week. To the end of February, there had been approximately 2150 nursing episodes of service across the first 5 Supercare pharmacies.

**Ambulance services**

**11 173. MS WOOLDRIDGE** — To ask the Minister for Families and Children (for the Minister for Ambulance Services): The Inspector-General for Emergency Management’s (IGEM) Review of the response to the thunderstorm asthma event which outlines circumstances where ambulances were diverted to avoid hospitals in high demand—

- (1) what data is collected on the rate of diversions due to demand, given bypass data is no longer collected; and
- (2) how often are diversions occurring.

**ANSWER:**

I am informed that:

There is no data collected on the rate of diversions due to demand, nor is data to measure instances of diversion routinely collected.

**Families and children**

**11 651. MS CROZIER** — To ask the Minister for Families and Children: In relation to Youth Justice WorkCover claims —

- (1) how many WorkCover claims were lodged between 1 July 2015 and 30 June 2016 by —
  - (a) Secure Services staff;
  - (b) Youth Justice workers;
  - (c) correctional staff;
  - (d) agency staff; and
  - (e) any other staff members.
- (2) what was the total cost of those WorkCover claims.

**ANSWER:**

I am advised that:

Information relating to Workcover claims is available in the relevant Departmental annual report.

**Health**

**11 824. MS WOOLDRIDGE** — To ask the Minister for Families and Children (for the Minister for Health): In relation to the ‘No Jab, No Play’ legislation in 2017 —

- (1) how many children have a confirmed enrolment at an early childhood service while under the 16 week ‘grace period’;
  - (a) for how many of these children has an immunisation status certificate been provided within 16 weeks of the child first attending the service;
  - (b) for how many of these children has an immunisation status certificate not been provided with 16 weeks of the child first attending the service; and
  - (c) for how many of these children is the immunisation status currently unknown.

**ANSWER:**

I am informed that:

Victoria’s No Jab, No Play laws provide for a ‘grace period’ under which small numbers of vulnerable and disadvantaged children who are not fully immunised are permitted to enrol in early childhood education and their families and carers are supported to get them fully immunised.

Children qualifying for the grace period are from vulnerable and disadvantaged backgrounds, in which various personal and family circumstances such as disrupted living or care arrangements, or lower levels of engagement with public health messaging, may have meant carers have had difficulty keeping up with or completing their child’s vaccination schedule. In these circumstances, engagement with the family through early childhood education is a powerful way to help in completing the child’s vaccinations, and that is the purpose of the grace period. Without it, enrolments would be declined and there is a real risk the child would remain unvaccinated, and would miss out on the early education that is so important in helping break intergenerational cycles of disadvantage.

This is materially different from the situation facing children of anti-vaccination parents, who anecdotal reports would suggest are likely to be from relatively more advantaged social circumstances, and with whom encouragement and assistance to vaccinate via early childhood providers is unlikely to sway their views where medical science has failed to do so.

It is important to understand that the vast majority of children eligible to enrol under the ‘grace period’ are, in fact, fully immunised. For example, according to September 2017 data from the Australian Immunisation Register, 96.1% of Aboriginal and Torres Strait Islander children in Victoria are fully immunised by four years of age. In fact, the Department of Education and Training advises that less than one per cent of total enrolments in funded kindergarten programs were under the grace period in August 2017.

Under enhancements to the No Jab, No Play law, passed in February, periodic checks on immunisation status will clearly identify any individuals who remain unvaccinated after having been enrolled under the grace period, and allow appropriate action to be taken on a case by case basis.

**Health**

**12 248. DR CARLING-JENKINS** — To ask the Minister for Families and Children (for the Minister for Health): In relation to medical facilities in the North Western Melbourne Primary Health Network —

- (1) how many fixed height examination beds are there; and
- (2) how many adjustable height examination beds are there.

**ANSWER:**

I am informed that:

General practices are private businesses and while the North Western Melbourne Primary Health Network encourages the use of height-adjustable examination beds in medical facilities, the ultimate decision to do so rests with the health provider.

The Royal Australian College of General Practitioners has been involved in ongoing discussions with consumer bodies, the disability sector and the Australian Human Rights Commission with respect to improving access to high quality general practice for people with a disability.

North Western Melbourne Primary Health Network's region currently has a significant number of new general practices opening that are purpose built and as such contain state of the art equipment including the availability of height-adjustable beds in each consultation room as a default.

**Health**

**12 249. DR CARLING-JENKINS** — To ask the Minister for Families and Children (for the Minister for Health): In relation to medical facilities in the Eastern Melbourne Primary Health Network —

- (1) how many fixed height examination beds are there; and
- (2) how many adjustable height examination beds are there.

**ANSWER:**

I am informed that:

General practices are private businesses and while the Eastern Melbourne Primary Health Network encourages the use of height-adjustable examination beds in medical facilities, the ultimate decision to do so rests with the health provider.

The Royal Australian College of General Practitioners has been involved in ongoing discussions with consumer bodies, the disability sector and the Australian Human Rights Commission with respect to improving access to high quality general practice for people with a disability.

**Health**

**12 250. DR CARLING-JENKINS** — To ask the Minister for Families and Children (for the Minister for Health): In relation to medical facilities in the South Eastern Melbourne Primary Health Network —

- (1) how many fixed height examination beds are there; and
- (2) how many adjustable height examination beds are there.

**ANSWER:**

I am informed that:

General practices are private businesses and while the South Eastern Melbourne Primary Health Network encourages the use of height-adjustable examination beds in medical facilities, the ultimate decision to do so rests with the health provider.

The Royal Australian College of General Practitioners has been involved in ongoing discussions with consumer bodies, the disability sector and the Australian Human Rights Commission with respect to improving access to high quality general practice for people with a disability.

**Health**

**12 251. DR CARLING-JENKINS** — To ask the Minister for Families and Children (for the Minister for Health): In relation to medical facilities in the Gippsland Primary Health Network —

- (1) how many fixed height examination beds are there; and
- (2) how many adjustable height examination beds are there.

**ANSWER:**

I am informed that:

General practices are private businesses and while the Gippsland Primary Health Network encourages the use of height-adjustable examination beds in medical facilities, the ultimate decision to do so rests with the health provider.

The Royal Australian College of General Practitioners has been involved in ongoing discussions with consumer bodies, the disability sector and the Australian Human Rights Commission with respect to improving access to high quality general practice for people with a disability.

**Health**

**12 252. DR CARLING-JENKINS** — To ask the Minister for Families and Children (for the Minister for Health): In relation to medical facilities in the Murray Primary Health Network —

- (1) how many fixed height examination beds are there; and
- (2) how many adjustable height examination beds are there.

**ANSWER:**

I am informed that:

General practices are private businesses and while the Murray Primary Health Network encourages the use of height-adjustable examination beds in medical facilities, the ultimate decision to do so rests with the health provider.

The Royal Australian College of General Practitioners has been involved in ongoing discussions with consumer bodies, the disability sector and the Australian Human Rights Commission with respect to improving access to high quality general practice for people with a disability.

**Health**

**12 253. DR CARLING-JENKINS** — To ask the Minister for Families and Children (for the Minister for Health): In relation to medical facilities in the Western Victoria Primary Health Network —

- (1) how many fixed height examination beds are there; and
- (2) how many adjustable height examination beds are there.

**ANSWER:**

I am informed that:

General practices are private businesses and while the Western Victoria Primary Health Network encourages the use of height-adjustable examination beds in medical facilities, the ultimate decision to do so rests with the health provider.

The Royal Australian College of General Practitioners has been involved in ongoing discussions with consumer bodies, the disability sector and the Australian Human Rights Commission with respect to improving access to high quality general practice for people with a disability.

**Public transport**

**12 335. MS WOOLDRIDGE** — To ask the Minister for Agriculture (for the Minister for Public Transport): What has been the cost of establishing and operating the new 343 bus service from Greensborough to Hurstbridge.

**ANSWER:**

The Andrews Labor Government introduced bus route 343 in June 2017 to enhance public transport services for the communities of Hurstbridge, Wattle Glen, Diamond Creek, St Helena and Greensborough.

More than \$100 million has been invested in new bus routes and more bus services for Victoria’s growing communities. I am pleased to advise the Member that the 343 is performing well and is well used by local residents, students and workers. Importantly, it is a vital connection for students attending St Helena College and Diamond Valley College and the now reopened Greensborough TAFE (Melbourne Polytechnic) campus.

In addition, the Level Crossing Removal Authority is managing the \$395 million Hurstbridge line upgrade, which includes removing the dangerous and congested level crossings at Grange Road in Alphington and Lower Plenty Road in Rosanna, building a new station at Rosanna, and duplicating the single section of track between Heidelberg and Rosanna.

The dangerous Grange Road level crossing will be removed by lowering the Hurstbridge line under Grange Road, while a rail bridge will be built over busy Lower Plenty Road, safely separating trains and cars. Works will be completed by 2019.

*[Question 12 335 reinstated by order of President on 6 March 2018. Hansard reference to original answer: 6 February 2018, page 344.]*

**Families and children**

**12 402. MS CROZIER** — To ask the Minister for Families and Children: Of the maternal and child health nurses the Department of Education and Training (DET) funded to do a postgraduate program since 2004, how many are still currently working at DET.

**ANSWER:**

I am informed as follows:

The Victorian Maternal and Child Health (MCH) Nursing Scholarships was first established in 2004, as a state-wide initiative to address identified workforce shortages. It has continued to provide financial support for registered nurses with midwifery qualifications to undertake the required postgraduate study to enable them to practice as a MCH nurse in Victoria.

In May 2017, the Andrews Labor Government released the Education State Early Childhood Reform Plan, which included an investment of \$5.2 million to attract new nurses into the Service, including through scholarships, and to support the ongoing professional development of all MCH nurses. It is anticipated that over 80 scholarships will be awarded in 2018.

The MCH Service is a free, universal primary health service for all Victorian families with children from birth to school age. The Service is funded by the Andrews Labor Government in partnership with local government and is provided by local government.

All MCH nurses, with the exception of nurses that work on the MCH telephone information line are employed by local government, not the Department of Education and Training.



**Tourism and major events**

**12 466. MS PENNICUIK** — To ask the Minister for Trade and Investment (for the Minister for Tourism and Major Events): What funding, including sponsorships, grants or other funding, has the Victorian Government provided in total and in all forms of allocation to the Avalon 2017 Aerospace and Defence Exposition in each year since 2012.

**ANSWER:**

The Grant Agreements regarding the staging of the Australian International Airshow 2007-2015 and the Australian International Airshow 2017-2025 are Commercial in Confidence, and not for public release.

**Police**

**12 473. MS WOOLDRIDGE** — To ask the Minister for Training and Skills (for the Minister for Police): As at December 2017, how many police officers were stationed at Eltham Police Station.

**ANSWER:**

As the member would be aware, for operational and security reasons Victoria Police do not publicly disclose staff numbers at police station level.

I am advised by the Office of the Chief Commissioner that, as at December 2017 there were 54.63 Full Time Equivalent police resources allocated to the Nillumbik Police Service Area, in which the Eltham Police Station is located.

**Police**

**12 475. MS WOOLDRIDGE** — To ask the Minister for Training and Skills (for the Minister for Police): As at December 2017, how many police officers were stationed at Banyule Police Station.

**ANSWER:**

As the member would be aware, for operational and security reasons Victoria Police do not publicly disclose staff numbers at police station level.

I am advised by the Office of the Chief Commissioner that, as at December 2017 there were 99.68 Full Time Equivalent police resources allocated to the Banyule Police Service Area, in which the Banyule Police Station is located.

**Police**

**12 476. MS WOOLDRIDGE** — To ask the Minister for Training and Skills (for the Minister for Police): As of December 2017, how many Protective Service Officers were stationed at —

- (1) Eltham Railway Station;
- (2) Greensborough Railway Station; and
- (3) Montmorency Railway Station.

**ANSWER:**

I am advised by the Office of the Chief Commissioner that, as at December 2017:

- There were two PSOs present, seven nights per week from 6pm, and an additional two PSOs covering the Night Network shifts on Fridays and Saturdays at Eltham and Greensborough Railway Stations; and
- There were two PSOs present, seven nights per week from 6pm until the last train at Montmorency Railway Station.

**Police**

**12 477. MS WOOLDRIDGE** — To ask the Minister for Training and Skills (for the Minister for Police): As of December 2016, how many Protective Service Officers were stationed at —

- (1) Eltham Railway Station;
- (2) Greensborough Railway Station; and
- (3) Montmorency Railway Station.

**ANSWER:**

I am advised by the Office of the Chief Commissioner that, as at December 2016:

- There were two PSOs present, seven nights per week from 6pm, and an additional two PSOs covering the Night Network shifts on Fridays and Saturdays at Eltham and Greensborough Railway Stations; and
- There were two PSOs present, seven nights per week from 6pm until the last train at Montmorency Railway Station.

**Early childhood education**

**12 486. MS CROZIER** — To ask the Minister for Early Childhood Education: In relation to the \$6.4 million allotted funding to upgrade early childhood infrastructure and equipment —

- (1) in which local government areas will the project be disbursed;
- (2) how many early childhood facilities are projected to be constructed through this funding;
- (3) what is the timeline of this project;
- (4) who is responsible for the coordination, achievement and the delivery of this funding; and
- (5) which stakeholder groups and agencies are involved in the completion of this project.

**ANSWER:**

I am informed as follows:

As part of the Government’s \$61 million suite of inclusive education initiatives announced on 27 November 2017, there was \$19 million of early childhood education initiatives. Of this, \$6.4 million was to upgrade early childhood infrastructure and equipment — including playgrounds — across the state and provide grants to allow kinders to provide safe and more inclusive environments.

As the Inclusive Kindergarten Facilities Program is currently open, it is impossible to pre-empt details of successful projects.

The Department of Education and Training will be primarily responsible for the coordination and delivery of funding under the Inclusive Kindergarten Facilities Program. The Department will deliver successful Buildings and Playgrounds projects and will manage all reporting requirements, payments and acquittals for these projects.

The Department consulted with the Early Learning Association Australia and the Municipal Association of Victoria in the development of the Program’s Guidelines.

**Early childhood education**

**12 487. MS CROZIER** — To ask the Minister for Early Childhood Education: As at December 2017, how many kinder or early childhood learning centres have catered for 3-year-old programs and can the Minister please provide a list of where each centre is located.

**ANSWER:**

I am informed as follows:

In 2017, 1195 services funded to deliver kindergarten in the year before school reported operating a 3 year old program planned and delivered by a qualified teacher. The services are located in the following local government areas.

LGA							
Alpine	Buloke	Gannawarra	Hobsons Bay	Mansfield	Moorabool	Queenscliffe	Wellington
Ararat	Campaspe	Glen Eira	Horsham	Maribyrnong	Moreland	South Gippsland	West Wimmera
Ballarat	Cardinia	Glenelg	Hume	Maroondah	Mornington Peninsula	Southern Grampians	Whitehorse
Banyule	Casey	Golden Plains	Indigo	Melbourne	Mount Alexander	Stonnington	Whittlesea
Bass Coast	Central Goldfields	Greater Bendigo	Kingston	Melton	Moyne	Strathbogie	Wodonga
Baw	Colac-Otway	Greater Dandenong	Knox	Mildura	Murrindindi	Surf Coast	Wyndham
Bayside	Corangamite	Greater Geelong	Latrobe	Mitchell	Nillumbik	Swan Hill	Yarra
Benalla	Darebin	Greater Shepparton	Loddon	Moira	Northern Grampians	Towong	Yarra Ranges
Boroondara	East Gippsland	Hepburn	Macedon Ranges	Monash	Port Phillip	Wangaratta	Yarriambiack
Brimbank	Frankston	Hindmarsh	Manningham	Moonee Valley	Pyrenees	Warrnambool	

**Early childhood education**

**12 488. MS CROZIER** — To ask the Minister for Early Childhood Education: In relation to the Government reporting that the Premier personally led a series of round table discussions with parents of students with disabilities, can the Minister provide details of those meetings including —

- (1) who and which entities did the Premier meet with;
- (2) where did the Premier meet with them; and
- (3) what were the outcomes of these round table discussions.

**ANSWER:**

I am informed as follows:

As outlined in the Government’s media release on 27 November 2017, the Premier has personally led a series of roundtable discussions with parents of students with disabilities, who called for more to be done to strengthen inclusive practice.

The outcome of these discussions were to develop a \$61 million suite of inclusive education initiatives to ensure that children and students with disabilities get the support they need to maximise access, participation, achievement and wellbeing in school and early childhood education.

Of this, there was \$19 million for a range of early childhood education initiatives, including funding for:

- Inclusive education equipment for kindergartens
- Upgrades to early childhood infrastructure

- Support to Early ABLES experts to assist early childhood educators in developing their knowledge of this resource
- Online inclusion training for early childhood professionals
- Autism Spectrum Disorder training to Maternal and Child Health nurses
- NDIS transition support
- Practical advice and promotional campaign targeting parents and early childhood educators to generate awareness of inclusive education
- Kindergarten Inclusion Support program support.

### Early childhood education

**12 489. MS CROZIER** — To ask the Minister for Early Childhood Education: In relation to the \$3.2 million funding for the Kindergarten Inclusion Support program to give approximately 225 more children with disabilities or developmental delay access to state-funded kinder in 2018 and 2019 —

- (1) which local government areas will the children come from; and
- (2) how many children are from each of the identified local councils.

#### ANSWER:

I am informed as follows:

The Kindergarten Inclusion Support program is a statewide program available to all State-funded kindergartens. Its delivery is not based on local government areas.

### Families and children

**12 490. MS CROZIER** — To ask the Minister for Families and Children: In relation to the \$11 million funding allotted for additional 12 000 hours of maternal child health consultations in Western Victoria —

- (1) which stakeholders, peak bodies and organisations are involved in the disbursement of this funding;
- (2) how many nurses will be employed in relation to this additional funding;
- (3) how many families are projected to benefit from this funding;
- (4) who is responsible for the coordination, achievement and delivery of this funding; and
- (5) which local government area will each new maternal child health nurse be allocated to.

#### ANSWER:

I am informed as follows:

The Andrews Labor Government funds the Victorian Maternal and Child Health (MCH) Service in partnership with local government, and is provided by local government. With the exception of the MCH telephone information line, the MCH service is provided by local government who employ MCH nurses. The Department of Education and Training is responsible for the disbursement of the State Government funding component to local government.

In an Australian first, the Andrews Labor Government's 2017-18 State Budget invested \$11 million to provide an additional outreach visit to assess and/or respond to family violence and provide one day per year of tailored family violence workforce training. This is a state-wide initiative and is not confined to Western Victoria.

One in five women report family violence in the twelve months following the birth of a child. This translates to approximately 14 000 Victorian mothers a year affected by family violence.

The Royal Commission into Family Violence acknowledged that the Universal MCH Service is a critical platform for identifying family violence because the transition to parenthood is a time of heightened family violence risk and the fact that the MCH Service is in a unique position to universally screen for family violence as it sees almost every Victorian family.

The Department has provided funding to local councils and other MCH service providers for the additional family violence consultation. Local councils each determine the additional resourcing requirements for MCH nurses to deliver the additional family violence consultation.

### Families and children

**12 491. MS CROZIER** — To ask the Minister for Families and Children: How much funding has the Government allocated for the following campaigns —

- (1) Survive the Heat; and
- (2) Never Leave Kids in Cars.

#### ANSWER:

I am informed that:

The Survive the Heat campaign is a matter for the Minister for Health.

The Never Leave Kids in Cars campaign is an annual campaign that in 2018 also included an additional campaign focus called Look Before You Lock. This new campaign aims to raise awareness among parents of the dangers of accidentally leaving their children in cars. The total budget allocated in 2018 is \$500 000.

### Families and children

**12 492. MS CROZIER** — To ask the Minister for Families and Children: In relation to the \$8.7 million funding for flexible support for foster and formal kinship carers, how much has been disbursed to kinship carers as at December 2017.

#### ANSWER:

I am informed that:

\$8.7 million represents the total funding for this initiative over the financial years 2016-17 and 2017-18. Funding and expenditure will be reported in the budget in the usual way, as was the practice under the previous government.

In December 2017 I announced a new model for kinship care that will identify carers earlier, strengthen community connections for Aboriginal children in care and deliver better, more flexible support.

The new model — part of a new package of measures for kinship carers — is supported by a \$33.5 million investment and recognises the vital role that kinship carers play in caring for some of Victoria's most vulnerable children.

The changes will focus on:

- Better and earlier identification of kinship carers through new kinship networks
- Strengthening connections for Aboriginal children and young people with family reunification supports, culture and community
- Assisting carers, children and young people through increased, ongoing and flexible support and
- Increasing case management of kinship placements by community service organisations.
- There is also a greater emphasis on assessing the needs of carers, children and young people.

**Families and children**

**12 493. MS CROZIER** — To ask the Minister for Families and Children: As at December 2017, how many kinship carers claimed for higher allowance and —

- (1) how many come from metropolitan Melbourne; and
- (2) how many come from regional Victoria.

**ANSWER:**

I am informed that:

Department of Health and Human Services reporting systems are not currently structured in a way to report an answer to this Question on Notice.

In December 2017 I announced a new model for kinship care that will identify carers earlier, strengthen community connections for Aboriginal children in care and deliver better, more flexible support.

The new model — part of a new package of measures for kinship carers — is supported by a \$33.5 million investment and recognises the vital role that kinship carers play in caring for some of Victoria’s most vulnerable children.

The changes will focus on:

- Better and earlier identification of kinship carers through new kinship networks
- Strengthening connections for Aboriginal children and young people with family reunification supports, culture and community
- Assisting carers, children and young people through increased, ongoing and flexible support and
- Increasing case management of kinship placements by community service organisations.
- There is also a greater emphasis on assessing the needs of carers, children and young people.

**Families and children**

**12 494. MS CROZIER** — To ask the Minister for Families and Children: Of the kinship carers who claimed for higher allowance, as at December 2017 —

- (1) how many come from Aboriginal and Torres Strait Islander background; and
- (2) how many come from culturally and linguistically diverse communities.

**ANSWER:**

I am informed that:

Department of Health and Human Services reporting systems are not currently structured in a way to report an answer to this Question on Notice.

In December 2017 I announced a new model for kinship care that will identify carers earlier, strengthen community connections for Aboriginal children in care and deliver better, more flexible support.

The new model — part of a new package of measures for kinship carers — is supported by a \$33.5 million investment and recognises the vital role that kinship carers play in caring for some of Victoria’s most vulnerable children.

The changes will focus on:

- Better and earlier identification of kinship carers through new kinship networks
- Strengthening connections for Aboriginal children and young people with family reunification supports, culture and community
- Assisting carers, children and young people through increased, ongoing and flexible support and
- Increasing case management of kinship placements by community service organisations.
- There is also a greater emphasis on assessing the needs of carers, children and young people.

### **Families and children**

**12 495. MS CROZIER** — To ask the Minister for Families and Children: As at December 2017, how many applications for kinship care have been approved by the Department of Health and Human Services.

**ANSWER:**

I am informed that:

The Department of Health and Human Services does not receive applications for kinship care.

Child Protection do extensive work across families to consider potential carers.

In December 2017 I announced a new model for kinship care that will identify carers earlier, strengthen community connections for Aboriginal children in care and deliver better, more flexible support.

The new model — part of a new package of measures for kinship carers — is supported by a \$33.5 million investment and recognises the vital role that kinship carers play in caring for some of Victoria’s most vulnerable children.

The changes will focus on:

- Better and earlier identification of kinship carers through new kinship networks
- Strengthening connections for Aboriginal children and young people with family reunification supports, culture and community
- Assisting carers, children and young people through increased, ongoing and flexible support and
- Increasing case management of kinship placements by community service organisations.
- There is also a greater emphasis on assessing the needs of carers, children and young people.

Additional flexible brokerage funding will also be provided to support and stabilise existing Kinship care placements.

### **Families and children**

**12 496. MS CROZIER** — To ask the Minister for Families and Children: As at December 2017, how many applications for kinship care have been denied by the Department of Health and Human Services and can the Minister please include the basis for each rejection.

**ANSWER:**

I am informed that:

Child Protection do extensive work across families to consider potential carers.

In December 2017 I announced a new model for kinship care that will identify carers earlier, strengthen community connections for Aboriginal children in care and deliver better, more flexible support.

The new model — part of a new package of measures for kinship carers — is supported by a \$33.5 million investment and recognises the vital role that kinship carers play in caring for some of Victoria’s most vulnerable children.

The changes will focus on:

- Better and earlier identification of kinship carers through new kinship networks
- Strengthening connections for Aboriginal children and young people with family reunification supports, culture and community
- Assisting carers, children and young people through increased, ongoing and flexible support and
- Increasing case management of kinship placements by community service organisations.
- There is also a greater emphasis on assessing the needs of carers, children and young people.

**Families and children**

**12 497. MS CROZIER** — To ask the Minister for Families and Children: What is the average length of time the Department of Health and Human Services takes to approve a claim for kinship care application.

**ANSWER:**

I am informed that:

Department of Health and Human Services reporting systems are not currently structured in a way to report an answer to this Question on Notice.

In December 2017 I announced a new model for kinship care that will identify carers earlier, strengthen community connections for Aboriginal children in care and deliver better, more flexible support.

The new model — part of a new package of measures for kinship carers — is supported by a \$33.5 million investment and recognises the vital role that kinship carers play in caring for some of Victoria’s most vulnerable children.

The changes will focus on:

- Better and earlier identification of kinship carers through new kinship networks
- Strengthening connections for Aboriginal children and young people with family reunification supports, culture and community
- Assisting carers, children and young people through increased, ongoing and flexible support and
- Increasing case management of kinship placements by community service organisations.
- There is also a greater emphasis on assessing the needs of carers, children and young people.

**Families and children**

**12 498. MS CROZIER** — To ask the Minister for Families and Children: How much funding has the Department of Health and Human Services expended as regards reimbursements or repayments to kinship carers in 2017.



**ANSWER:**

I am informed that:

Funding and expenditure will be reported in the budget in the usual way as was the practice under the previous government.

In December 2017 I announced a new model for kinship care that will identify carers earlier, strengthen community connections for Aboriginal children in care and deliver better, more flexible support.

The new model — part of a new package of measures for kinship carers — is supported by a \$33.5 million investment and recognises the vital role that kinship carers play in caring for some of Victoria’s most vulnerable children.

The changes will focus on:

- Better and earlier identification of kinship carers through new kinship networks
- Strengthening connections for Aboriginal children and young people with family reunification supports, culture and community
- Assisting carers, children and young people through increased, ongoing and flexible support and
- Increasing case management of kinship placements by community service organisations.
- There is also a greater emphasis on assessing the needs of carers, children and young people.

Additional flexible brokerage funding will also be provided to support and stabilise existing Kinship care placements.

**Families and children**

**12 499. MS CROZIER** — To ask the Minister for Families and Children: As at December 2017, how many kinship carers stopped their commitment of support from the Department of Health and Human Services.

**ANSWER:**

Quarterly data relating to the numbers of foster carers, kinship carers and permanent carers is published in the Department’s Annual Report. Placements can end for a variety of reasons including reunification with parents, leaving care or placement transition.

In December 2017 I announced a new model for kinship care that will identify carers earlier, strengthen community connections for Aboriginal children in care and deliver better, more flexible support.

The new model — part of a new package of measures for kinship carers — is supported by a \$33.5 million investment and recognises the vital role that kinship carers play in caring for some of Victoria’s most vulnerable children.

The changes will focus on:

- Better and earlier identification of kinship carers through new kinship networks
- Strengthening connections for Aboriginal children and young people with family reunification supports, culture and community
- Assisting carers, children and young people through increased, ongoing and flexible support and
- Increasing case management of kinship placements by community service organisations.
- There is also a greater emphasis on assessing the needs of carers, children and young people.

**Families and children**

**12 500. MS CROZIER** — To ask the Minister for Families and Children: As at December 2017, how many children have been removed from the care of kinship carers.

**ANSWER:**

I am informed that:

Department of Health and Human Services reporting systems are not currently structured in a way to report an answer to this Question on Notice.

Placements can end for a variety of reasons including reunification with parents, leaving care or placement breakdown.

In December 2017 I announced a new model for kinship care that will identify carers earlier, strengthen community connections for Aboriginal children in care and deliver better, more flexible support.

The new model — part of a new package of measures for kinship carers — is supported by a \$33.5 million investment and recognises the vital role that kinship carers play in caring for some of Victoria’s most vulnerable children.

The changes will focus on:

- Better and earlier identification of kinship carers through new kinship networks
- Strengthening connections for Aboriginal children and young people with family reunification supports, culture and community
- Assisting carers, children and young people through increased, ongoing and flexible support and
- Increasing case management of kinship placements by community service organisations.
- There is also a greater emphasis on assessing the needs of carers, children and young people.

**Families and children**

**12 501. MS CROZIER** — To ask the Minister for Families and Children: How many kinship carers have moved to Victoria from interstate.

**ANSWER:**

I am informed that:

Department of Health and Human Services reporting systems are not currently structured in a way to report an answer to this Question on Notice.

In December 2017 I announced a new model for kinship care that will identify carers earlier, strengthen community connections for Aboriginal children in care and deliver better, more flexible support.

The new model — part of a new package of measures for kinship carers — is supported by a \$33.5 million investment and recognises the vital role that kinship carers play in caring for some of Victoria’s most vulnerable children.

The changes will focus on:

- Better and earlier identification of kinship carers through new kinship networks
- Strengthening connections for Aboriginal children and young people with family reunification supports, culture and community
- Assisting carers, children and young people through increased, ongoing and flexible support and
- Increasing case management of kinship placements by community service organisations.
- There is also a greater emphasis on assessing the needs of carers, children and young people.

**Families and children**

**12 502. MS CROZIER** — To ask the Minister for Families and Children: How many children from each of the below age groups have moved from interstate to receive kinship care support —

- (1) 0-7 years old;
- (2) 8-10 years old;
- (3) 11-12 years old; and
- (4) 13 years and older.

**ANSWER:**

I am informed that:

Department of Health and Human Services reporting systems are not currently structured in a way to report an answer to this Question on Notice.

In December 2017 I announced a new model for kinship care that will identify carers earlier, strengthen community connections for Aboriginal children in care and deliver better, more flexible support.

The new model — part of a new package of measures for kinship carers — is supported by a \$33.5 million investment and recognises the vital role that kinship carers play in caring for some of Victoria’s most vulnerable children.

The changes will focus on:

- Better and earlier identification of kinship carers through new kinship networks
- Strengthening connections for Aboriginal children and young people with family reunification supports, culture and community
- Assisting carers, children and young people through increased, ongoing and flexible support and,
- Increasing case management of kinship placements by community service organisations.
- There is also a greater emphasis on assessing the needs of carers, children and young people.

**Families and children**

**12 503. MS CROZIER** — To ask the Minister for Families and Children: As at December 2017, which stakeholder groups or agencies are involved in the selection of kinship carers and —

- (1) how many are in metropolitan Melbourne; and
- (2) how many are in regional Victoria.

**ANSWER:**

All new kinship care carers are assessed and approved by Child Protection which is a state-wide service.

In December 2017 I announced a new model for kinship care that will identify carers earlier, strengthen community connections for Aboriginal children in care and deliver better, more flexible support.

The new model — part of a new package of measures for kinship carers — is supported by a \$33.5 million investment and recognises the vital role that kinship carers play in caring for some of Victoria’s most vulnerable children.

The changes will focus on:

- Better and earlier identification of kinship carers through new kinship networks
- Strengthening connections for Aboriginal children and young people with family reunification supports, culture and community
- Assisting carers, children and young people through increased, ongoing and flexible support and
- Increasing case management of kinship placements by community service organisations.
- There is also a greater emphasis on assessing the needs of carers, children and young people.

### Families and children

**12 504. MS CROZIER** — To ask the Minister for Families and Children: In relation to the 36 new dedicated kinship practitioners —

- (1) how many are deployed in metropolitan Melbourne; and
- (2) how many are working in regional Victoria.

#### ANSWER:

I am informed that:

Department of Health and Human Services reporting systems are not currently structured in a way to report an answer to this Question on Notice.

In December 2017 I announced a new model for kinship care that will identify carers earlier, strengthen community support connections for Aboriginal children in care and deliver better, more flexible support.

The new model — part of a new package of measures for kinship carers — is supported by a \$33.5 million investment and recognises the vital role that kinship carers play in caring for some of Victoria’s most vulnerable children.

The changes will focus on:

- Better and earlier identification of kinship carers through new kinship networks
- Strengthening connections for Aboriginal children and young people with family reunification supports, culture and community
- Assisting carers, children and young people through increased, ongoing and flexible support and
- Increasing case management of kinship placements by community service organisations.
- There is also a greater emphasis on assessing the needs of carers, children and young people.

The 37 new kinship care workers employed by the Department (equivalent to 36 full time positions) are currently being recruited to begin in March 2018. There will be one Kinship Engagement Coordinator and one Kinship Engagement Worker in each of the Department of Health and Human Services’ 17 areas. This means that: 19 will be deployed in metropolitan Melbourne; and 18 working in regional Victoria.

### Families and children

**12 505. MS CROZIER** — To ask the Minister for Families and Children: As at December 2017, how many kinship care applicants have completed kinship care assessment prior to starting care duties.

**ANSWER:**

I am informed that:

All new kinship care carers are assessed and approved by Child Protection.

In December 2017 I announced a new model for kinship care that will identify carers earlier, strengthen community connections for Aboriginal children in care and deliver better, more flexible support.

The new model — part of a new package of measures for kinship carers — is supported by a \$33.5 million investment and recognises the vital role that kinship carers play in caring for some of Victoria’s most vulnerable children.

The changes will focus on:

- Better and earlier identification of kinship carers through new kinship networks
- Strengthening connections for Aboriginal children and young people with family reunification supports, culture and community
- Assisting carers, children and young people through increased, ongoing and flexible support and
- Increasing case management of kinship placements by community service organisations.
- There is also a greater emphasis on assessing the needs of carers, children and young people.

Additional flexible brokerage funding will also be provided to support and stabilise existing Kinship care placements.

**Families and children**

**12 506. MS CROZIER** — To ask the Minister for Families and Children: As at December 2017, how many kinship carers put in requests for payments previously not received.

**ANSWER:**

I am informed that:

Department of Health and Human Services reporting systems are not currently structured in a way to report an answer to this Question on Notice.

In December 2017 I announced a new model for kinship care that will identify carers earlier, strengthen community connections for Aboriginal children in care and deliver better, more flexible support.

The new model — part of a new package of measures for kinship carers — is supported by a \$33.5 million investment and recognises the vital role that kinship carers play in caring for some of Victoria’s most vulnerable children.

The changes will focus on:

- Better and earlier identification of kinship carers through new kinship networks
- Strengthening connections for Aboriginal children and young people with family reunification supports, culture and community
- Assisting carers, children and young people through increased, ongoing and flexible support and
- Increasing case management of kinship placements by community service organisations.
- There is also a greater emphasis on assessing the needs of carers, children and young people.

**Families and children**

**12 507. MS CROZIER** — To ask the Minister for Families and Children: As at December 2017, how many kinship carers were granted care allowance.

**ANSWER:**

Quarterly data relating to the numbers of foster carers, kinship carers and permanent carers is published in the Department’s Annual Report.

In December 2017 I announced a new model for kinship care that will identify carers earlier, strengthen community connections for Aboriginal children in care and deliver better, more flexible support.

The new model — part of a new package of measures for kinship carers — is supported by a \$33.5 million investment and recognises the vital role that kinship carers play in caring for some of Victoria’s most vulnerable children.

The changes will focus on:

- Better and earlier identification of kinship carers through new kinship networks
- Strengthening connections for Aboriginal children and young people with family reunification supports, culture and community
- Assisting carers, children and young people through increased, ongoing and flexible support and
- Increasing case management of kinship placements by community service organisations.
- There is also a greater emphasis on assessing the needs of carers, children and young people.

**Families and children**

**12 508. MS CROZIER** — To ask the Minister for Families and Children: Of those who received an allowance higher than Level One Care Allowance, how many come from —

- (1) metropolitan Melbourne; and
- (2) regional Victoria.

**ANSWER:**

I am informed that:

Department of Health and Human Services reporting systems are not currently structured in a way to report an answer to this Question on Notice.

In December 2017 I announced a new model for kinship care that will identify carers earlier, strengthen community connections for Aboriginal children in care and deliver better, more flexible support.

The new model — part of a new package of measures for kinship carers — is supported by a \$33.5 million investment and recognises the vital role that kinship carers play in caring for some of Victoria’s most vulnerable children.

The changes will focus on:

- Better and earlier identification of kinship carers through new kinship networks
- Strengthening connections for Aboriginal children and young people with family reunification supports, culture and community
- Assisting carers, children and young people through increased, ongoing and flexible support and
- Increasing case management of kinship placements by community service organisations.
- There is also a greater emphasis on assessing the needs of carers, children and young people.

**Families and children**

**12 509. MS CROZIER** — To ask the Minister for Families and Children: Of those who received an allowance higher than Level One Care Allowance —

- (1) how many come from Aboriginal and Torres Strait Islander background; and
- (2) how many come from culturally and linguistically diverse communities.

**ANSWER:**

I am informed that:

Department of Health and Human Services reporting systems are not currently structured in a way to report an answer to this Question on Notice.

In December 2017 I announced a new model for kinship care that will identify carers earlier, strengthen community connections for Aboriginal children in care and deliver better, more flexible support.

The new model — part of a new package of measures for kinship carers — is supported by a \$33.5 million investment and recognises the vital role that kinship carers play in caring for some of Victoria’s most vulnerable children.

The changes will focus on:

- Better and earlier identification of kinship carers through new kinship networks
- Strengthening connections for Aboriginal children and young people with family reunification supports, culture and community
- Assisting carers, children and young people through increased, ongoing and flexible support and
- Increasing case management of kinship placements by community service organisations.
- There is also a greater emphasis on assessing the needs of carers, children and young people.

**Families and children**

**12 510. MS CROZIER** — To ask the Minister for Families and Children: As at December 2017, how many siblings in kinship care in Victoria have been separated/split up and can the Minister please include length of time they were separated/split up for.

**ANSWER:**

I am informed that:

The Department of Health and Human Services maintains this information on individual electronic client records.

It is ideal that siblings in Kinship Care be placed together however this is not always able to be achieved due to a lack of suitable placements, safety concerns or the size of a sibling group.

In December 2017 I announced a new model for kinship care that will identify carers earlier, strengthen community connections for Aboriginal children in care and deliver better, more flexible support.

The new model — part of a new package of measures for kinship carers — is supported by a \$33.5 million investment and recognises the vital role that kinship carers play in caring for some of Victoria’s most vulnerable children.

The changes will focus on:

- Better and earlier identification of kinship carers through new kinship networks
- Strengthening connections for Aboriginal children and young people with family reunification supports, culture and community
- Assisting carers, children and young people through increased, ongoing and flexible support and
- Increasing case management of kinship placements by community service organisations.
- There is also a greater emphasis on assessing the needs of carers, children and young people.

### **Families and children**

**12 511. MS CROZIER** — To ask the Minister for Families and Children: As at December 2017, how many siblings in foster care in Victoria have been separated/split up and can the Minister please include length of time they were separated/split up for.

**ANSWER:**

I am informed that:

The Department of Health and Human Services maintains this information on individual electronic client records.

It is ideal that siblings in Kinship Care be placed together however this is not always able to be achieved due to a lack of suitable placements, safety concerns or the size of a sibling group.

Our first budget provided \$31.3 million over four years for an increase in carer payments — the first increase in a decade. This has benefited our foster carers, kinships carers as well as our permanent carers.

The 2016-17 Budget further invested \$16.2 million to provide increased support for carers and children. This included a combined foster and kinship care training calendar, a new kinship care manual and flexible funding for extraordinary expenses such as medical costs and transport.

Our Government Introduced Targeted Care Packages which provide wrap around supports for children or young people in or at risk of entering residential care to enable them to live in a home based placement. As of 30 December 2017, 495 Targeted Care Packages had been created. These packages have benefitted children and carers including foster carers.

The 2017-18 Victorian Budget funded an additional 1982 home-based care placements and 100 more targeted care packages through a further \$59.6 million commitment.

Funding of \$116 million has been allocated by this Government since 2015-16 to meet the need for additional home-based care placements, including funding for caregiver payments and client expenses.

### **Health**

**12 529. MS PATTEN** — To ask the Minister for Families and Children (for the Minister for Health): In relation to the provision of medicinal cannabis to Victorians and the Government announcing in October 2015 that it accepted all recommendations of the Victorian Law Reform Commission including recommendations that eligibility for the Victorian scheme should be based on conditions including ‘severe nausea, severe vomiting or severe wasting resulting from cancer, HIV or AIDS (or the treatment thereof)’, when is it anticipated that medicinal cannabis will be available to Victorians suffering in this way.

**ANSWER:**

I am informed that:

I refer to my reply to question number 12528.



**Health**

**12 530. MS PATTEN** — To ask the Minister for Families and Children (for the Minister for Health): In relation to the provision of medicinal cannabis to Victorians and the Government announcing in October 2015 that it accepted all recommendations of the Victorian Law Reform Commission including recommendations that eligibility for the Victorian scheme should be based on conditions including ‘severe muscle spasms or severe pain resulting from multiple sclerosis’, when is it anticipated that medicinal cannabis will be available to Victorians suffering in this way.

**ANSWER:**

I am informed that:

I refer to my reply to question number 12528.

**Health**

**12 531. MS PATTEN** — To ask the Minister for Families and Children (for the Minister for Health): In relation to the provision of medicinal cannabis to Victorians and the Government announcing in October 2015 that it accepted all recommendations of the Victorian Law Reform Commission including recommendations that eligibility for the Victorian scheme should be based on conditions including ‘severe chronic pain where, in the view of two specialist medical practitioners, medical cannabis may in all the circumstances provide pain management that is superior to what can be provided by other options’, when is it anticipated that medicinal cannabis will be available to Victorians suffering in this way.

**ANSWER:**

I am informed that:

I refer to my reply to question number 12528.

**Health**

**12 532. MS PATTEN** — To ask the Minister for Families and Children (for the Minister for Health): In relation to the operation of the Medicinal Cannabis Act 2016 and the Minister’s previous advice that eligible patient groups will be expanded over time, based on best available evidence and the advice of the Independent Medical Advisory Committee (IMAC), has the Minister or the Secretary to the Department of Health and Human Services —

- (1) received advice from IMAC in relation to expanding eligible patient groups to include those suffering ‘severe pain arising from cancer, HIV or AIDS’ or similar;
- (2) received advice from IMAC in relation to expanding eligible patient groups to include those suffering ‘severe nausea, severe vomiting or severe wasting resulting from cancer, HIV or AIDS (or the treatment thereof)’ or similar;
- (3) received advice from IMAC in relation to expanding eligible patient groups to include those suffering ‘severe muscle spasms or severe pain resulting from multiple sclerosis’ or similar;
- (4) received advice from IMAC in relation to expanding eligible patient groups to include those suffering ‘severe chronic pain where, in the view of two specialist medical practitioners, medical cannabis may in all the circumstances provide pain management that is superior to what can be provided by other options’ or similar.

**ANSWER:**

I am informed that:

I refer to my reply to question number 12528.

**Health**

**12 533. MS PATTEN** — To ask the Minister for Families and Children (for the Minister for Health): In relation to the provision of medicinal cannabis to Victorians, and the Government announcing in October 2015 that it accepted all recommendations of the Victorian Law Reform Commission (VLRC), since the passing of the Medicinal Cannabis Act 2016, what steps has the Government taken to expand patient eligibility to those suffering conditions as recommended by the VLRC (and detailed at pages xxxiv and xxxv of the VLRC Report on Medicinal Cannabis published in August 2015).

**ANSWER:**

I am informed that:

I refer to my reply to question number 12528.

**Health**

**12 534. MS PATTEN** — To ask the Minister for Families and Children (for the Minister for Health): In relation to the operation of the Medicinal Cannabis Act 2016 and the Minister's previous advice that one of the roles of the Independent Medical Advisory Committee (IMAC) will be to provide advice on specific products which will be supplied in the Victorian access scheme, how many different products has IMAC provided advice to the Minister or the Secretary to the Department of Health and Human Services.

**ANSWER:**

I am informed that:

On 17 January 2018, the Minister for Health announced that Victoria will not be implementing the patient access scheme envisaged in the Access to Medicinal Cannabis Act 2016, which included a product register and IMAC approval processes.

As a consequence, the Victorian medicinal cannabis product register and approval of products via the IMAC is no longer relevant for accessing medicinal cannabis in Victoria. Accordingly, no such advice has been tendered by the IMAC.

Victorians can, and are, accessing a wide variety of imported medicinal cannabis products pending the development of a local industry able to supply Australian patients' needs.

Commonwealth policy changes have included the approval of a number of medicinal cannabis products for bulk import (currently 10 importers are providing 38 different products), and the development of product quality and safety requirements by the Therapeutic Goods Administration.

With these Commonwealth processes in place, the implementation of a Victorian approved product register would constitute a further, unnecessary regulatory layer, and be contrary to the government's goal of facilitating patient access.

**Health**

**12 535. MS PATTEN** — To ask the Minister for Families and Children (for the Minister for Health): In relation to the operation of the Medicinal Cannabis Act 2016 and the Minister's previous advice that one of the roles of the Independent Medical Advisory Committee (IMAC) will be to provide advice on specific products which will be supplied in the Victorian access scheme, can the Minister detail the nature of the different products that IMAC has recommended, approved or provided advice on.

**ANSWER:**

I am informed that:

I refer to my reply to question number 12534.

**Public transport**

**12 540. MS WOOLDRIDGE** — To ask the Minister for Agriculture (for the Minister for Public Transport): What are the average patronage figures of the new 343 bus service from Greensborough to Hurstbridge for November 2017 on —

- (1) weekdays; and
- (2) weekends.

**ANSWER:**

The Andrews Labor Government introduced bus route 343 to enhance public transport services for the communities of Hurstbridge, Wattle Glen, Diamond Creek, St Helena and Greensborough.

More than \$100 million has been invested in new bus routes and more bus services for Victoria’s growing communities. I am pleased to advise the Member that the 343 is performing well and is well used by local residents, students and workers. Importantly, it is a vital connection for students attending St Helena College and Diamond Valley College and the now reopened Greensborough TAFE (Melbourne Polytechnic) campus.

This contrasts with the former Liberal Government, which recklessly slashed hundreds of route bus services from the area without any consultation. The resultant paucity of services was referenced as the then justification for the closure of Greensborough TAFE.

**Public transport**

**12 541. MS WOOLDRIDGE** — To ask the Minister for Agriculture (for the Minister for Public Transport): What are the average patronage figures of the new 343 bus service from Greensborough to Hurstbridge for December 2017 on —

- (1) weekdays; and
- (2) weekends.

**ANSWER:**

The Andrews Labor Government introduced bus route 343 to enhance public transport services for the communities of Hurstbridge, Wattle Glen, Diamond Creek, St Helena and Greensborough.

More than \$100 million has been invested in new bus routes and more bus services for Victoria’s growing communities. I am pleased to advise the Member that the 343 is performing well and is well used by local residents, students and workers. Importantly, it is a vital connection for students attending St Helena College and Diamond Valley College and the now reopened Greensborough TAFE (Melbourne Polytechnic) campus.

This contrasts with the former Liberal Government, which recklessly slashed hundreds of route bus services from the area without any consultation. The resultant paucity of services was referenced as the then justification for the closure of Greensborough TAFE.

**Public transport**

**12 542. MS WOOLDRIDGE** — To ask the Minister for Agriculture (for the Minister for Public Transport): What are the average patronage figures of the new 343 bus service from Greensborough to Hurstbridge for January 2018 on —

- (1) weekdays; and
- (2) weekends.

**ANSWER:**

The Andrews Labor Government introduced bus route 343 to enhance public transport services for the communities of Hurstbridge, Wattle Glen, Diamond Creek, St Helena and Greensborough.

More than \$100 million has been invested in new bus routes and more bus services for Victoria's growing communities. I am pleased to advise the Member that the 343 is performing well and is well used by local residents, students and workers. Importantly, it is a vital connection for students attending St Helena College and Diamond Valley College and the now reopened Greensborough TAFE (Melbourne Polytechnic) campus.

This contrasts with the former Liberal Government, which recklessly slashed hundreds of route bus services from the area without any consultation. The resultant paucity of services was referenced as the then justification for the closure of Greensborough TAFE.

**Public transport**

**12 543. MS WOOLDRIDGE** — To ask the Minister for Agriculture (for the Minister for Public Transport): What are the patronage figures of the 517 bus service from Northland to St Helena on —

- (1) an average weekday;
- (2) weekends;
- (3) public holidays; and
- (4) the period of 25 September 2017 to 8 October 2017 inclusive.

**ANSWER:**

The Andrews Labor Government has invested more than \$100 million to improve bus services and expand bus routes across Victoria.

I am pleased that route 517 is well used by the local community during the week and on weekends.

**Public transport**

**12 548. MR DAVIS** — To ask the Minister for Agriculture (for the Minister for Public Transport): In relation to the Fairness Fund established to provide targeted assistance for taxi industry participants experiencing significant financial hardship —

- (1) what is the criteria for industry participants to access the fund;
- (2) how many applications have been made for Fairness Fund assistance;
- (3) how many applications made for Fairness Fund assistance have received payment;
- (4) how many applications made for Fairness Fund assistance have been rejected;
- (5) how many applications made for Fairness Fund assistance remain outstanding;
- (6) how many applications made for Fairness Fund assistance have been finalised;
- (7) how much has been paid out of the Fairness Fund in assistance; and
- (8) how much has been paid to the administrators of the Fairness Fund from —
  - (a) the Fairness Fund; and
  - (b) other sources.

**ANSWER:**

It is acknowledged that, while the Liberal Opposition voted in support of regulating ride sharing and removing taxi licences, they voted against provisions to provide financial assistance to the existing taxi and hire car industry.

The eligibility criteria for the Fairness Fund as set out on the application form are that “people who had an ownership interest in a taxi or hire car licence at any time in the period 1 January 2016 to 23 August 2016 and who

are facing significant financial hardship as a result of the proposed reforms may qualify for an assistance payment where any or all of the following can be demonstrated: A lack of current income or the loss of a future income stream that is significantly impacting on household spending capacity; Significant difficulty in meeting ongoing debt obligations related to the licence(s) held; A lack of available funds to meet financial commitments. Special consideration may also be given to applicants with extenuating circumstances.”

Over \$46 million has been paid to more than 560 applicants from the Fairness Fund. Together with over \$330 million of Transition Assistance Payments, this makes the Andrews Labor Government’s support package for the taxi industry the largest and most generous in Australia.

The administrators of the Fairness Fund are not being paid out of the Fairness Fund. The Chair of the Fund is not being remunerated for her role. The Department of Economic Development, Jobs, Transport and Resources (DEDJTR) will publish the consultancy cost of the auditor task for the Fund with DEDJTR’s next Annual Report. DEDJTR will also publish the final number of payments made in its Annual Report.

**Families and children**

**12 595. MS CROZIER** — To ask the Minister for Families and Children: In relation to the Roadmap for Reform Advisory Council, can the Minister provide a list of its past and present members, indicating when they joined the council and, for past members, when they resigned from the council.

**ANSWER:**

The list of members of the Roadmap Implementation Ministerial Advisory Council is published on the Department’s website.

**Families and children**

**12 597. MS CROZIER** — To ask the Minister for Families and Children: In relation to the Career Trackers Aboriginal Internship Program —

- (1) how many children have participated since its inception; and
- (2) as at 3 March 2018, how many have been employed by the Department of Health and Human Services.

**ANSWER:**

The CareerTrackers Program is a multi-year internship program for Aboriginal university students that aims to convert interns to ongoing employment upon successful completion of their degree. The summer internships period is from November to February every year. The Department of Health and Human Services offers internship under two streams: generalist and child protection. CareerTrackers worked with the department to create the first ever child protection CareerTrackers stream in Australia. The program is a key employment pipeline initiative of the Aboriginal Employment Strategy 2016-2021.

Data about Department of Health and Human Services employees is available in the department’s annual report.