

PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE

2021–22 Budget Estimates

Melbourne—Friday, 18 June 2021

MEMBERS

Ms Lizzie Blandthorn—Chair

Mr Richard Riordan—Deputy Chair

Mr Sam Hibbins

Mr David Limbrick

Mr Gary Maas

Mr James Newbury

Mr Danny O’Brien

Ms Pauline Richards

Mr Tim Richardson

Ms Nina Taylor

WITNESSES

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

Mr Ben Rimmer, Acting Secretary, and

Mr Argiri Alisandratos, Deputy Secretary, Children, Families, Communities and Disability, Department of Families, Fairness and Housing; and

Professor Euan Wallace, Secretary,

Ms Jodie Geissler, Deputy Secretary, Commissioning and System Improvement, and

Mr Greg Stenton, Deputy Secretary, Corporate Services, Department of Health.

The CHAIR: Welcome back, Minister. Thank you for joining us, this time in your capacity as disability, ageing and carers minister. We again invite you to make a brief opening statement of no more than 5 minutes. This will be followed by questions from the committee. Thank you.

Visual presentation.

Mr DONNELLAN: Thank you. The Victorian budget delivers on the commitment of the Andrews government to make Victoria a stronger and fairer place for everyone through the disability, ageing and carers portfolio. Now it is more important than ever to ensure every Victorian has the stability, care and support they need to recover from the challenges of 2020. Building on last year's unprecedented investment to make our state fairer and more inclusive, an additional \$82.5 million over four years will be invested to support Victorians with a disability, older Victorians and critical support for Victorian communities. Our investment in this year's budget builds on the unprecedented \$1.9 billion allocated in the 2020–21 budget last November to support Victorians with disability, including areas in education and for those who are not eligible for the NDIS. The Victorian government will contribute specifically to the NDIS \$2.8 billion towards the scheme in 2021 as part of our bilateral agreement. This is supporting 120 000-plus Victorian participants in the NDIS as of 31 March 2021 and a further 5100 people who are currently eligible and waiting to be onboarded. As stated in the previous slide, the Andrews government has contributed over \$7.6 billion to the NDIS since the 2015–16 budget.

Victoria's disability worker regulation scheme will receive over \$20 million over the next two years to continue to improve the quality and safeguards as well as recognise the importance of our disability workforce through this new voluntary registration scheme, which starts on 1 July this year. An additional \$6.1 million will continue the critical work of the disability liaison officers and health services established during the pandemic, making sure people are still able to access the medical help they need, including assistance with vaccination for Victorians with disabilities. We are supporting people with disabilities to participate in social, recreation and cultural activities by investing \$2.5 million to deliver more fully accessible public toilets in major public spaces across Victoria, known as Changing Places, on top of the 33 already funded. To meet the ongoing increased demand for disability advocacy services we will invest \$1.7 million for organisations that act to protect and promote the rights, wellbeing and interests of Victorians with disability, including navigating the NDIS. We are also improving accessible emergency communications for people with disability, with \$1.4 million over four years to enable all Victorians to have the information they need to remain safe and prepare for emergencies. These investments will support key areas of focus in the next Victorian disability plan, to be launched in December.

Victoria has the largest public sector residential aged care in Australia, and research by the royal commission shows that government-run facilities return the best results and quality in aged care. We are progressively updating our building infrastructure to match this high-quality service. \$65 million will rebuild and expand the Glenview community care facility in Rutherglen to deliver 50 beds and will fund detailed planning for redevelopments at Cohuna and Camperdown. On top of our substantial supplementary base funding, this budget also provides an extra \$29 million to continue to provide adequate staffing and skills through our nurse-to-patient ratios. Specifically on elder abuse, we know that elder abuse is on the rise with growing inheritance impatience and entitlement, and many organisations are responding, including through the Orange Door and

Victoria Police. Through my portfolio a further \$1 million will continue to fund the important work of the elder abuse prevention networks and also continue the integrated model of care through health services. IMC—in other words, the integrated model of care—trains and supports staff to help identify elder abuse and provides a coordinated response for victims, including mediation, financial counselling and legal advice.

Reconnecting seniors is more important than ever, and we continue to fund the expanded Seniors Festival with an extra \$400 000. Last year for the first time the reimagined Seniors Festival enabled us to reach into people's homes and importantly into residential aged care. This year we can enjoy the best of both worlds: older Victorians who are able to get out and about on free public transport can visit the festival hub at Deakin square and enjoy much-loved local and regional events again, while at the same time we are making sure that those who cannot get out and about can still participate and enjoy what the festival has to offer through continued online festival and radio content.

On Good Money, on the final slide you will see an extra \$14.6 million to continue and expand the Good Money program.

The CHAIR: Thank you, Minister. Deputy Chair.

Mr RIORDAN: Thank you, Chair. Thanks, Minister. I refer to budget paper 3, page 15, which refers to disability sector workers and the state registration scheme. Disability services across Victoria are reporting widespread workforce shortages in both regional and metropolitan areas—and I know certainly the Member for South Gippsland and myself would be experiencing that—and in its Victorian state budget submission National Disability Services called for funding to address the workforce challenges in this state. Can you tell the committee, please, what incentives were made specifically in this area, in addressing the workforce shortages, in this current budget?

Mr DONNELLAN: Well, it is part of, obviously, looking at quality and control. We obviously introduced the worker regulation scheme, because we made a commitment as the transition from, I guess, the state providing direct services to the NDIS providing many services—obviously there was a transfer of 5000-plus workers into the NDIS, the accommodation sector and the like—and subsequently, with that transition, we made a commitment that we would continue to keep the quality and safety of the workforce alive, so that is why we have got the disability worker registration scheme. At a state level our workforce has decreased substantially over time. We still have people working in, say, the intensive support team to get people into the NDIS and the like to ensure that we continue services there. We have obviously got forensic disability services, which we still provide and are fully staffed. So in many ways in terms of the—

Mr RIORDAN: But can you tell us specifically what you—

Mr DONNELLAN: Sorry, I am trying to get to the point. We actually do not have a shortage of workforce presently at a state government level in terms of disability workers, because we have moved out of direct provision of services. We fund obviously 50-plus per cent of the NDIS for 120 000-plus people in the NDIS. So in other words, we had a whole lot of workers. They transferred with agreements and the like to residential providers. We have kept the workers we need in terms of our forensic, intensive support team and the like.

Mr RIORDAN: But didn't you undertake to help support the other ones?

Mr DONNELLAN: No, no, what I am saying is—

The CHAIR: Mr Riordan, if you could stop interrupting.

Mr DONNELLAN:—we do not have a shortage in terms of the services we provide in disability, in that space.

Mr RIORDAN: So are you saying that in that transition of workers you have given no commitments to the NDIS or the federal government that you will help support that workforce?

Mr DONNELLAN: No, that workforce transferred across. That is what I am saying. So in other words, they had the full workforce they needed for the residential services for people with disabilities living in residential services. They transferred directly across, kept their employment. They were fully staffed at the time of transfer.

Mr RIORDAN: And you made no commitments or have not undertaken any commitments to support that workforce?

Mr DONNELLAN: Well, no, we have had commitments in terms of the EBA and agreements in terms of funding and all of that type of thing in terms of: there was an existing EBA and contract. I will just check the details if you bear with me 2 seconds. NDIS transition—

Look, in many ways it is the responsibility of the NDIS to actually undertake that work.

Mr RIORDAN: Yes, so that is what I am just trying to get. You are telling us that that workforce that is required for our disability sector—you have no either existing or ongoing commitments to support that workforce.

Mr DONNELLAN: We transferred the workforce directly into the NDIS.

Mr RIORDAN: Yes, I have got that, but in that transfer you have taken no commitment to support them in any way?

Mr DONNELLAN: No, they have got agreements in terms of pay and rates and employment and so forth. So there was a contractual arrangement made with the disability service residential providers in terms of the transition in there, so there were commitments given by the state government and alike. Realistically there was no requirement for us to keep seeking disability workers because our services are fully staffed.

Mr RIORDAN: So now that there is a shortage in the workforce—

Mr DONNELLAN: That is the responsibility of the NDIS.

Mr RIORDAN: Yes, so you have made no agreement to help with it at all.

The CHAIR: Thank you, Mr Riordan. Mr Maas.

Mr MAAS: Thank you, Chair. Thank you, Minister, and to your team of course. If I could take you to the topic of public sector aged-care capital investments and refer you to budget paper 3 at page 66; that is under 'Ageing, Aged and Home Care'. I was hoping you would be able to explain for the committee how the \$65 million noted there over the four-year period will revitalise rural and regional public sector residential aged-care services.

Mr DONNELLAN: Yes, for sure. Thank you, committee member. Well, I am not sure if you are aware, but generally if it was not for the state government there would be very limited public sector aged care in country Victoria, full stop. We are 80 per cent of aged care in country Victoria, so we are the biggest player and we are amongst the biggest players in the state at 10 per cent of all aged-care beds. So we are a major provider. You have only got a look at: during the period of COVID during that second wave I think we had 15 cases of COVID in total across the whole of our public sector aged care, so it is a high-performing aged-care sector, which was identified in the royal commission as very high-performing aged care.

But we know as a government we have got to keep investing, because we might have, I think, nurse-to-patient ratios and all that but we need to keep including the upgrading of stock. So this funding is very much about capital investment into the public sector aged care. Since 2014 the Victorian government has invested over \$380 million in capital funding to enhance the quality, function and amenity of public sector residential aged-care facilities. This budget has funded the following programs and initiatives. It includes \$57 million funding that was provided to rebuild the Glenview Community Care aged-care facility in Rutherglen, which is going to deliver 50 beds and expanded capacity. Funding has also been provided to undertake detailed planning and design work for future redevelopment of Camperdown and Cohuna public sector aged-care facilities. So it is very much about getting, I guess, the stock up to the standard—to be blunt—that we would all expect, but also ensuring that it matches the standard and the quality of the nurses within there. So that is broadly.

In terms of Cohuna we are investing \$2.93 million for planning and detailed design work for a 24-bed facility at Cohuna in northern Victoria, to be built on a site adjoining the existing hospital. We always have all our aged-care facilities linked to hospital networks so in terms of clinical care and the like they have got that sort of strong connection. The facility will also consist of 16 residential aged-care beds and a co-located 8-bed medical

unit. This project will also include refurbishments to staff accommodation. Additionally, \$4.95 million will enable planning and detailed design work for a new 36-bed facility within the Camperdown hospital, which is out towards Cobden in the south-west of the state. Both facilities will be dementia friendly, because what we are finding in terms of our cohort is approximately 50 per cent—I think it is around 50 per cent of our cohort—has either dementia or other psychosocial issues, so we need to be very aware of the need to make the environments dementia friendly. We will also provide single rooms with ensuites for residents to enable privacy, dignity and a homelike environment while of course also enabling the best health care at the same time. So we are very happy with that funding because it just continues to upgrade those marvellous facilities.

Mr MAAS: Thank you. I will get in a quick one before my time ends. In relation to Cohuna and Camperdown, the budget papers detail some planning and design work there. Would you be able to detail how much there is for each of these and what works are planned?

Mr DONNELLAN: \$2.93 million for Cohuna and \$4.95 million for Camperdown. There is a lot of contract drawing and so forth. It takes a long time to actually plan an aged-care facility and to link it into a hospital very well. A lot of work. There we go.

Mr MAAS: Terrific. Thank you.

The CHAIR: Thank you, Mr Maas, and apologies for the clock. Mr Limbrick.

Mr LIMBRICK: Thank you, Chair, and thank you, Minister and team again. I just wanted to ask a couple of questions about two items on slide 3. Firstly, the \$1.4 million for accessible communications relating to emergency management: what is the current gap that that is trying to fill?

Mr DONNELLAN: Look, to be honest, during COVID issues were identified many times. This is unrelated, but the aged-care seniors festival never reached into residential homes. We suddenly worked out—hallelujah—

Mr LIMBRICK: Sorry?

Mr DONNELLAN: The aged-care seniors festival never reached into residential homes, so we just left them alone. They thought they were not important. Sorry, that is exaggerating, but I am just saying that sort of highlights the fact that this was drawn to our thing.

In terms of my disability advisory council, they raised this with the department in terms of the different forms of communication for people with disabilities. I think the presumption was that everyone had a carer or everyone would be able to access the information simply and easily, and what I was getting in terms of report-backs from the disability advisory council was that the messages were not getting through because we needed to look at different ways of communicating with people with different disabilities and actually develop a more sophisticated model. What COVID highlighted was we did some things reasonably well, but we needed to certainly improve our communications—and that would also include, for argument's sake, communications with different communities where for certain communities it would be better to communicate in video in their language as opposed to doing it in written form because some of those communities miss many years of schooling, some new migrant communities. This was sort of one of those things which was highlighted during COVID: that we were not getting the message through and that there needed to be different methods.

That was one of the things that came out of the Victorian disability advisory group. The second thing which came out was the issue of the importance of having disability liaison officers embedded in hospital settings to assist with people with disabilities getting good health care, because far too often the inability to understand and communicate directly with someone with a disability meant they were not getting the care they needed. That was another thing that came up during COVID—the importance of actually having that as well. So that communications funding was one of the issues that COVID highlighted.

Mr LIMBRICK: Understood. The other thing I wanted to ask about was the \$1.7 million to help people navigate the NDIS. We have a government service to navigate a government service and—

Mr DONNELLAN: Okay. The intensive support team is for the most complex clients in disability. In other words, they might have multiple disabilities. What people were finding in terms of getting into the NDIS was

that it was becoming incredibly difficult, so what we set up was an intensive support team to really deal with those clients who had massive needs and limited capacity in terms of funding and the like to actually get all the assessments, get all the work done to actually get into the NDIS. So it was really about fast-tracking that process.

Mr LIMBRICK: But does this highlight a gap in the NDIS that you are trying to fill because it is too hard for people to navigate it themselves?

Mr DONNELLAN: Look, we made a decision to try and facilitate that and speed it up so that we could actually get people in the NDIS and they could start getting services. It was partly based on the difficulty of getting through the system, but it was also recognising that for some with the most complex needs, who might not have come from a reasonably well to do family who can afford all the assessments and all that, it can do the advocacy—that we needed a group to actually also do the advocacy who were specialised in disability services. These people all came out of our existing disability services delivery and service and policy unit, and it is a small group that are highly skilled in this space. So that is the reason we are funding to do that work.

Mr LIMBRICK: Thank you very much.

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

Mr D O'BRIEN: Thank you, Chair. Minister, can I go to budget paper 3, page 170, which talks about support for students with disabilities. Your *Victorian Autism Plan* speaks of 'strengthening inclusive education for autistic students', but one of the issues that currently affects those students is they must have both a deficit in adaptive behaviour and a significant language deficit to qualify for PSD, so that funding support in schools, meaning many do not qualify. As minister, do you think it is fair that students with autism and deficits in adaptive behaviour do not receive any funding simply because they do not have the language deficit as well?

Mr DONNELLAN: Well, look, we released our autism plan in December 2019 in response to the Victorian inquiry. The plan is a five-year outlook and is guided by the outcomes focus that is part of *Absolutely Everyone: State Disability Plan 2017–20*. In 2020–21 the budget invested \$7.4 million over four years to reduce waiting times for autism assessments and diagnosis, so we are actually entering that space and ensuring that. That is budget paper 3, page 64, in 2020–21. This investment will deliver an additional 3150 publicly provided assessments for children and their families. This funding is in addition to the \$2 million allocated in 2019–20 to provide 475 autism assessments and diagnoses through the child and adolescent mental health services. In other words, we have entered that space, because we do recognise there are issues there, but there is obviously also separately an enormous amount of funding that the education system is putting into that. But in terms of the assessments—

Mr D O'BRIEN: That is welcome, that there are more assessments, but it is no good if the assessments still do not allow children who do not have both a language deficit and an adaptive behaviour issue. That is the question: do you think it is fair, or should that be reviewed?

Mr DONNELLAN: Well, those assessments are obviously made by the department of education. They are not assessments I am making in terms of access and entry to schools and the like. That is not part of—

Mr D O'BRIEN: But—

Mr DONNELLAN: No, no, no. I have just got to be fair. It is not part of my portfolio.

Mr D O'BRIEN: No, it is not your portfolio, but your autism plan with your photo and your signature on the foreword literally says, 'The plan also details actions to increase participation in education and training'. So I am asking how we actually—

Mr DONNELLAN: Well, as you would be aware, there were obviously, in 2019–20, deep budget initiatives in that space for 2018. In 2020–21 there was \$138 million, and obviously we have also then undertaken autism assessments and diagnoses. During COVID, for argument's sake, I spoke to the education minister about two things—about obviously the issue of special disability schools and ensuring they were open after a period of time because of the challenges of being home. But to be fair, that is not my portfolio, so that is

why I rang the minister and said two things: I want child protection kids at school so we have got a line of sight; secondly, I want kids who are in special disability schools back at school because of the fact—

Mr D O'BRIEN: Sorry, Minister. No part of the question was about COVID or lockdowns. I would like to come back to the point of the difficulty of those children not being—

Mr DONNELLAN: Well, that is a question you would have to ask—

Mr D O'BRIEN: No, no. I have got a question for you, though.

Mr DONNELLAN: Okay. Well, if it is not the same question, I am happy to answer it.

Mr D O'BRIEN: Have you made representations to the education department or minister to try and get this issue addressed?

Mr DONNELLAN: We work with the education department on all these issues in relation to access to schooling and ensuring that when the education department is looking at funding increases for access to school in terms of special development schools and mainstream schools, they work with our disability specialists.

Mr D O'BRIEN: Yes, but it is the criteria for being eligible for the PSD that is the issue. Would you be happy to take it today that you will follow that up with the education minister?

Mr DONNELLAN: I am happy to come back to you on that one, but that is not—

Mr D O'BRIEN: That would be great. Just quickly, the Big Housing Build, which is on page 15 of BP 3, talks about 12 000 social housing residences. How many of those will be made available for people with disabilities?

Mr DONNELLAN: I do not think there is an answer to that presently. I would probably look to Ben Rimmer, who is—

Mr D O'BRIEN: There are I think 1100 this year, if you can give me even a—

Mr DONNELLAN: I think I will let Ben answer that, because he is Mr Big Housing Build. Sorry, if that is all right?

Mr D O'BRIEN: Sure.

Mr RIMMER: Thanks, Minister. So 5 per cent of all of the properties built through the Big Housing Build will be highly accessible—

Mr D O'BRIEN: Yes.

Mr RIMMER: well in excess of the Livable Housing Australia silver standards.

Mr D O'BRIEN: Sorry, suitable for people with a disability, basically?

Mr RIMMER: Yes.

Mr D O'BRIEN: Thank you.

The CHAIR: Thank you, Mr O'Brien. Ms Richards.

Ms RICHARDS: Thanks, Chair. Thanks again, Minister and officials, for your appearance this evening. You were exploring with Mr Maas Cohuna and Camperdown before, but I would like to gain some better understanding of the metropolitan public aged-care sector. I would refer you to budget paper 3, page 69 and budget paper 4, pages 84 and 85, and I am interested in exploring information on investments in the metropolitan public aged-care sector facilities.

Mr DONNELLAN: Yes, for sure. Thank you. Simply put, the budget is very much a modernising strategy to progressively replace small, ageing facilities with purpose-built facilities to provide the highest quality care.

In other words, we have got a whole lot of facilities with a small number of beds, and we are trying to bring them together to ensure that the quality of the building fabric and the like is of the highest standard to actually meet the quality of the standard of the services provided by the nurses and all the other people—the cleaners, the cooks and so forth.

Mr RIORDAN: On a point of order, Chair, sorry, just to seek clarification on the reference. Page 69 refers to rural and regional; I thought you wanted to talk about metropolitan aged care.

Ms RICHARDS: Yes, I did. We did rural and regional.

Mr RIORDAN: Yes, so the reference you have given there—

Ms RICHARDS: Oh, let me—

Mr NEWBURY: The talking points must not be right.

The CHAIR: Mr Newbury, you do not have the call. Mr Riordan.

Mr RIORDAN: I am just seeking clarification because I would like to follow it in the budget.

The CHAIR: Yes, Mr Riordan.

Ms RICHARDS: You and I both. Budget paper 4, pages 84 and 85.

Mr RIORDAN: Engrossing reading.

The CHAIR: Mr Riordan, Ms Richards has just given you the correct reference, but you were speaking over the top of her. Do you need her to repeat it?

Mr RIORDAN: It is page 84 and 85, is it? Double check it. Just double check it. I would hate you to get it wrong again.

The CHAIR: Thank you. Minister.

Mr DONNELLAN: Just for clarity, that was actually identified at the time. You said the ones with rural and country, and then you said 84 and 85.

Mr RIORDAN: Pages 84 and 85 are about visitor economy.

Mr DONNELLAN: Well, that is in the middle of it. ‘Modernisation of metropolitan Public Sector Residential Aged Care Services Strategy: Stage 3 Kingston Project in Cheltenham’, for argument’s sake.

Mr RIORDAN: On 84 and 85? On which one, budget paper 3?

Mr DONNELLAN: Budget paper 4.

Ms RICHARDS: Four. Budget paper 4.

Mr RIORDAN: Oh, four.

Mr DONNELLAN: You missed it, yes. All right.

Ms RICHARDS: Always happy to—

Mr DONNELLAN: Got to use multiple papers.

Mr Riordan interjected.

The CHAIR: Thank you, Ms Richards. Mr Riordan, are you following now?

Mr NEWBURY: Maybe we can all just pass around our references.

The CHAIR: Okay. Minister, thank you.

Mr DONNELLAN: Okay. Look, as I was saying a bit earlier, it is part of a strategy to modernise our aged-care facilities in metropolitan Victoria. A significant portion of residents in metropolitan PSRACS have very complex care needs. In other words, many of them have dementia and other psychosocial issues. Many existing private and non-government aged-care homes just do not have the capability or the funding from the commonwealth to meet these needs, so we are making sure our public sector aged-care facilities do, with dementia-friendly design and improved support for residents with mental health and behavioural support needs. If you are going to do it, you should do it well—and that is certainly the case. We are making great progress on the strategy.

Stage 1 Melbourne is a new \$55.5 million 90-bed aged-care facility at the old St George's Hospital—as I remember it, many thousands of years ago, catching the tram in Kew—which is now open and operational, Berengarra. I was very pleased to open it earlier this year—very quietly because of course of COVID; you know, you cannot do a song-and-dance routine. Stage 2 is progressing nicely at our new \$81.5 million, 120-bed aged-care facility in Wantirna, as part of Eastern Health. The builders there are hard at work, and I know Jackson is very excited by that down in Bayswater.

Stage 3 is the new 150-bed Kingston aged-care project, to be operated by Monash Health and located at its Kingston campus in Cheltenham—which is the size of Texas—in Melbourne's bayside area. We funded \$134.6 million in last year's state budget to deliver this facility. With a focus on mobility and dementia-friendly design, Kingston will cater to more complex needs of residents and better support residents' independence and mental health. It will also include a community room, sacred space and other common areas designed to encourage social interaction between its residents, staff and families. The bedrooms will be arranged in smaller household clusters to provide a more homelike environment—like they do in St George's hospital, Berengarra—with I think it is 15 per floor, each with easy access to landscaped gardens and terraces to encourage residents to spend their time outdoors as well as enjoying open-area views and natural light from their bedrooms. It will also boost ventilation and air-conditioning systems that allow staff to initiate a pandemic air-conditioning mode. When initiated, this building's air system will provide isolated areas with 100 per cent fresh air and 100 per cent exhaust air—it is a flushing system, I think they call it.

Ms RICHARDS: Thank you.

The CHAIR: Thank you, Ms Richards. Mr Hibbins.

Mr HIBBINS: Thanks, Chair. Thank you, Minister and the team, for appearing this evening. You mentioned the NDIS in your presentation. You would be aware of the concern around the introduction of independent assessments. Is the state government undertaking any advocacy with the federal government or playing any role in regard to those assessments?

Mr DONNELLAN: Absolutely. We have serious concerns in relation to the use of independent assessments as a leading tool to provide access or otherwise into the NDIS. In other words, instead of clinical assessments and the like, the idea is that independent assessments would be the lead tool for access to the NDIS. To some extent the fact that it would be standardised and the capacity for clinical assessments to come into that would be limited has provided us with serious concerns, and we have enunciated them and said that we do not support them presently, full stop. We have also got concerns about the idea of the commonwealth, without the states' support, deciding what are reasonable and necessary benefits within the NDIS. We have indicated we are happy to work with the commonwealth in relation to what are reasonable and necessary benefits so that the NDIA has clarity, but we certainly do not support the idea that Minister Stuart Robert came to us with, which was that he would change the Act and decide himself what are reasonable and necessary benefits.

Mr HIBBINS: Are you concerned that people who access the NDIS may not get the support they need and may not get the funding that they should get?

Mr DONNELLAN: Well, I think if you are trying to standardise the assessments, I would have serious concerns, because every individual is different, every individual has their own—you know, they have got their own unique disability in a sense—and to decide that you could standardise that across the board as an entry vehicle for the NDIS is just not a proposition that we support.

Mr HIBBINS: Last year, I understand, there was new funding for out-of-scope NDIS services, but there is no new funding in this year's budget. Are you confident that the funding is sufficient to cover the gaps in the NDIS?

Mr DONNELLAN: No. I think, from memory, we are still funding out-of-scope services. I do not have—

Mr HIBBINS: Additional funding.

Mr DONNELLAN: No, no, no. We obviously do the funding for the NDIS—just wait. There are various services we have funded which are not necessarily part of the NDIS. Obviously there are the increased disability liaison officers, for which we have continued funding; Changing Places; accessible early communications; and then there are other services we fund through Health. Okay, so we have put \$2.8 billion towards the NDIS in 2020–21. Of this, the Department of Families, Fairness and Housing will contribute \$1.7 billion and the remaining contribution of \$1.1 billion comes from other areas of the Victorian government and includes \$261 million from the DisabilityCare Australia Fund. This fund was established to reimburse states, territories and the commonwealth governments for some of the additional expenditure incurred in relation to the scheme. The funding is presently supporting 120 000 participants in the NDIS, as of March 2021, and a further 5000 persons are eligible to come into the scheme soon.

The Victorian government remains responsible for providing support that is outside the scope of the NDIS to people with disability and continuing people's disability supports if they are not eligible for the scheme. In 2021 the Victorian government invested an additional \$223 million over the forward estimates to support the needs of people with disability outside the scope of the scheme. This included \$168 million over the forward estimates to continue delivering the services for which Victoria will retain responsibility and \$55 million over the forward estimates for new and expanded programs.

Mr HIBBINS: Terrific. Thanks, Minister. Thanks, Chair.

The CHAIR: Thank you, Mr Hibbins. Ms Taylor.

Ms TAYLOR: Hello, again. Can I refer you to budget paper 3, pages 59 and 62, under 'Ageing, Aged and Home Care'. Could you please explain how the \$28.8 million for the 'Future provision of public sector residential aged care' provides quality care for older Victorians?

Mr DONNELLAN: The Andrews government has committed to providing access to aged-care services for all our vulnerable Victorians. As I have already set out, the Victorian government is a significant provider of aged care—10 per cent of the places in the state. It plays a critical role in providing care and support for residents with complex physical and mental health needs, who may otherwise experience difficulty in accessing appropriate care outside the public sector. It is incredibly difficult for those who have got complex behaviours to actually get into private sector aged care. Although the commonwealth government is the primary funder of residential aged care, funding is insufficient to meet the higher costs of supporting complex care needs and maintaining adequate services in rural communities. To ensure that our services remain high quality, are operated by appropriately qualified staff and provide suitable environments to care for older Victorians, we provide top-up funding to assist services with the costs of maintaining a skilled workforce, including the nurse-to-patient ratios, and to offset the adjusted subsidy discount that the commonwealth government applies to the subsidy it pays for beds classified as state government. In other words, we receive less than a private sector provider because I guess we are deemed to be a state provider, and there is a discount in terms of what we receive per resident compared to what the private sector receives.

On top of that, there is more than \$90 million a year in supplementary base funding. This year, again, we will provide \$28 million to further supplement public sector residential aged-care services through the future provision of the public sector residential aged-care initiative. To date, a total of \$185.9 million of additional funding has been provided to this initiative from 2015–16 to 2021–22. This supplementary funding is required because the current commonwealth funding formula, on which we would very much like to work with them in changing, does not really cover adequate care for residents with complex and behavioural issues, particularly residents with dementia. Well, effectively most people with dementia are in public sector residential aged care in this state.

Nurse-to-patient ratios are unique in Victoria, meaning that there are proportionately more nurses in the public sector compared to other services. This clinical capacity means that public sector services are well equipped to support complex care needs, but it is also associated with obviously increased costs.

Ms TAYLOR: Yes. If I can refer you to budget paper 3, pages 59 and 62 again, so staying on those references. On that note, you were talking about nurse-to-patient ratios, how do the legislated nurse-to-patient ratios provide quality care for older Victorians?

Mr DONNELLAN: Great. Thank you. We became the first state to have the nurse-to-patient ratios, and through the royal commission we advocated to see legislated minimum staffing requirements extended across the sector. This demonstrated evidence in Australia and internationally highlighting the connection between nursing staff ratios and better patient outcomes. Nurses comprise more than 80 per cent of the direct care workforce in public sector residential aged care. By contrast it has been estimated that across the non-government residential aged-care workforce approximately 15 per cent are registered nurses, 10 per cent are enrolled nurses and 70 per cent are personal care workers. Ratios do not only provide minimum staffing to ensure staff have the time and capacity to do their jobs properly; there are also benefits in terms of medication, management and clinical governance. They also ensure a level of clinical expertise in each facility. The reality is there is a difference between qualified registered nurses and personal care workers. Ratios ensure health care is embedded into aged care, and it also means personal care workers are supported in their jobs and have the expertise on hand so they do not carry too big a burden. This pandemic highlighted the contrast between the clinical skills and staffing skills in private facilities compared to the Victorian public sector aged-care facilities, who withstood the second wave with just 15 positive cases, including three residents and, fortunately, no deaths. The relative lack of outbreaks highlights the value of a skilled clinical workforce and actually their links to the health hubs as well.

The CHAIR: Thank you, Minister. Mr Newbury.

Mr NEWBURY: Thank you. Can I take you to the Families, Fairness and Housing questionnaire at page 55 and to the program 'Addressing social connections across generations and ensuring the response to elder abuse (continued as 'Elder abuse primary prevention, health service response and early intervention')'. Last year there was a \$6.7 million funding, and this year there is \$1 million. Why has there been an 85 per cent cut?

Mr DONNELLAN: Well, there actually has not been an 85 per cent cut, because some of the services are provided not just in my portfolio but in other portfolios, but just bear with me while I get to the particular section.

So the 2021 budget invests an additional million dollars to support the continuation of initiatives to prevent and respond to elder abuse. The funding builds on the Victorian government's investment in 2021 of \$1.861 million, which provided for a year's extension of the trial of the integrated model of care, responding to suspected elder abuse, which is led by five public health services and aims to strengthen elder abuse identification, responses and supports within the Victorian health service. The trial, together with all prevention networks, is currently being evaluated and will inform further action to embed elder abuse prevention and response into health services.

Mr NEWBURY: Thank you. Minister, further in that same questionnaire just a couple of lines down, if you are following, it states:

Data reporting has shown a significant increase in elder abuse during the ... pandemic.

You just mentioned this budget includes an additional \$1 million—that is, a million. Last year there was \$6.7 million. So you are right, \$1 million is additional to zero. But last year there was \$6.7 million, so effectively there has been 85 per cent less investment overall. What would you say, noting that the department's own submission says there has been a significant increase in elder abuse?

Mr DONNELLAN: I would say, one, that there has been probably a significant increase in elder abuse during this period of time. I would say, two, that it is not just funded directly in the families and children's services or the aged-care portfolio; it is also funded through the Orange Door, which obviously has been established to provide family violence support to adults. Some of these Orange Doors are not operational yet, but there are eight Orange Door networks which are currently operational across the state in Barwon, Central Highlands, Goulburn, Inner Gippsland, Loddon, Mallee, Bayside Peninsula and North Eastern Melbourne. So

in other words in terms of elder abuse and violence they will provide support in that space. There are also police who work in that space in terms of preventative work and obviously the health network, so it is a program which is funded—no cut; continuations that are currently lapsing. So in other words, there has not been a cut. What there is in continued ongoing funding in that space for the trials is to, in other words, train people to identify it in the health networks and so forth, but there is also obviously work which goes on within the Orange Door and also the police force.

Mr NEWBURY: And I take that, but at the same time, those services were available last year, and in addition to those services there was the \$6.7 million, and this year those same services—

Mr DONNELLAN: Well, they have been topped up.

Mr NEWBURY: exist as they did last year, but there is \$1 million.

Mr DONNELLAN: They have been topped up.

Mr NEWBURY: So the total pot is \$5.7 million at least.

Mr DONNELLAN: Well, it is last year plus this year, so it has been topped up.

Mr NEWBURY: Well, you are no longer providing an additional \$5.7 million to last year. So what I am saying is, at the same time as acknowledging that there is a significant issue in this area, there is less money compared with last year.

Mr DONNELLAN: No, no, no. We put the money in to get the projects up and running. The projects are continuing. Separately we have also got work which is done obviously with Victoria Police and the Orange Door in terms of domestic violence, which is all included in dealing with the issue of elder abuse.

Mr NEWBURY: Can I quickly take you to page 234 of budget paper 3, the aged-care support services output. Last year there was \$120.4 million, this year \$108.8 million. Why has there been a drop?

Mr DONNELLAN: There was extra funding during that period in terms of aged care for prevention in terms of COVID and the like, so there was substantial funding in that space during that period of time to assist both the private and public sectors in terms of dealing with the COVID response.

Mr NEWBURY: Thank you.

The CHAIR: Thank you, Minister. Mr Richardson.

Mr RICHARDSON: Thank you, Chair, and thank you, Minister and department officials, for joining us this evening. Minister, I want to take you back to budget paper 3, pages 59 and 62, relating to the Royal Commission into Aged Care Quality and Safety. How does Victoria's investment of \$28.8 million further supplement public sector residential aged-care services, including funding for nurse-to-resident ratios, relate to the Royal Commission into Aged Care Quality and Safety recommendations about minimum staffing?

Mr DONNELLAN: Okay. Yes. Through the royal commission into aged care, the reality is we saw many examples of poor standards of care in many non-government facilities. The commission found aged care fails to meet the needs of older vulnerable citizens. It also found an underpaid, undervalued and insufficiently trained workforce. To quote directly:

While there are exceptions, most ... workers ... are doing their best in extremely trying circumstances where there are constraints on their time and on the resources available to them.

...

Workloads are heavy. Pay and conditions are poor ...

And in its special report on COVID it also found there were insufficient preparations for the pandemic in private nursing homes.

Victoria has continually advocated for better staffing levels through several submissions to the royal commission, so it was unsurprising and pleasing to see the final report set out an ambitious agenda with 148 recommendations to reform the system, and in doing so it highlighted the strength of Victoria's public

sector, with nurse-to-patient ratios and the Victorian quality and safety indicators program operating successfully for many years. I think in many ways the quality and safety indicators were the ones that many people were not aware of in the fact that the royal commission effectively said the rest of them should actually take this endeavour up.

So the commonwealth government has now provided a full response to the final report and has followed Victoria's lead to mandate minimum staffing levels, which is very much welcome, to improve safety in private nursing homes. Although a year later than recommended, from October 2023 the commonwealth will require staff to provide at least 200 minutes of care a day to each resident, including 40 minutes of care delivered by registered nurses, which is very much welcome. While it is a different way of measuring staffing levels, the initial advice from my department is that we expect the commonwealth's progress in this space to lead to an improvement in outcomes in the non-government sector, even though our view is that it is not just more staff but also qualified nursing staff that are important. And that is what our supplementary funding and our funding through the future provision of public sector residential aged-care initiative provide for in public sector facilities. It is welcome news that the commonwealth has learned from the Victorian public sector, and Victorians in all care facilities will benefit from the introduction of requirements for minimum staffing and care time.

Our free TAFE initiative for priority courses, including the diploma of nursing, certificate III in individual support and certificate IV in ageing support, will continue to be available to increase employment opportunities and to ensure we have sufficient staff in coming years. Thank you.

Mr RICHARDSON: Minister, I want to take you to the topic of disability access and inclusion, if I may, and I refer to budget paper 3, page 46. For the committee's benefit, are you able to please explain how the Changing Places initiative in table 1.12 will improve access and inclusion in our community for Victorians with disability and the new state disability plan?

Mr DONNELLAN: Yes, for sure. Look, I will just give you a small example. I was down at the Surf Coast. I was down there for the opening of a toilet on the Surf Coast. The mayor herself has a child with a disability, and she talked about the lack of dignity in the change rooms and in the public toilet facilities where she had to change her disabled child. It was pretty moving in a sense, because it just highlighted the lack of fairness in this situation. We have got a long way to go in this space, but it just highlighted to me how much dignity it would have provided her at the time with her child when she just had to do things wherever she could. But, look, these Changing Places facilities are larger than the standard accessible toilets, with extra features including height adjustment, an adult change table, a tracking hoist system and a room for two people. Changing Places facilities are designed to meet—sorry, I babble too much.

The CHAIR: That is okay. Thank you, Minister. That concludes the time we have available for consideration of the estimates in relation to disability, ageing and carers this evening. We thank you and your officials for appearing before the committee. The committee will follow up on any questions taken on notice in writing, and responses will be required within 10 working days of the committee's request.

We thank all ministers and officers who have given evidence to the committee today. We also thank Hansard, the attendants, the secretariat and the cleaning, catering and security staff that have assisted us.

The committee will resume consideration of the 2021–22 budget estimates on 21 June.

Thank you. I declare this hearing adjourned.

Committee adjourned.