

MEDIA RELEASE

24 November 2020

[starts]

AOD budget for today, but uncertainty on tomorrow's COVID-19 AOD harms

The Victorian Alcohol and Drug Association (VAADA) welcomes the various social reforms contained in this year's budget, including elements relating to the Mental Health Royal Commission and Social Housing.

We also commend the AOD specific allocations, which include:

- \$25.6M for additional Care and Recovery Coordination capacity over the next two years;
- \$3.4M of operational funding for residential rehabilitation beds in regional Victoria;
- \$5.4M to support the MSIR and progress the development of the second MSIR over two years;
- \$16M in response to the repeal of public drunkenness to develop sobering up capacity; and
- \$1M in ongoing support for the Aboriginal Metropolitan Ice Partnership Initiative.

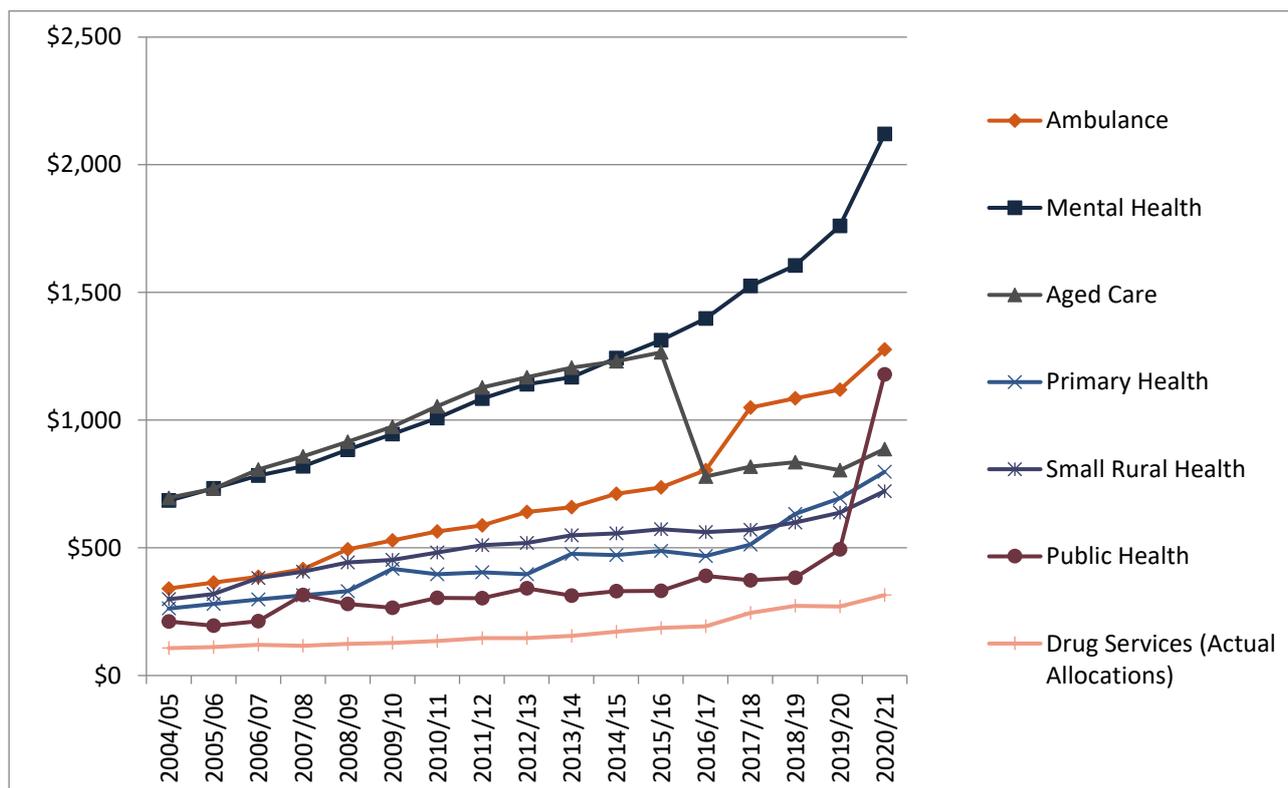
Mr. Sam Biondo, EO VAADA, says, 'while we are grateful for these allocations, which will make a positive contribution to public health through reducing AOD related harms, pressing concerns regarding future COVID-19 AOD issues remain unaddressed.'

'The pressure of COVID-19, manifesting through changed and entrenched AOD consumption patterns, suppressed demand consisting of cohorts who have during the pandemic not sought support as well as an increasing rate of those relapsing, and people seeking help who are new to the sector, lead to a pending surge in community need.

'This need is exacerbated through the contraction of some AOD services in adherence to social distancing'.

Despite the impact of AOD across the broader health sectors, the level of investment is not keeping pace with overall need. Figure 1 below illustrates the paucity of funding for the AOD sector when compared with other health sectors.

Figure 1: Victorian Budget allocations – health services 2004/05 – 2020/21 (\$ million)



Pre-COVID-19, there were between 200,000 to 500,000 Australians unable to access treatment nationally¹. A recent survey of Victorian agencies noted there are 2385 people waiting for treatment on any given day, many of whom will have been waiting for months.

In Victoria, 516 people fatally overdosed in 2019, with 4365 Victorians having fatally overdosed since 2010².

‘If we look to what we know about natural disasters and AOD use, it is evident that increased AOD use occurs not only during, but in the years following a crisis. For instance, following Black Saturday, alcohol use by people residing in affected areas was 1.4 times higher than other regions³. Similar findings were made following the Queensland floods, where those in flood-affected areas were 5.2 times more likely to increase alcohol consumption⁴.

Targeted AOD spending to create capacity to meet increased demand and offset the access issues exacerbated by a COVID-19 contraction in service capacity should be provided.

[ends]

VAADA is the peak body that represents over 80 Alcohol and other Drug services across Victoria. On a daily basis these services are dealing with the effects of harmful alcohol and other drug consumption.

For more information or to arrange an interview please contact Sam Biondo 0414 974 121 for comment or if unavailable, David Taylor on 0413 914 206.

¹ National Drug and Alcohol Research Centre (2014) New Horizons: The review of alcohol and other drug treatment services in Australia: <https://ndarc.med.unsw.edu.au/resource/new-horizons-review-alcohol-and-other-drug-treatment-services-australia>

² Jamieson, A (2020, *Finding into the death of Wayne Marshall*, Coroners Court of Victoria, <https://www.coronerscourt.vic.gov.au/sites/default/files/2020-08/Finding%20-%20MARSHALL%20Wayne%20Laurence%20-%20COR2018%205754%20-%2024082020.pdf>

³ Deloitte Access Economics 2016. The Economic Cost of the Social Impact of Natural Disasters. <http://australianbusinessroundtable.com.au/assets/documents/Report%20-%20Social%20costs/Report%20-%20The%20economic%20cost%20of%20the%20social%20impact%20of%20natural%20disasters.pdf>

⁴ Turner et al 2013. Impact of the 2011 Queensland Floods on the use of Tobacco, Alcohol and Medication. 37 (4).

Changes to the output structure

The Department has made changes to its output structure for 2020-21 as shown in the table below:

2019-20 outputs	Reason	2020-21 outputs
Public Health Development, Research and Support	Renamed due to transfer of Health and Medical Research to Department of Jobs, Precincts and Regions	Emergency Management

Source: Department of Health and Human Services

Output summary by departmental objectives

The Department's outputs and funding are provided in the table below. Detailed descriptions of objectives, outputs, together with their key performance indicators are presented in subsequent tables.

	(\$ million)			
	2019-20 budget	2019-20 actual	2020-21 budget	Variation ^(a) %
Victorians are healthy and well				
Acute Health Services	14 667.2	16 317.1	17 065.2	16.3
Ageing, Aged and Home Care	809.9	804.1	886.9	9.5
Ambulance Services	1 120.0	1 119.8	1 276.3	14.0
Drug Services	273.1	269.7	314.8	15.2
Mental Health	1 742.6	1 761.0	2 120.1	21.7
Primary, Community and Dental Health	645.0	693.7	797.4	23.6
Public Health	389.5	494.1	1 179.7	202.8
Small Rural Services	630.6	638.0	721.9	14.5
Victorians are safe and secure				
Child Protection and Family Services	1 450.0	1 522.2	1 689.5	16.5
Housing Assistance	648.3	672.2	1 416.2	118.4
Family Violence Service Delivery	268.3	287.5	439.2	63.7
Victorians have the capabilities to participate				
Concessions to Pensioners and Beneficiaries	767.5	752.9	804.6	4.8
Disability Services	2 081.1	2 142.7	2 179.0	4.7
Victorians are connected to culture and community				
Empowering Individuals and Communities	60.2	62.3	116.6	93.7
Total ^(b)	25 553.5	27 537.4	31 007.5	21.3

Source: Department of Health and Human Services

Notes:

(a) Variation between 2019-20 budget and 2020-21 budget. Explanations for variations greater than five per cent are included in footnotes to the relevant outputs.

(b) Table may not add due to rounding.

Performance measures	Unit of measure	2020-21 target	2019-20 actual	2019-20 target	2018-19 actual
Statewide non-emergency air transports	number	2 434	2 003	2 363	2 189
<p><i>The 2019-20 outcome is lower than the 2019-20 target due to lower demand for services. This is an entirely demand-driven activity.</i></p> <p><i>The higher 2020-21 target reflects funding provided in the 2020-21 Budget.</i></p>					
Statewide non-emergency road transports	number	281 733	306 794	273 514	287 724
<p><i>The 2019-20 outcome for this measure is higher than the target due to increased demand for non-emergency transport based on increasing population and demand for care.</i></p> <p><i>The higher 2020-21 target reflects funding provided in the 2020-21 Budget.</i></p>					
Quality					
Audited cases statewide meeting clinical practice standards	per cent	95	99.8	95	99.9
<p><i>The 2019-20 outcome is higher than the 2019-20 target which is a positive result.</i></p>					
Cost					
Total output cost	\$ million	166.4	172.7	161.8	146.4
<p><i>The 2019-20 outcome primarily reflects an output realignment to Ambulance Non-Emergency Services from Ambulance Emergency Services.</i></p> <p><i>The higher 2020-21 target reflects funding provided for government policy commitments.</i></p>					

Source: Department of Health and Human Services

Drug Services

(2020-21: \$314.8 million)

This output group includes programs and services aimed at promoting and protecting health by reducing death, disease and social harm caused by the use and misuse of licit and illicit drugs.

Performance measures	Unit of measure	2020-21 target	2019-20 actual	2019-20 target	2018-19 actual
Drug Prevention and Control					
<p>Encourages all Victorians to minimise the harmful effects of alcohol and other drugs by providing a comprehensive range of strategies, which focus on enhanced community and professional education, targeted prevention and early intervention programs, community and residential treatment services, and the use of effective regulation.</p>					
Quantity					
Number of phone contacts from family members seeking support	number	10 682	10 682	14 300	10 005
<p><i>The 2018-19 actual updates the preliminary result in the Department's 2018-19 Annual Report.</i></p> <p><i>The 2019-20 outcome is a preliminary result. Actual end-of-year result will be available by late 2020. The result is lower than the target due to a change in preference for how clients access drug and alcohol information.</i></p> <p><i>The 2020-21 target has been reduced to reflect the decrease in demand for telephone support services, with a shift occurring to web-based support services.</i></p>					
Needles and syringes provided through the Needle and Syringe program	number (thousand)	10 170	12 408	9 680	11 123
<p><i>The 2018-19 actual updates the preliminary result in the Department's 2018-19 Annual Report.</i></p> <p><i>The 2019-20 outcome is higher than the 2019-20 target due to ongoing strong engagement by clients with the program.</i></p> <p><i>The 2020-21 target has been increased due to higher use of this service.</i></p>					
Number of telephone, email, website contacts and requests for information on alcohol and other drugs	number (thousand)	4 200	4 885	2 000	4 272
<p><i>The 2019-20 outcome is a preliminary result. Actual end-of-year result will be available by late 2020. The result is higher than the 2019-20 target due to the high uptake of online drug and alcohol information services by clients.</i></p> <p><i>The 2020-21 target has been increased to reflect the increase in demand for web-based support services, with a shift occurring from telephone support services.</i></p>					

<i>Performance measures</i>	<i>Unit of measure</i>	<i>2020-21 target</i>	<i>2019-20 actual</i>	<i>2019-20 target</i>	<i>2018-19 actual</i>
<i>Quality</i>					
Pharmacotherapy permits processed within designated timeframe	per cent	100	100	100	100
<i>Timeliness</i>					
Percentage of new licences and permits issued to health services or businesses for the manufacture, use or supply of drugs and poisons within six weeks following receipt of full information	per cent	100	100	100	100
Percentage of treatment permits for medical practitioners or nurse practitioners to prescribe Schedule 8 drugs assessed within four weeks	per cent	75	100	75	100
<i>The 2019-20 outcome is higher than the 2019-20 target due to the high uptake of online drug and alcohol information services by clients.</i>					
<i>Cost</i>					
Total output cost	\$ million	43.2	34.3	46.2	37.6
<i>The 2019-20 outcome primarily reflects an output realignment from Drug Prevention and Control to Drug Treatment and Rehabilitation.</i>					
<i>The lower 2020-21 target reflects an output reallocation to Drug Treatment & Rehabilitation to better align Therapeutic Day Rehabilitation within the Drugs Services output group.</i>					
Drug Treatment and Rehabilitation					
Assists the community and individuals to control and reduce the harmful effects of illicit and licit drugs, including alcohol, in Victoria through the provision of community-based non-residential and residential treatment services, education and training, and support services.					
<i>Quantity</i>					
Clients on the Pharmacotherapy program	number	14 000	14 063	14 000	14 083
<i>The 2018-19 actual updates the preliminary result in the Department's 2018-19 Annual Report.</i>					
<i>The 2019-20 outcome is a preliminary result. Actual end-of-year result will be available by late 2020.</i>					
Commenced courses of treatment – community-based drug treatment services	number	8 489	10 238	8 319	9 286
<i>The 2018-19 actual updates the preliminary result in the Department's 2018-19 Annual Report.</i>					
<i>The 2019-20 outcome is higher than the 2019-20 target due to an ongoing increase in the delivery of a range of treatment types. The 2020-21 target has been increased due to the roll out of additional services.</i>					
Number of drug treatment activity units – residential services	number	78 535	68 259	76 759	nm
<i>The 2019-20 outcome is lower than the 2019-20 target primarily due to the impact of the public health response to the coronavirus (COVID-19) pandemic on activities.</i>					
<i>The 2020-21 target has been increased to reflect additional funding provided in the 2020-21 Budget.</i>					
Number of drug treatment activity units – community-based services	number	90 325	83 087	90 325	86 864
<i>The 2018-19 actual updates the preliminary result in the Department's 2018-19 Annual Report.</i>					
<i>The 2019-20 outcome is lower than the 2019-20 target primarily due to the impact of the public health response to the coronavirus (COVID-19) pandemic on activities.</i>					
Workers complying with Alcohol and Other Drug Minimum Qualification Strategy requirements	per cent	85	85	85	85
<i>The 2018-19 actual updates the preliminary result in the Department's 2018-19 Annual Report.</i>					

<i>Performance measures</i>	<i>Unit of measure</i>	<i>2020-21 target</i>	<i>2019-20 actual</i>	<i>2019-20 target</i>	<i>2018-19 actual</i>
<i>Quality</i>					
Percentage of new clients to existing clients	per cent	50	61.3	50	38.86
<i>The 2018-19 actual updates the preliminary result in the Department's 2018-19 Annual Report. The 2019-20 outcome is higher than the 2019-20 target primarily due to an increase in the number of clients seeking drug treatment for the first time.</i>					
Percentage of residential rehabilitation clients remaining in treatment for ten days or more	per cent	80	90	80	nm
<i>The 2019-20 outcome is higher than the 2019-20 target primarily due to the majority of clients remaining in treatment for at least the minimum time needed to achieve quality treatment outcomes.</i>					
Successful courses of treatment (episodes of care) – community-based drug treatment services	number	7 385	8 741	7 250	7 489
<i>The 2019-20 outcome is higher than the 2019-20 target primarily due to the continual investment in community-based drug treatment services. The 2020-21 target has been increased to reflect additional funding provided in the 2020-21 Budget. The 2018-19 actual updates the preliminary result in the Department's 2018-19 Annual Report.</i>					
Percentage of residential withdrawal clients remaining in treatment for two days or more	per cent	80	95.9	80	nm
<i>The 2019-20 outcome is higher than the 2019-20 target primarily due to the majority of clients remaining in treatment for at least the minimum time needed to achieve quality treatment outcomes.</i>					
<i>Timeliness</i>					
Median wait time between intake and assessment	days	10	7	10	nm
<i>The 2019-20 outcome is lower than the 2019-20 target primarily due to clients receiving an assessment of their treatment needs within a reasonable time following intake.</i>					
Median wait time between assessment and commencement of treatment	days	20	13	20	nm
<i>The 2019-20 outcome is lower than the 2019-20 target primarily due to clients accessing treatment within a reasonable time following assessment.</i>					
<i>Cost</i>					
Total output cost	\$ million	271.6	235.4	227.0	230.2
<i>The 2019-20 actual outcome primarily reflects an output realignment to Drug Treatment and Rehabilitation from Drug Prevention and Control. The higher 2020-21 target reflects funding provided for government policy commitments and an output reallocation from Drug Prevention & Control to better align Therapeutic Day Rehabilitation within the Drugs Services output group.</i>					

Source: Department of Health and Human Services

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Output initiatives

Table 1.13: Output initiatives – Department of Health and Human Services (\$ million)

	2020-21	2021-22	2022-23	2023-24
Acute Health Services				
A Health Catalyst: Activating the Arden and Parkville Precincts ^(a)	10.0	..	..	..
Addressing Critical Demand in Melbourne's West: Stage 2 Werribee Mercy Hospital	1.2	3.6	..	..
Better at home: Hospital care in the home ^(b)	43.5	70.6	2.4	..
First stage of the new Melton Hospital	..	5.0	..	..
Guaranteeing future energy supply	0.3	6.6	6.6	4.7
Maintaining hospital capacity ^{(b)(c)}	862.8	676.6	615.4	629.5
Very Special Kids	7.5	..	..	..
Voluntary Assisted Dying	5.5	6.1	5.6	5.8
Ageing, Aged and Home Care				
Addressing social connections across generations and ensuring the response to elder abuse	6.7	..	..	..
Clinical placements for aged care safe patient care	6.1	9.8	11.7	12.4
Future provision of public sector residential aged care	27.6	..	..	..
Modernisation of metropolitan Melbourne Public Sector Residential Aged Care Services Strategy: Stage 4 Coburg Project	0.9	..	..	..
Ambulance Services				
Supporting ambulance services	64.0	23.3	23.9	24.5
Child Protection and Family Services				
Better Futures: Home Stretch	3.5	13.5	22.7	35.4
Coronavirus (COVID-19) social services response ^{(c)(d)}	224.6	16.7	..	..
Intensive Family Preservation and Reunification Response	51.0	89.5	95.6	99.2
Maintaining the capacity of the children and families system ^(c)	91.2	89.0	91.4	93.8
Maintenance, minor capital improvements and building of new care services properties	0.1	0.1	..	..
Pathways to employment in growth sectors	4.2	8.9	3.5	..
Reforming care services	81.7	107.7	103.6	29.7
Disability Services				
Disability Worker Regulation Scheme	6.7	..	..	..
National Disability Insurance Scheme Stage 2: Out of scope services ^(b)	78.9	100.9	9.8	8.9
Drug Treatment and Rehabilitation				
Care and recovery coordination	8.4	17.2	..	..
Decriminalising public drunkenness ^(e)	16.0	..	..	..
Increasing alcohol and other drug capacity	4.4	..	..	..
Medically supervised injecting rooms	3.3	2.1	..	..
Empowering Individuals and Communities				
State Disability Plan	5.3	2.1	2.1	2.2

Funding is also provided to continue coordination supports to NDIS clients with complex needs while the NDIA develops an appropriate and functioning pathway in the scheme.

This initiative contributes to the Department of Health and Human Services’:

- Admitted Services output;
- Aged Care Assessment output;
- Disability Services output;
- Family Violence Service Delivery output;
- Home and Community Care Program for Younger People output;
- Mental Health Community Support Services output; and
- Residential Aged Care output.

Drug Treatment and Rehabilitation

Care and recovery coordination

New specialist alcohol and other drug response positions will support clients facing extended time on wait lists for residential alcohol and other drug (AOD) services and provide targeted services for at-risk cohorts who are disengaged from treatment during the coronavirus (COVID-19) pandemic.

This initiative contributes to the Department of Health and Human Services’ Drug Treatment and Rehabilitation output.

Decriminalising public drunkenness

Funding is provided to commence implementation of a health-based approach to public intoxication following the Government’s commitment to repeal the offence of public drunkenness. This will include expanding Aboriginal Community Controlled Services, providing a culturally safe service delivery response to both Aboriginal and non-Aboriginal people.

This initiative contributes to the Department of Health and Human Services’ Drug Treatment and Rehabilitation output.

Increasing alcohol and other drug capacity

Funding is provided to operationalise new AOD residential rehabilitation beds in Corio, Wangaratta and Traralgon. Residential rehabilitation facilities provide holistic treatment approaches to support clients in their substance use recovery, to improve their physical and mental health, and to engage in meaningful activity including education and work. Funding will also support continuation of the Aboriginal Metropolitan Ice Partnership Initiative.

This initiative contributes to the Department of Health and Human Services’ Drug Treatment and Rehabilitation output.

Medically supervised injecting rooms

Funding will support the implementation of responses to the review of the supervised injecting room trial, including the establishment of a second supervised injecting room in the City of Melbourne.

This initiative contributes to the Department of Health and Human Services' Drug Treatment and Rehabilitation output.

Empowering Individuals and Communities

State Disability Plan

Funding is provided to support the new State Disability Plan, including delivery of the dedicated Victorian Autism Plan with 3 150 additional autism assessments over four years.

Funding is also provided to continue initiatives to support people with disability during the coronavirus (COVID-19) pandemic. This includes funding for the Disability Liaison Officer program, to assist with safe access to testing and treatment, and for the Disability Advocacy Outreach program, to provide greater outreach support to vulnerable groups.

This initiative contributes to the Department of Health and Human Services' Office for Disability output.

Family Violence Service Delivery

Central Information Point

Refer to the asset initiative for a description of this initiative.

Information sharing and family violence risk assessment and management reforms

Funding is provided to support ongoing work to develop and deliver workforce specific information sharing training through the multi-agency risk assessment and management framework. The scope of training will be expanded to embed information sharing and the multi-agency risk assessment and management framework into business-as-usual practices of all workforces prescribed under relevant legislation that interact with victim survivors and perpetrators.

This initiative contributes to the Department of Health and Human Services' Family Violence Service Delivery output.

Perpetrator accountability

Funding is provided to continue to build a system of accountability for perpetrators of family violence by providing funding to:

- maintain the provision of case management brokerage to support perpetrators to leave home for a time and keep victim survivors safe; and
- continue the Caring Dads perpetrator intervention program following its successful trial.

This initiative contributes to the Department of Health and Human Services' Family Violence Service Delivery output.



The Hon Martin Foley MP
Minister for Health

Tuesday 24 November 2020

SUPPORTING THE HEALTHCARE WORKERS THAT SUPPORT US

Our healthcare workers have been our last line of defence this year, working tirelessly to keep us safe. We have all been reminded of what matters most: the health and wellbeing of our families, our friends and our communities.

This year's Budget is about looking after those we love and supporting the healthcare workers who have supported us throughout 2020.

The *Victorian Budget 2020/2021* will deliver more than \$5 billion in 2020-21 and \$9 billion over the next four years – including Commonwealth funding – for services and critical infrastructure that will help keep our healthcare workers and loved ones safe.

As part of Victoria's pandemic preparedness, hospitals across the state had to wind back elective surgery. Now, having driven the numbers down, the Andrews Labor Government will ensure Victorians can get the surgeries they need, when they need them, with a massive \$300 million elective surgery blitz.

An extra \$136 million for Ambulance Services will see more ambulances arriving on scene quicker than ever, leading to faster and more efficient treatment for Victorians. This includes \$10.4 million that will also ensure year-round ambulance services for Nagambie, and a 24-hour service for Diamond Creek.

It also includes \$21.6 million for Victoria's innovative Mobile Stroke Unit and the Victorian Stroke Telemedicine, ensuring life-saving treatment is delivered to patients as fast as possible – saving lives and avoiding disability in the critical hour after a stroke.

To build on Victoria's position as a leading cancer research and treatment centre, we are investing \$33.1 million for vital research to improve cancer outcomes for all Victorians.

As tough as this pandemic has been, the need to protect staff and patients from coronavirus (COVID-19) has led to innovative ways of providing treatment and care. Health services made less than 2,000 video calls longer than five minutes in February, by September this number exceeded 72,000. Even after the pandemic is over these services will remain and improve access to healthcare, no matter where you live.

That's why the Budget includes more than \$121 million for the Better at Home initiative, to meet growing demand for delivery of hospital services in the home. This includes dialysis, chemo and palliative treatment – making sure these patients can receive care in the comfort of their own home.

Through Better at Home, up to 50,000 chemotherapy appointments could be delivered in living rooms across Victoria, or 50,000 days Victorians previously spent in hospital recovering or undertaking rehabilitation can be done from the comfort of home – freeing up around 160 hospital beds.

The Budget will also deliver a \$32.5 million boost to healthcare in rural areas, with new and dedicated funding for better prevention and treatment, and improved recovery from cardiac, stroke and cancer conditions – ensuring no one is disadvantaged by their postcode.

The funding will also improve access and participation in cancer screening for regional Victorians – ensuring we can catch this devastating disease sooner.

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The Labor Government is also investing \$51.4 million in drug treatment and rehabilitation, helping more Victorians turn their lives around.

This includes \$3.4 million for 80 new alcohol and other drug residential rehabilitation beds in Corio, Wangaratta and Traralgon – making them accessible to the local community and allowing people to be treated close to home, family and friends.

Quotes attributable to Minister for Health Martin Foley

“2020 has reminded us what really matters – the safety and wellbeing of our family, friends and community”

“Whether it’s the dedicated care of a nurse or a paramedic at your side in an emergency – we’re ensuring every Victorian has the care they need, and our incredible frontline workers have the support to provide it.”



The Hon James Merlino MP

Deputy Premier
Minister for Mental Health

The Hon Luke Donnellan MP

Minister for Child Protection
Minister for Disability, Ageing and Carers

The Hon Gabrielle Williams MP

Minister for Aboriginal Affairs
Minister for Prevention of Family Violence

Tuesday 24 November 2020

BUILDING OUR RECOVERY WORKFORCE TO SUPPORT OUR STATE

This has been the most challenging experience many of us will have ever lived through. We've had to stay home and spend time away from those we love the most in order to stay safe.

But supporting us the whole way through have been our mental health workers, family violence specialists and child support workers – professionals who were there for us every day, wherever and whenever we needed them.

This year's Budget is dedicated to increasing support for these hardworking Victorians, creating better pathways to roles in these vital sectors and recruiting more positions, part of Victoria's Recovery Workforce.

The Andrews Labor Government will invest \$235 million to build our Recovery Workforce to create 500 new jobs across mental health, family violence, health and child protection. We will also generate new accelerated training pathways and internships for around 875 people, growing the pipeline of workers so Victorians have access to the support they need as we recover from this pandemic.

In mental health this includes additional positions for child and youth psychiatry registrars, and funding for new part-time positions and cadetships for people with a lived experience of mental health – providing opportunity for these Victorians to use their experience and expertise to support those in need. This was also an interim recommendation made in the Royal Commission into Victoria's Mental Health System.

The Government is also increasing the number of available mental health nurse graduate positions across Victoria with \$4.3 million so we have more workers on the ground caring for Victorians.

Recognising the incredible skill, ability and knowledge of our carers, the Labor Government will provide \$4.6 million to support pathways into employment in the community services, disability and aged care sector.

This includes relief to assist carers to get assistance with their caring responsibilities while they study and during their placements, helping with the cost of study materials, mentoring and additional supervision and support.

Victorians on a waiting list to access residential alcohol and other drug (AOD) services or who disengaged from treatment during the pandemic will receive more support with \$25.62 million to employ new specialist AOD workers.

As the Labor Government continues to lead the way with family violence reform, the package includes \$8.1 million to build our family violence and sexual assault support workforce, supporting the coordination of up to 240 traineeships across the state.

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To ensure Aboriginal communities have access to the services they need to recover from the pandemic, \$40 million will support a service delivery fund for Aboriginal Community Controlled Organisations and Aboriginal Community Controlled Health organisations to boost services that will provide targeted support.

The package also includes \$3.7 million for a new child protection student employment program, which will give students on the job experience, providing a future pathway to employment and financial support while they finish their studies.

In addition to this, the Budget will deliver \$106.7 million over four years to recruit 239 new child protection practitioners, which will include graduates and experienced professionals who will be placed around Victoria to protect our young people.

A further \$22.5 million will employ up to 48 staff to take some of the workload off our child protection practitioners, helping with administrative support, working with children checks and a centralised subpoena unit.

They will also assist with supervised visits, ensuring children and families can see each other.

Quotes attributable to Deputy Premier and Minister for Mental Health James Merlino

“As our state rebuilds, we are building a recovery workforce – to stand by every Victorian who needs our help.”

“Now more than ever, we know how vital a family violence and mental health system is to keeping Victorians well and safe – and our work will continue to fix the cracks.”

Quote attributable to Minister for Child Protection and Minister for Disability, Ageing and Carers Luke Donnellan

“By recruiting more child protection workers, and also helping our unpaid carers build on their experience and access work, we’re creating a stronger, more diverse workforce to support the most vulnerable members of our community.”

Quote attributable to Minister for Prevention of Family Violence and Aboriginal Affairs Gabrielle Williams

“We’ll continue to work with community service organisations to design programs, that deliver jobs and build a strong and resilient workforce, so they can help those who need it most.”