ATTACHMENT: QUESTIONS TAKEN ON NOTICE AND FURTHER INFORMATION AGREED TO BE SUPPLIED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. Please provide the cost of damages for the riots that occurred during 2015-16 at Malmsbury and Parkville youth justice facilities, by event, including the riots of 31 October 2015 and of 6 and 7 March 2016.

(Page 6 of the Department of Health and Human Services transcript)

The department does not record transactions by 'riot', however, records are kept for transactions against client damage.

The following table provides an outline of client damage costs for 2015-16 across the Parkville and Malmsbury precincts:

2015-16	Parkville Youth Justice Precinct	Malmsbury Youth Justice Precinct	Total
Client damage	$1,745,720.16	$636,372.71	$2,382,092.87

2. How many computers were replaced or were in need of replacement at both Parkville and Malmsbury during the 2015-16 financial year?

(Pages 6-7 of the Department of Health and Human Services transcript)

For the 2015-16 financial year, there were 130 personal computer (PC) replacements at Parkville and 61 PC replacements at Malmsbury, totalling 191 replacement PCs. These figures include routine and emergency replacements.

The department operates a PC replacement program, which replaces PCs every four years. In 2015-16, Secure Services branch, which includes Parkville and Malmsbury youth justice services, had its PCs replaced as part of this four-year cycle. The higher number of PCs being replaced at Parkville is due to the administrative teams for Secure Services branch being located at Parkville.

3. In relation to the 32 residential rehabilitation beds for forensic clients, please provide a list of the facility name and geographical location of the beds.

(Page 12 of the Department of Health and Human Services transcript)

Agency name	Number of beds	Location of service	Primary LGA name
The Salvation Army (Victoria) Property Trust – Eastern	4	The Basin	City of Knox
EACH (formerly) Maroondah Addictions Recovery Project Inc.	4	Lilydale	Shire of Yarra Ranges
The Salvation Army (Victoria) Property Trust – Bendigo	2	Bendigo	City of Greater Bendigo
Odyssey House, Victoria	15	Lower Plenty	City of Banyule
The Salvation Army (Victoria) Property Trust – Western	2	Preston	City of Darebin
Windana Drug and Alcohol Recovery Inc.	5	Maryknoll	City of Cardinia
TOTAL	**32**		

4. Please provide a list of the 140 information sessions that were held regarding the NDIS? How many people attended each session?

(Pages 17-18 of the Department of Health and Human Services transcript)

Table 1: Overview of NDIS readiness/information sessions provided by organisations funded via the Transition Support Package and attendance figures (April 2016 – December 2016).

Detailed breakdown provided in Table 2 (below)

Area	Session delivered by	Participant focused activity	Provider focused activity	Total sessions	Total attendance
North East Melbourne	VALiD	52	0		961
	TANDEM	1	0		19
	BALIT	2	1		26
	YDAS	2	0		32
	ECCV	4	0		100
	NDIA / DHHS *	51	0		800
	SARU	1	0		14
	VICSERV	0	1		150
	NDS-VICTORIA	0	27		168**
	VACCHO	0	1		30
	TOTAL	**113**	**30**	**143**	**2,300**

***** *Not funded via Transition Support Package*
****** *Separate providers*

Table 2: Breakdown of the NDIS readiness/information sessions provided by organisations funded via the Transition Support Package and attendance figures (April 2016 – December 2016)

	Session delivered by	Session title	Location	Attendance
1	**VALiD (52)** (*The Victorian League for Individuals with a Disability) Advocacy group for adults with intellectual disabilities and their families.*	National Disability Insurance Scheme (NDIS) Participant session – Scope NDIS	Glenroy	13
2		NDIS Participant session – Northern Network	Bundoora	35
3		NDIS Participant session – St John of God (SJOG)	Greensborough	18
4		NDIS Participant session – Northern Support (NSS)	Northcote	26
5		NDIS Participant session – IDV (formerly known as Ivanhoe Diamond Valley Centre)	Macleod	27
6		NDIS Participant session – IDV	Macleod	21
7		NDIS Participant session – North East Melbourne Area (NEMA)	Mill Park	13
8		NDIS Participant session – NEMA	Preston	18

	Session delivered by	Session title	Location	Attendance
9		NDIS Participant session – NEMA	Mill Park	8
10		NDIS Participant session – SJOG	Greensborough	28
11		NDIS Participant session – SJOG	Greensborough	15
12		NDIS Participant session – SJOG	Greensborough	17
13		NDIS Participant session – NEMA Focus Group NDIS - Inner	Preston	22
14		NDIS Participant session – SJOG	Greensborough	20
15		NDIS Participant session – NEMA	Mill Park	11
16		NDIS Participant session – LaTrobe LifeSkills	Bundoora	19
17		NDIS Participant session – LaTrobe LifeSkills	Bundoora	21
18		NDIS Participant session – NEMA Focus Group NDIS – Inner	Preston	14
19		NDIS Participant session – SJOG	Greensborough	8
20		NDIS Participant session – SJOG	Greensborough	12
21		NDIS Participant session – NEMA	Greensborough	9
22		NDIS Participant session – IDV	Thomastown	16
23		NDIS Participant session – IDV	Thomastown	17
24		NDIS Participant session – NSS	Northcote	27
25		NDIS Participant session – NSS	Thornbury	22
26		NDIS Participant session – NSS	Northcote	31
27		NDIS Participant session – SJOG	Greensborough	8
28		NDIS Participant session – NSS	Northcote	36
29		NDIS Participant session – IDV	Macleod	38
30		NDIS Participant session – HiCity	Bellfield	42
31		NDIS Participant session – HiCity	Bellfield	31
32		NDIS Participant session – HiCity	Bellfield	25
33		NDIS Participant session – NSS	Northcote	24
34		NDIS Participant session – Whittlesea District Adult Training and Support Services (WDATSS)	Thomastown	25
35		NDIS Participant session – Northstar	Epping	19
36		NDIS Participant session – WDATSS	Lalor	27
37		NDIS Participant session – Interact	Abbotsford	11
38		NDIS Participant session – Multiple Sclerosis (MS) Society	Mill Park	17
39		NDIS Participant session – NEMA Focus Group NDIS – Outer	Bundoora	7

	Session delivered by	Session title	Location	Attendance
40		NDIS Participant session – Villa Maria	Alphington	27
41		NDIS Participant session – NEMA	Preston	6
42		NDIS Participant session – NEMA	Bundoora	7
43		NDIS Participant session – NEMA	Bundoora	5
44		NDIS Participant session - NEMA	Bundoora	6
45		NDIS Participant session – NEMA	Preston	7
46		NDIS Participant session – NEMA	Preston	9
47		NDIS Participant session – NEMA	Preston	13
48		NDIS Participant session – NEMA	Preston	11
49		NDIS Participant session – NEMA	Preston	23
50		NDIS Participant session – Information Session	Greensborough	12
51		NDIS Participant session – Information Session	Northcote	25
52		NDIS Participant session – Information Session	Thornbury	12
1	**TANDEM CARERS (1)** *Peak body for families and carers of people experiencing mental health challenges and emotional distress in Victoria.*	Tandem Members Forum	Abbotsford	19
1	**BALIT NARRUM (3)** *Aboriginal Disability Network (North)*	Aborigines Advancement League Elders NDIS Home and Community Care (HACC) Information Session	Thornbury	12
2		NDIS Yarning Circle	South Morang	9
3		NDIS Yarning Circle	Thornbury	5
1	**YDAS (2)** *(Youth Disability Advocacy Service)* *State-wide advocacy service for young people with a disability in Victoria.*	Goals session for NEMA self-advocacy youth group	NEMA	6
2		Information Provision and participation in NEMA NDIS Expo	Whittlesea	26
1	**ECCV (4) with TANDEM CARERS** *(Ethnic Communities Council of Victoria)* *Peak body for ethnic and multicultural organisations in Victoria.*	World Café forum for Culturally And Linguistically Diverse (CALD) participants, families, carers	Whittlesea	25
2		World Café forum for CALD participants, families, carers	Banyule	25
3		World Café forum for CALD participants, families, carers	Darebin	25
4		World Café forum for CALD participants, families, carers	Yarra	25

	Session delivered by	Session title	Location	Attendance
1	**NDIA** / **DHHS (51)*** *(National Disability Insurance Agency / The Department of Health and Human Services)*	Sector Forum	Whittlesea	800 in total (approx. 15 participants/ session)
36		Participant and family readiness sessions (x 36 sessions)	Whittlesea, Darebin, Banyule, Nillumbik, Yarra	
8		Participant sessions hosted by service providers (x 8 sessions)	Across NEMA	
6		Participant/family sessions, presented by NDIA (x 6 sessions)	Across NEMA	
1	**SARU (1)** *(Self Advocacy Resource Unit) Provides resources and support to Victorian self-advocacy groups for people with an intellectual disability, people with an acquired brain inquiry or people with complex communication support needs.*	Session with self-advocacy group	NEMA	14
1	**VICSERV (1)** *(Psychiatric Disability Service of Victoria) Peak body for mental health services in Victoria.*	Mental Health in the NDIS World Forum	Ivanhoe	150
1	**NDS (27)** *(National Disability Services - Victoria) Peak body for disability service providers*	NEMA NDIS Readiness Group	South Morang	168 separate providers in total attended NDS events **
2		NEMA NDIS Readiness Group	Richmond	
3		NEMA NDIS Implementation Group	Preston	
4		NEMA NDIS Implementation Group	Greensborough	
5		NEMA NDIS Implementation Group	South Morang	
6		NEMA NDIS Implementation Group	Hurstbridge	
7		NEMA Chief Executive Officer (CEO) and Senior Management Network	Watsonia	
8		NEMA CEOs and Senior Management Network	Watsonia	
9		NEMA CEOs and Senior Management Network	Northcote	
10		NEMA CEOs and Senior Management Network	Watsonia	
11		NEMA CEOs and Senior Management Network	Watsonia	

	Session delivered by	Session title	Location	
12		NEMA CEOs and Senior Management Network	Watsonia	
13		NDIS NEMA Day Services Network	Northcote	
14		CALD Participant Readiness for Providers	Northcote	
15		NDIS and HACC in NEMA	Northcote	
16		NDIS Transition for NEMA Accommodation Providers	Northcote	
17		CALD Participant Readiness for Providers	Northcote	
18		NEMA Workshop on Developing Person-Centred Documentation	Watsonia	
19		Costing and Pricing in an NDIS environment	Preston	
20		Industrial Relations for NDIS – Bundoora	Bundoora	
21		ImproveIT-4NDIS Improvement Workshop	Northcote	
22		Marketing Disability Services	Northcote	
23		Leading Change – Strategies for Positive Change	Preston	
24		Seminar 5: Cost Management and Financial Planning	Preston	
25		Seminar 3: Costing and Pricing using Excel	Preston	
26		The Change Room	Preston	
27		Marketing from the Front Line	Northcote	
1	**VACCHO (1)** *(Victorian Aboriginal Community Controlled Health Organisation) Peak body for the health and wellbeing of Victorian Aboriginal people.*	Metropolitan Aboriginal HACC Network 'Age and Disability Conference' – Day 2 – Disability – NDIS in the NEMA Region	Preston	30

***** *Not funded via Transition Support Package*
****** *Separate providers*

5. Some clients have indicated that the top-up funds have not fully covered all costs for public holiday services that were delivered. Are there any outstanding settlements in dispute?

(Page 20 of the Department of Health and Human Services transcript)

The department is not aware of any outstanding disputes associated with adjustments to client based funding for 2015-16.

6. Has a formal letter of request been sent from the minister to the Commonwealth requesting a contribution for the Victorian heart hospital?

(Page 20 of the Department of Health and Human Services transcript)

The Victorian Government has committed $150 million towards the establishment of a specialist heart hospital, which will be a centre of excellence for patient care, research and clinical education.

There is no confirmed funding commitment from the Australian Government towards this project at this time, although a proposal has been discussed at both Ministerial and Secretary levels.

The Minister for Health has written and looks forward to discussing the project in greater detail with the new Federal Health Minister following the Victorian Government's consideration of the final Business Case.

Monash University confirmed recently it will make a cash contribution, in addition to making available a greenfield site for construction, and pledging recurrent funding support to attract and retain key personnel for the new facility.

7. Please provide details of the dispatch grid which determines, based on the acuity of the call, the type of resource sent to it.

(Page 21 of the Department of Health and Human Services transcript)

The dispatch grid, determined by Ambulance Victoria through research and clinical expertise, designates the level of ambulance response and resources to send to each event type.

Events are created through the ESTA 000 call-taking process, with each event type linked to predetermined dispatch requirements (the dispatch grid). The dispatch grid specifies the priority and urgency of ambulance response required for each event type, as well as the number and variety of ambulance resources that should be dispatched.

8. How many call-outs in 2015-16 would previously been code 1 but are now classified as code 2?

(Page 21 of the Department of Health and Human Services transcript)

There were zero call-outs classified previously as code 1 but now classified as code 2 in 2015-16. Dispatch grid changes which caused event types classified previously as a code 1 dispatch to be downgraded to a code 2 (and remain as code 2 in the new grid), were not implemented until Tranche 3, which commenced in July 2016.

9. There was an increase in the ambulance emergency services output cost of $83 million from the target to the actual in 2015-16. What was this funding spent on and how much of it, if any of it, was with relation to the additional wages as a result of the work value case? Were there costs associated with the ambulance work value case that were incurred outside the $83 million funding pool? If so what were these costs?

(Pages 21 and 25 of the Department of Health and Human Services transcript)

The Ambulance Emergency Services output cost increase of $83 million relates to additional investment provided for the Response Time Rescue Fund and increased expenditure associated with revenue from Ambulance membership scheme. The increased cost also includes changes to realign costs across outputs within the Ambulance Services output group (i.e. changes between the Ambulance Emergency Services and Ambulance Non-Emergency Services outputs). The costs include an expense accrual of 6.4 per cent of the total output cost associated with the ambulance work value case.

10. What percentage of the health budget is spent on prevention and public health campaigns?

(Pages 24-25 of the Department of Health and Human Services transcript)

Expenditure for the Public Heath output group was $320.7 million in 2015-16 (*Department of Health and Human Services annual report 2015-16*, p.169). Expenditure for all health output groups in the same year was $10,446.6 million (including all funding to hospitals and other health-related activities under the following output groups: Acute Health; Ambulance Services; Mental health; Ageing, aged and home care; Primary, community and dental health; Small rural services; Public health; and Drug services).

In addition to the Public health output budget, it should be noted that a number of other activities provided by the department and across government are aimed at promoting good health and wellbeing in the Victorian population, from community sport programs, to physical education in schools, and road safety campaigns.

11. In which youth facilities did the six serious assaults that occurred in 2015-16 occur? What occurred during those incidents?

(Pages 25-26 of the Department of Health and Human Services transcript)

Victoria is one of the few states that publicly reports serious incidents and it should be noted that this data is not comparable across jurisdictions. Methods of data collection vary across jurisdictions. The thresholds for recording an assault and the extent to which minor injuries are included differ across jurisdictions.

The serious assaults reported in Chapter 17, Youth justice services, of the 'Report on Government Services 2017' and associated tables occurred at both Malmsbury Youth Justice Centre and the Parkville Youth Justice Precinct. Serious assaults are defined as those requiring overnight hospitalisation, including access to emergency, and all acts of sexual assault. 'Access to emergency' does not include cases where the young person accessed triage only.

12. How many assaults on staff were there in Victoria's youth justice system during the period 1 July 2015 and 31 December 2015?

(Page 26 of the Department of Health and Human Services transcript)

There was one category 1 critical incident report of assault on staff reported by Victoria's youth justice custodial system during the period 1 July 2015 to 31 December 2015.

13. Of the $6.4 million in salary expended for youth justice, what is the breakdown for each of these areas – for example, consultants, management, agency staff, permanent staff and the like in 2015-16?

(Page 27 of the Department of Health and Human Services transcript)

The figure of $6.4 million in salary costs for youth justice referred to in the question has been misread from the Department of Health and Human Services Annual Report 2015-16 (p.169).

The total employee expenses for Output group 11 (Youth Services and Youth Justice) reported in the Department of Health and Human Services Annual Report 2015-16 (p.169) was $73.1 million.

Output group 11 incorporates a range of services including the provision of advice to courts, community-based and custodial supervision and youth services. The annual report defines employee benefits expenses as 'all costs related to employment including salaries and wages, leave entitlements, redundancy payments, defined benefits superannuation plans, and defined contribution superannuation plans'.

Salary costs relate to employees of the department and do not include consultants, agency or contractor staff.

14. Please provide a monthly breakdown for riot costs and also routine maintenance costs incurred at Parkville and Malmsbury for 2015-16.

(Page 27 of the Department of Health and Human Services transcript)

The department does not record transactions by 'riot', however, records are kept for transactions against client damage.

In 2015-16, the costs incurred across the Parkville and Malmsbury youth justice precincts were $2,382,092 for client damage. Over this period $5,081,210 was spent on routine maintenance.

The following table provides a monthly breakdown of client damage costs for 2015-16 across the Parkville and Malmsbury youth justice precincts. The escalation in costs reflects the typical annual payment cycle, including end of year processing of invoices prior to the commencement of the financial year, lag time in payment of subsequent invoices, accompanied by an increase in the number of incidents resulting in client damage.

2015-16	Parkville Youth Justice Precinct	Malmsbury Youth Justice Precinct
July 2015	$33,993.70	$15,074.55
August 2015	$50,569.18	$25,217.84
September 2015	$49,750.57	$14,182.19
October 2015	$138,071.07	$54,751.16
November 2015	$157,503.36	$71,192.54
December 2015	$199,166.62	$40,978.58
January 2016	$208,833.45	$38,639.79
February 2016	$121,045.48	$82,886.81
March 2016	$146,675.56	$7,402.34
April 2016	$218,643.00	$92,834.76
May 2016	$209,933.10	$54,570.94
June 2016	$211,535.07	$138,641.21
Total	**$1,745,720.16**	**$636,372.71**

15. Can you please provide details of the people who participated in DHHS' graduate program, such as their ethnicity, educational background, stage in their career?

(Page 28 of the Department of Health and Human Services transcript)

The Department of Health and Human Services participates in the Victorian Public Service Graduate Recruitment and Development Scheme.

The scheme operates on a calendar year basis. The department had 10 graduates take part in both 2015 and 2016.

As part of the program, graduates have completed their degrees and are in the early stages of their career, with most entering the Graduate program as their first full-time professional role.

All graduates complete a bachelor degree as a minimum to enter the program.

The department does not collect information on ethnicity for the Graduate program.

16. How much has been spent by the department or G4S on pizza, soft drink and other junk food delivered to Parkville and Malmsbury?

(Pages 30-31 of the Department of Health and Human Services transcript)

Take away meals can be provided for clients for a range of reasons, including occasions when the centres' kitchens are unable to be used (for example during a lockdown), in recognition of sustained good behaviour, and can be provided for staff if they are required to work extended hours beyond regular shifts, as was the case during a protracted incident at Malmsbury during 2015-16.

Take away foods are not used as bargaining incentives when negotiating the resolution of incidents.

In 2015-16 a total of $6,079.10 was spent on take away foods for the Parkville and Malmsbury youth justice centres.

17. Is there any income from partners on the 13th floor of the VCCC for rent or other income to the government?

(Page 33 of the Department of Health and Human Services transcript)

Government owns the Level 13 space to be occupied by the Ian Potter Centre for new Cancer Treatments (i.e. not leased from Plenary Health). The State has leased this to the Victorian Comprehensive Cancer Centre Limited for a peppercorn rental, consistent with other Crown Lease arrangements where there is significant demonstrable community benefit from leasing.

Government has leased the Designated Expansion Space from Plenary at a rental cost of $723,000 per annum. This additional shell space will be fully tenanted, with sub-lease payments from tenants fully covering the rental cost payable by the State to Plenary Health, in addition to tenants paying all Outgoings (utilities, *et al*.).

18. In which youth facilities did the six serious assaults that occurred in 2015-16 occur? What occurred during those incidents??

(Pages 25-26 of the Department of Health and Human Services transcript)

This question duplicates Question 11.

19. For all three reprioritisations in 2015-16 (page 54 of DHHS response to general questionnaire), please provide the initiative or line item that the funding was reprioritised from, the initiative the funding was reprioritised to and the amount reprioritised for each initiative in 2015-16 and over the forward estimates.

(Page 33 of the Department of Health and Human Services transcript)

The approach to reprioritisation for the initiatives outlined in the questionnaire for 2015-16 did not involve reallocation of funds from specific initiatives or budget lines. Rather the department uses a broad efficiency dividend approach across all programs to create available funds for reallocation.

For example, the Department of Health and Human Services provides indexation to health services to recognise the increasing costs associated with providing services to Victorians over time. The final rate of indexation applied is based on the calculated growth in costs less an efficiency component. In 2015-16, health services achieved efficiencies primarily through improved health purchasing arrangements, reductions to administrative overheads and improvements in patient flow.

It is not possible to identify the precise efficiencies at an individual health service as this will vary across health services depending on the demand for services and the health services' size, facilities and operational requirements.

20. The Department identified $10 million in savings (page 53 of DHHS response to general questionnaire). Could you identify how much in savings came from the following areas: health purchasing, improvement in patient flow and administrative overheads? Could you explain how these savings were realised specifically in relation to improving patient flow?

(Page 33 of the Department of Health and Human Services transcript)

The approach to savings and reprioritisation for the initiatives outlined in the questionnaire for 2015-16 did not involve reallocation of funds from specific initiatives or budget lines. Rather the department uses a broad efficiency dividend approach across all programs to create available funds for reallocation.

For example, the Department of Health and Human Services provides indexation to health services to recognise the increasing costs associated with providing services to Victorians over time. The final rate of indexation applied is based on the calculated growth in costs less an efficiency component. In 2015-16, health services achieved efficiencies primarily through improved health purchasing arrangements, reductions to administrative overheads and improvements in patient flow.

It is not possible to identify the precise efficiencies at an individual health service as this will vary across health services depending on the demand for services and the health services' size, facilities and operational requirements.

To assist health services in achieving efficiencies, the department provides additional support or targeted investment. For example, in 2015-16, the department provided capital grants to health services aimed at improving patient flow in emergency departments. These capital improvements enabled health services to improve their patient flow which led to more efficient allocation of resources. Similarly, the department worked closely with Health Purchasing Victoria to provide health services with access to improved health purchasing arrangements.

21. The actual total acute health service expenditure was $285 million above budget. Can you give an explanation as to why there was in increase in expenditure and what that was made up of (broken down by the various aspects)?

(Page 33 of the Department of Health and Human Services transcript)

The actual total Acute Health Services output group cost was $214.1 million above target which represented increases in the Admitted Services ($285 million) and Non-Admitted Services ($51.2 million) outputs and decreases in Emergency Services ($70.5 million) and Acute Training and Development ($51.6 million) outputs.

The overall cost increase for the output group as a whole is primarily driven by increased demand for services.

The changes between the outputs are reflective of reforms to realign the non-admitted and admitted acute funding pools to mirror the activity that is being delivered and reported. These funding reforms were identified in the Department of Health and Human Services *2015-16 Policy and Funding Guidelines* (pp. 85-86).

22. The emergency services total output was $70.5 million below target. What were the components of that underspend?

(Page 34 of the Department of Health and Human Services transcript)

The Emergency Services output cost was $70.5 million below target which reflects reforms undertaken by the department to realign the non-admitted and admitted acute funding pools to mirror the activity that is being delivered and reported. That is, the department has recognised the cost of the services delivered against the relevant output which has seen a movement between outputs within the Acute Health Services output group.

These reforms were identified in the Department of Health and Human Services *2015-16 Policy and Funding Guidelines* (pp. 85-86).

23. The acute training and development total output was $51.6 million below target. Did that have any impacts or what were the ramifications on decreased training?

(Page 34 of the Department of Health and Human Services transcript)

The Acute Training and Development output cost was $51.6 million below target which reflects reforms undertaken by the department to better align the non-admitted and admitted acute funding pools to mirror the activity that is being reported. That is, the department has recognised the cost of the services delivered against the relevant output which has seen a movement between outputs within the Acute Health Services output group.

These reforms were foreshadowed in the Department of Health and Human Services *2014-15 Policy and Funding Guidelines* (p. 35) and took effect in 2015-16.

24. The annual report notes that $147 million was to be spent on improving sport and recreation facilities. Please provide a full breakdown of the grants by project and location. Please include a breakdown by metro and rural areas. What percentage of that sports infrastructure fund went towards women's facilities? Were any of the projects also facilities upgrades that included upgrades to women's facilities but were not solely dedicated to that purpose?

(Page 34 of the Department of Health and Human Services transcript)

The $147 million over four years is broken down in the following programs and projects:

a. Community Sports Infrastructure Fund – $100 million
b. Country Football and Netball Program – $8 million
c. Better Indoor Stadiums Fund – $22 million
d. Inner City Netball Program – $9.6 million
e. Strategic Infrastructure Projects – $8.15 million

In the 2015-16 financial year, over 160 projects were approved. The approvals included over 60 projects across metropolitan Melbourne, 100 across regional Victoria and three statewide projects. Please note, funding allocations are based on a competitive process, and can vary year to year.

All projects funded under Community Infrastructure funding programs are non-discriminating and are designed as unisex to cater for males and females.

However, the Female Friendly Facilities Program, the first of its kind across Australia, is a dedicated sport infrastructure program to help improve facilities and access for female sport participation. Since November 2014 over $5.3 million was invested across the state including $100,000 at Hanlon Park in Portland, $100,000 at Glengarry Reserve in Latrobe Council, and $100,000 at Birralee Park in Wodonga. These investments, along with others, are aimed at helping increase female sport participation across the state. $10 million over four years has been committed to the Female Friendly Facilities Program, which will deliver over 100 projects across the State.

25. What number of children as at 30 June 2016 living in residential care were under the age of 12?

(Pages 36-37 of the Department of Health and Human Services transcript)

As at 30 June 2016, there were 49 children under the age of 12 living in residential care. This compares with 65 children living in residential care in June 2013 as reported by the Victorian Auditor-General in his 2014 report on 'Residential Care Services for Children'. It is important to note that where children under 12 are accommodated in residential care it is often to enable sibling groups to be kept together.

26. How many children were in a contingency placement as at 30 June 2016? What type of contingency placements were these children in – whether it was a motel or some other type of accommodation?

(Page 37 of the Department of Health and Human Services transcript)

As at 30 June 2016 there were 21 children in a contingency placement in a residential care house or unit. None of these were in motels. This compares with 141.9 children in contingency placements in 2012-13 as reported by the Victorian Auditor-General in his 2016 report 'Follow up of Residential Care Services for Children'.

27. Can you provide the Committee with the number of incidents relating to 'behaviour – sexual exploitation' but specifically relating to those incidents which occurred in residential care for 2015-16 and if possible for comparison purposes 2014-15?

(Page 34 of the Department of Health and Human Services transcript)

In 2015-16, there were 338 'behaviour – sexual exploitation' category one critical incident reports reported by residential care. In 2014-15, there were 93 'behaviour – sexual exploitation' critical incident reports reported by residential care.

Where there is an allegation of sexual assault or sexual exploitation, it is met with a strong response that includes medical attention (should this be required), a report to police if it involves an allegation of physical or sexual abuse or a client is a victim of a crime, and counselling and support being offered to all parties.

In 2015 the Government allocated $16 million to increase staff in residential care units including for stand-up overnight staff. A further $35.9 million was allocated in 2016. For the first time, $1.5 million in funding was also made available for spot audits of residential care facilities. The Government has also funded four child protection senior practitioners dedicated to addressing sexual exploitation. They work collaboratively with child protection, Victoria Police and members of the non-government sector and have led to an increased knowledge and understanding of child sexual exploitation and greater identification of children and young people at risk of sexual exploitation.

The Government established the *Keeping Children Safe from Sexual Exploitation Strategy* July 2015. The strategy is overseen by an interdepartmental committee, chaired by the department. The committee includes representatives from the Department of Education and Training, Department of Justice and Regulation, Department of Premier and Cabinet and Victoria Police.

Priority one of this strategy is the Enhanced Response Model. Commencing in July 2016 in five pilot sites, this joint DHHS and Victoria Police strategy specifically profiles the nature and extent of children at risk of sexual exploitation, including those living in out of home care.

Collectively these strategies have led to improved identification of and response to sexual exploitation.

Disruption tactics such as an increase in issuing harbouring notices and intervention orders are deterring perpetrator behaviour.

Training continues to be provided to child protection practitioners and out of home case staff to identify and respond to children at risk of sexual exploitation.

28. With reference to the Children's Commissioner's report *As a good parent would*, which recommendations with a specific action have been completed? How many are yet to be completed, and if they are yet to be completed, when will they be completed?

(Page 38 of the Department of Health and Human Services transcript)

The department fully supports the Children's Commissioner's report, *As a good parent would.* The report consists of nine recommendations with a number of action items under each. The department has made immediate changes to the residential out-of-home care model, and the department's structure has been updated with improvements made to the data management system.

The department continues to work with the Roadmap Implementation Ministerial Advisory Group to progress other improvements to the residential care model and to improve outcomes for children in out-of-home care, in line with the continuous improvement approach contained in the report. The department continues to work closely with the Commission on the progress of these recommendations.

29. In relation to increasing capacity and improving infrastructure statewide to youth justice centres, what does that entail in relation to infrastructure and capacity?

(Page 38 of the Department of Health and Human Services transcript)

As reported in the Public Accounts and Estimates Committee 2015-16 Financial and Performance Outcomes Questionnaire (p. 30), the investment of $54.5 million dollars was provided by the previous government for statewide youth justice centres. Since then, this government has announced extensive funding to statewide youth justice centres to increase capacity and improve infrastructure, including $288 million for a fit-for-purpose, high security youth justice centre in the vicinity of Cherry Creek.