

INTERFACE COUNCIL GROUP HUMAN SERVICES GAP ANALYSIS

Abstract:

This Report has been prepared for the Interface Group of Councils to test whether the inequitable spatial distribution of services creates a disadvantage for Interface communities and understand whether this might be addressed through service redesign and reform, shifting and reprioritising investment and improving service commissioning processes.

The Report builds on the Supporting Interface Families Project in 2016 which explored the question:

**What are the services families should expect to
receive no matter where they live?**

[Final Report]



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Disclaimer

42 Squared Consulting has undertaken research and consultation to inform this review that is consistent with the scope of the project agreed with the client. The consultant's role in this review is to objectively examine all relevant information, talk to relevant parties (within the agreed project scope), and express a view on the issues at hand through this report. Our objective opinion is available to the client, without prejudice, to inform its decision making as it sees fit. This is irrespective of whether our findings and recommendations are accepted or acted upon.

Whilst due care and diligence has been applied by the consultant in undertaking this review, the accuracy of the data and findings contained in this report cannot be warranted.

[42]²

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Caveats

The Supporting Interface Families Human Service Gap Analysis (this Report) was commissioned as an extension to the Supporting Interface Families Report completed in 2016.

The original report found significant continuing evidence of increasing demand driven by population growth, increased levels of vulnerability, lower education outcomes, lower health status, higher levels of disability, higher levels of disability, lower socio-economic status and increasing financial and economic stress. Higher levels of demand were confirmed through a wait list survey to service agencies and by anecdotal evidence collected through practitioner, social planning and agency workshops.

The original report utilised a wide range of reports and data sources to build an evidence base that there might be higher levels of demand. Sources referenced in the report include Parliamentary Inquiries, DHHS LGA Profiles, MPA Community Infrastructure Assessment and various studies and reports conducted by local government and universities.

This Report is intended as a high-level preliminary analysis of DHHS service data that was provided to the project following a commitment by the DHHS Department Secretary Ms Kym Peake. The project was not designed or resourced to be a forensic or detailed analysis of a broad range of DHHS service types, it had four primary objectives:

- to establish whether relevant service data be sourced from DHHS for the purposes of analysis;
- to understand if high-level analysis of the data might indicate an uneven spatial distribution of services that required further investigation;
- to provide a high-level estimate and calculation of the financial cost of any service gap; and
- to establish a foundation for a partnership approach to further research and applied use of DHHS service data.

Local government has a keen interest in collaborative partnerships to explore how the service system can be improved and any observations and assessments in this Report should be seen as an invitation for further cooperative exploration.

The Report makes 'observations' to identify areas of interest or possible distortion for further research or follow up. They are not judgements regarding the overall effectiveness of the service system and are not based on an in-depth analysis of the underlying service policy or program design.

The Report utilises high level ratios at LGA level to compare service provision rates and identify gaps. This should not be taken as an assumption that 'in area' self-sufficiency should be an aspiration for all services, it also does not undermine the reality that some services need to be delivered on a regional basis through major hospitals and community health centres on economic and specialisation grounds.

Some programs such as Child Protection operate on a 'professional judgement model' and there is likely to be attributable differences in service outcomes as result of the variation in assessments and decision made.

Data comparison and analysis is generally between the Interface Group of Councils and the Metropolitan Mean. Provision rates for the Central Melbourne region are provided for information but are not included in the analysis. Some caution is required in interpretation as the Central Melbourne area is home to state-wide and whole of metropolitan services.

Executive Summary

42 Squared Consulting was engaged by the Interface Group of Councils to undertake the Human Service Gap Analysis Project as extension work to the Supporting Interface Families (SIF) Project completed in 2016.

One of the key findings of the SIF Project was that there was significant 'demand-side' data available but there was no real means to measure of the service system (the supply-side) was adequately changing to respond to changing demands.

The primary thesis being tested is whether an inequitable and uneven spatial distribution of services disadvantages Interface communities, and might this be addressed through service reform and redesign, shifting and re-prioritising investment and improving service commissioning processes.

The objectives of the project include:

- to identify in quantitative and financial terms the estimated gap in service delivery between the Interface Councils and metropolitan Melbourne;
- gain access to selected service and program data that can be used for analysis and testing the primary thesis; and
- provide context and background to each of the service areas that might indicate a reason for any spatial inequity or distortion.

The report has been designed, and should be received as an invitation to the Victorian Government for further collaborative research and place-based planning.

The Data

The original request for data was made to the Department of Health & Human Services in May 2016. Selected data was progressively released between October and March 2017.

To ensure that the release of data did not represent a 'high bar', only two elements were requested at whole of LGA level: number of clients and occasions of service. For a proper service gap analysis to be conducted the data would really need to be provided at a smaller geographic level (below suburb, SA0 if possible) and an extensive range of data elements provided for each service.

All data has been converted to rates of provision per 1,000 population to ensure comparability.

Methodology

The Report uses the DHHS data and other sources such as Victorian Government budget papers and policies to build a picture of supply and demand factors within the service area.

The '**Gap Analysis**' is calculated through the following process:

- the 'Actual Provision' is regenerated for individual Interface Councils, the Interface Group and Metropolitan Melbourne;
- a 'Hypothetical Provision' is generated by multiplying the Mean Metropolitan Melbourne provision rate by the Estimated Residential population;
- the 'Gap' is the difference between the Actual and Hypothetical provision rates.

The use of the Mean Metropolitan Melbourne provision rate to calculate the 'Hypothetical Provision' is considered a conservative and fair benchmark and if anything, probably understates the desired or required provision rate given the rate of growth and levels of disadvantage.

The '**Investment Analysis**' in this Report is a high-level hypothetical exercise which seeks to understand if an estimate of the gap in investment can be calculated in dollar terms. Caution has been used to apply reasonable and conservative assumptions to ensure that issues are not overstated. The 'Investment Analysis' should be seen as a 'thought exercise' to identify if there might be a need for further exploration, research and analysis.

The process used for the 'Investment Analysis' is outlined below:

- the result of the 'Gap Analysis' is used to indicate a hypothetical over or under provision of a service;
- this is quantified as a number of units in surplus or deficit (as compared with the Melbourne Metropolitan Mean provision rate);
- a reasonable 'Cost Driver' is identified through research and calculation and a Unit Rate established for each service;
- the estimated 'Investment Gap' is calculated by simply multiplying the Service Units in deficit or surplus by the Cost Driver for each LGA.

Levers for Change

One of the key discussion points from the SIF Project was that if there was a gap in service provision then there are tools and 'levers for change' that need to be applied to make the entire service more agile and responsive to the needs of emerging communities. These include:

- an effective means of redistribution of existing funding streams – it is not always about additional funding but greater flexibility in service commissioning processes;
- additional funding to match population growth – predictive service funding models and rational mechanisms to ensure there is not a lag in provision;
- funded agencies need to be provided with incentives (or penalties) to ensure services are reaching the communities they are designed for;
- new flexible funding models that can adapt to local need and reflect growth area incentives;
- 'place based' 'whole of government' planning models to ensure a structural response to planning in the growth and interface areas;
- infrastructure delivery timed to support the delivery of required services;
- effective partnerships might be established to explore co-design and co-production opportunities; and
- better horizontal and vertical integration and a focus on follow through and handover of plans to ensure delivery.

Gap and Investment Analysis

The following table outlines the key findings from the Gap and Investment Analysis process.

Service Type	Provision & Gap Analysis	Investment Gap Analysis	Cost Driver and Notes
Alcohol & Other Drug Occasions of Service	Actual: 12,827 Hypothetical: 14,550 Gap: -1,723 (-11.84%)	Interface Gap: \$1.39m	Cost Driver: \$810 per Episode of Care There appears to be higher levels of demand across the Interface Councils with what appears to be evidence of under-servicing. Casey, Wyndham and Cardinia are the areas of highest concern.
Allied Health Occupational Therapists	Actual: 244 Hypothetical: 473 Gap: - 229 (-48.39%)	Interface Gap: \$19.99m	Cost Driver: \$89,400 – 1.0 EFT Occupational Therapist There appears to be a significant concentration of government employed allied health professionals, this might indicate an inability for the service system to appropriately redistribute legacy investment. Highest 'gap' areas include: Casey, Wyndham and Whittlesea.
Allied Health Psychologists	Actual: 112 Hypothetical: 320 Gap: - 208 (-65.17%)	Interface Gap: \$20.19m	Cost Driver: \$96,740 – 1.0 EFT Psychologist Public funded allied health services have a mandate to focus on the most vulnerable and disadvantaged members of the community. The spatial distortion appears to favour areas that have higher socio-economic profiles and maybe pockets of vulnerability. Highest 'gap' areas include: Casey, Whittlesea and Wyndham.
Allied Health Pharmacists	Actual: 180 Hypothetical: 488 Gap: - 308 (-63%)	Interface Gap: \$29.79m	Cost Driver: \$96,740 – 1.0 EFT Pharmacist Highest 'gap' areas include: Casey, Wyndham and Melton.
Allied Health	Actual: 200		Cost Driver: \$89,400 – 1.0 EFT Physiotherapist

Service Type	Provision & Gap Analysis	Investment Gap Analysis	Cost Driver and Notes
Physiotherapists	Hypothetical: 457 Gap: - 257 (-56.15%)	Interface Gap: \$22.97m	Highest 'gap' areas include: Casey, Hume and Wyndham.
Child Protection Reports	Actual: 34,600 Hypothetical: 27,000 Gap: + 7,600 (28.17%)	Interface Gap: +\$7.23m	Cost Driver: \$950 per Report This represents investment that might be better spent on prevention and early intervention services to avoid the need for tertiary service intervention. Cardinia, Casey, Melton, Mitchell and Hume have much higher rates of Child Protection Reporting.
Child Protection Investigations	Actual: 8,620 Hypothetical: 7,214 Gap: + 1,406 (19.50%)	Interface Gap: + \$2.0m	Cost Driver: \$1,420 per Investigation Mitchell, Melton, Cardinia and Casey have higher rates of Investigation than the Metropolitan average.
Child Protection Substantiations	Actual: 4,974 Hypothetical: 3,798 Gap: + 1,177 (30.99%)	Interface Gap: \$3.125m	Cost Driver: \$2,655 per Substantiation Cardinia, Mitchell, Casey and Melton have higher rates of Substantiations than the Metropolitan average.
Child Protection Protection Applications	Actual: 1,454 Hypothetical: 1,509 Gap: - 55 (-3.68%)	Interface Gap: - \$0.189m	Cost Driver: \$3,400 per Protection Application Mitchell stands out as having a much higher rate of Protection Applications. Much higher rates of Reporting, Investigations and Substantiations do not translate into Protection Applications in Casey, Cardinia and Melton.
Disability Individual Support Packages	Actual: 2,958 Hypothetical: 3,752 Gap: - 789.15 (-21.03%)	Interface Gap: \$25.46m	Cost Driver: \$32,268 per package. Note that the significant reforms occurring with the roll out of the NDIS will impact this service area progressively over coming years.

Service Type	Provision & Gap Analysis	Investment Gap Analysis	Cost Driver and Notes
			Based on the data provided by DHHS there appears to be very significant distortion in the spatial distribution of Victorian Government Disability Support Packages. The four Interface LGAs with the greatest gaps are: Wyndham, Casey, Melton and Cardinia.
Disability Flexible Support Packages	Actual: 427 Hypothetical: 1,098 Gap: - 649 (-59.16%)	Interface Gap: \$20.96m	Cost Driver: \$32,268 per package. The four Interface LGAs with the greatest gaps are: Casey, Wyndham, Hume and Melton.
Housing & Homelessness Homelessness – Total Clients	Actual: 22,243 Hypothetical: 24,465 Gap: -2,222 (-9.08%)	No analysis.	Melton and Yarra Ranges had significantly higher Total Client provision rates relative to Interface Councils and the Metropolitan average.
Housing & Homelessness Homeless Clients	Actual: 7,962 Hypothetical: 8,541 Gap: - 570 (-6.68%)	No analysis.	Yarra Ranges and Hume had higher than average Client rates per 1,000 population.
Housing & Homelessness At Risk Clients	Actual: 9,060 Hypothetical: 10,006 Gap: - 952 (-9.51%)	No analysis.	Melton and Mitchell had higher Client rates per 1,000 population.
Housing & Homelessness Family Violence Indicator	Actual: 10,002 Hypothetical: 10,234 Gap: - 232 (-2.27%)	No analysis.	Yarra Ranges and Melton had higher Client rates per 1,000 population.
Housing & Homelessness	Actual: 4,652		

Service Type	Provision & Gap Analysis	Investment Gap Analysis	Cost Driver and Notes
Received Accommodation	Hypothetical: 5,705 Gap: - 1,054 (-18.48%)	No analysis.	Of all the indicators Received Accommodation had a higher relative gap when compared with other Housing & Homelessness data.
Mental Health Service Occasions	Actual: 317,872 Hypothetical: 409,218 Gap: - 91,340 (-22.32%)	Interface Gap: \$7.24m	Cost Driver: \$79.24 per Service Occasion The three Interface LGAs with the highest gaps in service and funding appear to be Wyndham, Casey and Whittlesea. There appears to be lower than average number of clients per 1,000 population in Casey, Wyndham and Cardinia which might indicate services or referral pathways not being accessible.
Youth Justice Clients with Active Orders	Actual: 381 Hypothetical: 427 Gap: 49 Clients (-11.48%)	No analysis.	There are relatively small numbers of children and young people engaged in the Youth Justice system, analysis would likely indicate that additional spending should be on early intervention, prevention and diversion.
Family Violence Support Services Family Violence Cases	Actual: 769 Hypothetical: 1,510 Gap: - 741 (-49.09%)	Interface Gap: \$27.14m	Cost Driver: \$36,613 per Family Violence Case The Victorian Government is making significant investments to implement all the recommendations of the Family Violence Royal Commission. The 'cost driver' is considered to be a conservative estimate given the total cost of Family Violence Services and the additional investment being made.

Findings and Consolidated Observations

The Human Service Gap Analysis Project has found that when you compare provision rates across the Interface Councils with the Melbourne Metropolitan average provision rates there is evidence of significant gaps across the across the following service areas:

Alcohol & Other Drug Services
Allied Health – Occupational Therapists
Allied Health – Psychologists
Allied Health – Pharmacists
Allied Health – Physiotherapists
Disability – Individual and Flexible Support Packages
Mental Health Services
Family Violence

The Report has estimated that there appears to be a spatial distortion in allocation of investment in the order of \$175m across this limited range of service areas.

There appears to be above average expenditure of about \$12.17m across Child Protection Services in the Interface Council areas that might better be invested in early intervention and preventative measures.

There are qualifications, limitations and caveats applied to the analysis conducted within this report, these include:

- the data released has been provided by DHHS with its own exclusions and no warranty is provided as to its reliability or integrity;
- based on a range of measures (SEIFA, VAMPIRE etc) it is assumed that housing affordability and other factors are progressively concentrating disadvantage in the Interface and outer suburban areas, therefore potentially increasing the need for above average investment in services to ensure equity and parity;
- all assumptions and calculations in this report are notional and conservative values have been applied to ensure the results are not over-stated;
- much of the data did not include meta-data so further research has had to occur to identify and verify what the information references;
- the report does not assume knowledge of service design and the regional or local assumptions built into the service system; this will need to be explored further in detailed place-based service planning; and
- not all data has allowed 'gap or investment analysis' and the report remains silent on these services.

Consolidated observations are included in the following table.

<p>Observation 01: The data indicates that there are generally higher levels of demand for AoD services in the Interface Councils but there are individual Councils with significantly lower numbers of clients / 1,000 population. This might be due a range of socio-economic factors, but it also might reflect that either services or referral pathways are not available.</p>
<p>Observation 02: The rates of provision for AoD services are significantly lower (-11.84%) across the Interface Councils with Nillumbik, Cardinia and Casey having the lowest provision rates per 1,000 population.</p>
<p>Observation 03: The gap analysis indicates that the Interface Council areas are potentially underserved by an estimated gap of 1,720 Occasions of Service or 11.84% below an average of metropolitan service levels. Applying a reasonable cost-driver of \$810 for each Occasion of Service this equates to an estimated \$1.39m funding gap with Casey, Wyndham and Cardinia being the areas of highest concern.</p>
<p>Observation 04: There appears to be a very significant and inequitable spatial distortion in the work location of Victorian Government employed Allied Health Professionals. This means that where local services are difficult to access, there are potentially significant waiting times or people are forced to travel long distances for appointments or access. The inability of the service system to adequately adapt to growth and change over time by mobilising and shifting spatial allocation of resources might be a failure of the service commissioning system.</p>
<p>Observation 05: There is an estimated gap or under-provision of 229 Occupational Therapists in the Interface Council area, this is equivalent to 48% below an average of metropolitan service levels. This equates to an estimated \$19.99m funding gap across the Interface.</p>
<p>Observation 06: There is an estimated gap or under-provision of 208 Psychologists in the Interface Council area, this is equivalent to 65.17% below an average of metropolitan service levels. This equates to an estimated \$20.19m funding gap across the Interface.</p>
<p>Observation 07: There is an estimated gap or under-provision of 308 Pharmacists in the Interface Council area, this is equivalent to 63% below an average of metropolitan service levels. This equates to an estimated \$29.79m funding gap across the Interface.</p>
<p>Observation 08: There is an estimated gap or under-provision of 257 Physiotherapists in the Interface Council area, this is equivalent to 56.15% below an average of metropolitan service levels. This equates to an estimated \$22.97m funding gap across the Interface.</p>
<p>Observation 09: There is a significant concentration of government employed allied health practitioners in LGAs that have major hospitals and health networks located within the boundaries. It is acknowledged that this will contribute to the spatial distortion, but further examination is required to understand if there is an increasing issue of access and equity for interface families.</p>
<p>Observation 10: The Child Protection system is at the tertiary end of the service spectrum and is consuming very significant additional resources across the Interface Council area. Across the four Child Protection stages the additional expenditure for the Interface</p>

Councils is estimated to be \$12.16m and in the Cardinia, Casey, Hume and Melton Council areas it is estimated to be \$12.63m.

Observation 11: There are significant fluctuations and variances between the level of Reporting and follow up Child Protection activity across the Interface Council area, some of this will be explained by socio-economic or cultural factors but it might require additional research to try and understand if there are systems or service factors that are playing a role in the variation.

Observation 12: An issue that might require additional follow up are the much higher rates of Child Protections Reports, Investigations and Substantiations in Casey, Cardinia and Melton that do not translate into Protection Applications. This may be due to Child Protection operating on a 'professional judgement model' or it might be other localised factors.

Observation 13: The disability services sector is undergoing very significant reform with the roll out of the National Disability Insurance Scheme. Many individuals will transfer from the Victorian Government funded services into the NDIS but there is emerging concern regarding those people who do not qualify for NDIS and will continue to need State Government support. The Victorian Government has recently called for expressions-of-interest from the not-for-profit sector for the delivery of a range of its funded services.

Observation 14: The provision of State funded disability services is a significant program with over 15,000 clients, 1.265 million hours of community based respite hours provided and an overall program cost of \$1.6 billion. Based on the data provided by DHHS there appears to a significant distortion in the spatial distribution of Individual and Flexible Support Packages with Interface Councils receiving \$40m to \$45m less services than the Melbourne Metropolitan average.

Observation 15: The Mental Health data indicates that there are lower levels of clients in the Interface Council areas and some Councils with significantly lower numbers of clients / 1,000 population, particularly Casey, Wyndham and Cardinia. This is likely due to a range of factors including services or referral pathways not being accessible in these areas.

Observation 16: The rates of provision for Mental Health services are significantly lower (-22.32%) across the Interface Councils with Wyndham, Cardinia, Nillumbik and Casey having the lowest provision rates per 1,000 population.

Observation 17: The Mental Health gap analysis indicates that the Interface Council areas are potentially underserved by an estimated gap of 91,340 Occasions of Service or 22.32% below an average of metropolitan service levels. Applying a reasonable cost-driver of \$79.24 for each Occasion of Service this equates to an estimated \$7.238m funding gap with Wyndham, Casey, Whittlesea, Yarra Ranges and Cardinia being the areas of highest concern.

Observation 18: The Family Violence Case data indicates that there is a significantly lower levels of service provision in the Interface Council areas compared with the Metropolitan average. Note that the data relates to location of services and not surviving-victim address which may mean that services are probably not local or conveniently located.

Observation 19: The Family Violence gap analysis has applied a very conservative 'cost-driver' and indicates that the Interface Council areas are potentially underserved by an estimated gap of 740 Cases or 49.09% below an average of metropolitan service levels. Applying a cost-driver of \$36,613 for each Family Violence Case this equates to an estimated \$27.14m funding gap when compared with Metropolitan Melbourne.

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1. Introduction and Project Background

1.1 The Project

42 Squared Consulting was engaged to undertake the Human Service Gap Analysis Project as extension work to the Supporting Interface Families (SIF) Project that was completed in the 2016 calendar year. The key question posed during the SIF Project was:

“What are the services families should expect to receive, no matter where they live?”.

The key themes identified through the SIF Project included:

- (i) there is evidence of higher demand for services and continuing service and infrastructure gaps across the Interface Council area that must be addressed by Government;
- (ii) there is an imperative for new funding and service commissioning models that are flexible and tailored to meet local needs;
- (iii) that there is a need for seamless integrated planning and ‘follow through’ to ensure appropriate infrastructure, services and community strengthening programs are implemented; and
- (iv) that there needs to be a ‘whole of government’ commitment to working in partnership to finally resolve the integration and resourcing issues that have been identified for many years but not successfully addressed.

One of the key findings from the SIF Project was that there was significant demand-side data available but that there was no real means to measure whether the service system (the supply side of the equation) was adequately responding to the changing demand profile.

Demand-side data indicates that Interface communities face population growth pressures, increasing levels of vulnerability, lower education outcomes, lower health status, higher levels of disability, lower socio-economic status and increasing financial and economic stress.

Service supply-side data was very difficult to access for the purposes of the SIF Project and therefore recommendations were made for policy change to allow open and transparent access to data and a request for a partnership approach for ‘place based’ partnership research project.

The primary thesis being tested is whether an inequitable and uneven spatial distribution of services disadvantages Interface communities, and might this be addressed through service reform and redesign, shifting and re-prioritising investment and improving service commissioning processes.

This project was initiated based on a commitment by the Department of Health & Human Services that selected data sets (at LGA level) would be made available to the Interface Council Group.

The primary objective of the project is to identify in quantitative terms the estimated gap in service delivery across a selected range of service types between the Interface Group of Councils and the rest of the Melbourne metropolitan area. This will also include an estimate, in dollar terms of the what gap the gap might mean in terms of inequitable distribution of government investment.

Supporting objectives include:

- gaining access to selected service and program level data from DHHS at LGA level (and possibly at disaggregated small area SA1 level in Phase Two);
- provision of this data to AURIN as the responsible steward for planning information for government and researchers;
- negotiating conditions of release (data license) and process for regular updates for the base data; and
- establishing objectives and outline brief for Phase Two of the project.

The primary finding emerging from the Supporting Interface Families Project was that:

.... there is clear evidence of higher levels of demand and continuing gaps in service and infrastructure provision across Interface Councils. There is therefore a need for additional government investment in services and supporting infrastructure in Interface Council areas.

The continuing and growing gaps in infrastructure provision were starkly highlighted in the Melbourne Metropolitan Community Infrastructure Assessment (2015) completed by ARUP on behalf of the Metropolitan Planning Authority.

This project has a focus on identifying and defining the gap in service delivery and analysis of demand factors and service supply issues that are driving the identified problems experienced across the Interface Council area.

It is understood that this analysis will inform a business case that may be put to the Victorian Government, opposition and other stakeholders in the lead up to the 2018 Victorian state election.

42 Squared were engaged directly by SOCOM acting as secretariat to the Interface Council Mayor & CEO's Group. A steering group comprising two Human Services Directors was established to oversee and provide guidance to project.

1.2 Project Timing and Sourcing of Data

Special mention should be made regarding project timing. Based on guarantees from DHHS that data would be available and released in mid-October 2016 an initial project timeline of eight weeks from date of inception was nominated.

Data was released progressively from 1 December 2016 to mid-March 2017. As data needed to be aggregated into a single database (MS Access) for analysis and mapping it was not possible to commence this element of the project until most of the data had been received.

Data has been assembled into a consolidated database, analysis completed and provided to AURIN for initial spatial mapping (in a confidential test environment).

(Note that updated Government Employed Allied Health data was provided in October 2017. Previous data had included all registered allied health practitioners in Victoria.)

1.3 Caveats and Security on Data and Analysis

The original data request was made to DHHS as part of the SIF Project in mid-2016.

Following a request from the Interface Mayors & CEO's Group, the DHHS Department Secretary provided support for the release of service data to inform the project. This was followed up with a meeting with a relevant Deputy Secretary and around a dozen senior policy and program officers from across DHHS.

When it came time for the specification of the required data the project team requested a data dictionary or listing of available data types for review. This was to enable the targeted selection of data to ensure the aims of the project were best met through the process.

This request could not be accommodated, and the project team were asked to provide a listing of program areas and data required. In response, a broad range of program areas were named by the project team and 'occasions of service' and 'clients by LGA' were the two dimensions requested.

A range of impediments were noted as to why data might not or could not be released. These included:

- (i) DHHS has rarely allowed service level program data to be accessed by external agencies and where this occurs there are significant negotiations and internal authorisations around what data is published and how it will be used;
- (ii) even internal exchange of data is sensitively managed and significant technical and programming resources are required to 'marry up' or create linkages between various data sources;
- (iii) most program data within the 'Human Services' programs is contained within active service and case management systems and extraction of data can be very complicated;
- (iv) service funding data is usually held in separate systems and the Project was advised that as yet there is not an easy way in which service outputs and the funding streams can be matched;
- (v) funded agencies account for program funding at headquarter locations and not where the services are delivered;
- (vi) there are understood to be associated projects that are looking to synthesise program output costs and attribute these to geographic locations but these are at early stages of development; and
- (vii) DHHS has various program areas looking at research and evaluation and these might provide the avenue and opportunity for a request for a formal research partnership between the Interface Council Group and the Department.

The limited data has been released under tight Conditions of Release, these require:

- the data is released for the Research Project and for no other purpose;
- all Users of the data must execute a Deed of Acknowledgement;
- all executed Deeds must be provided to the Department prior to data being released;

- prior to the release of any analysis or report the recipient must consult with the Department about the validity / interpretation of any such analysis and the Department must provide approval prior to submission for publication; and
- all data must be securely stored and when no longer required for the research project the data must be destroyed and the Department notified of its destruction.

The Department does not provide any warranty that the data is accurate, complete, has any particular quality or is suitable for the research project.

1.4 DHHS General Feedback

DHHS provided feedback on the draft report in mid-August. General comments from DHHS included:

- Statements regarding inequitable and uneven spatial distribution need clarification. Service access should be close to home for some services, but this does not mean that it necessarily needs to occur within the LGA of residence. Minimum volumes, sustainability and availability of workforce need to be considered, as does population density and distribution.
- In-area self-sufficiency is not necessarily achievable or desirable with all services, in particular those ambulatory / community based care services which have strong links to hospitals which service several local government areas.
- The methodology for measuring demand within the LGA does not take into account marked differences in population numbers, total land area and population distribution and demographic characteristics, in particular, age and sex which are strongly linked to particular service cohorts. Age / sex adjustment is required for many services to accurately measure utilisation rates.
- Utilisation in interface LGAs should be compared with total Victoria figures rather than just Melbourne and Central Melbourne to provide the comprehensive context to differences in service provision.
- Caution should also be exercised in excluding rural in comparatives, as this does not give a full picture of service provision across the state.

Author's Note

The comments and feedback from DHHS are noted and accepted as a reasonable response.

This Report has been prepared as a high-level analysis based on limited data with no invitation from DHHS to design or 'curate' a data-set with detailed supporting meta-data.

The precursor Supporting Interface Families Report found that in the Interface areas there was evidence of higher levels of demand, continuing service and infrastructure gaps, use of waiting lists, a need to travel for appointments, inflexible commissioned service models and a need for a well-planned integrated whole-of-government response.

This Report was developed as a high-level analysis an examination of DHHS service data to understand if there was evidence of spatial distortion.

The Report also represents an invitation for the Victorian Government to partner with the Interface Councils (and local government generally) to use finer grain data to understand if services are getting to the intended target populations and to work together to improve planning, commissioning and evaluation processes.

1.5 Project Approach and Data Comparison

This project is considered a pre-cursor to a more comprehensive and detailed request to the Victorian Government for a genuine ‘whole of government’ partnership approach to access to data to inform ‘place-based’ planning.

The data requested from DHHS for this project represents a ‘low bar’ in terms of properly informing planning and is relatively ‘blunt’ in terms of its granularity.

- Data has been requested at LGA level only and it would be required at a much smaller geography level (below suburb, SAO if possible) if it was going to be useful to inform local area planning.
- Two data elements were requested: ‘occasions of service’ and ‘number of clients’ – many more additional data elements would be required to inform proper analysis of the service system and how it is responding to changing demand patterns.

All data within the report has been expressed as a rate per 1,000 population to ensure comparability.

Comparison of the Interface average provision or client rate is made with:

Melbourne Metropolitan Region – these are the 31 municipal areas that make up the Greater Melbourne Area (plus Mitchell Shire).

Central Region of Melbourne which is comprised five Councils – Melbourne, Port Phillip, Stonnington, Maribyrnong and Yarra.

Methodology

The project is intended to provide a ‘gap analysis’ in relation to the provision rates of human services in Interface Councils as compared with the rest of Metropolitan Melbourne. This will entail:

- **Demand Factors** – identification and analysis of demand factors including population growth, socio-economic disadvantage, health & wellbeing status and other indicators. This will seek to establish that the Interface Council area has a higher demand profile than the Melbourne metropolitan area.
- **Supply Factors** – identify and source selected data from DHHS to understand the patterns and concentration of service delivery by location. This will be undertaken across a range of service types determined by the Project Control Group¹.

Population Data

Standardised population data sourced from the Australian Bureau of Statistics has been used in all calculations in this report. Estimated Residential Population for 2015 (ABS 3218.0 – Table Two) has been used for individual LGA forecasts and the Greater Melbourne population was sourced from ABS.Stat.

2015 has been used as a base year because most DHHS data relates to either the 2015/16 financial year or the 2015 calendar year.

Note that the Greater Melbourne population forecast does not include Mitchell Shire.

¹ This project proposal is based upon up to 10 service types being included in the gap analysis.

1.6 Gap Analysis

A 'Gap Analysis' for service supply related data-sets has been undertaken at an LGA level in this initial project phase. It is accepted that this 'Gap Analysis' represents a rudimentary assessment of service effectiveness and does not incorporate the underlying individual service design principles or program logic.

It is anticipated that 'small area' data will be sourced in subsequent project phases to inform a finer grain examination of the supply, demand and spatial distribution (equity) issues presenting at the Interface.

The Gap Analysis process regenerates the 'Actual Provision' by multiplying the Rate/1,000 population by the ERP forecast for each Interface LGA. (Note that 'rounding' accounts for slight variations in regenerated Actual Provision numbers.)

A 'Hypothetical Provision' is calculated by multiplying the Metropolitan Rate/1,000 Mean by the ERP forecast for each Interface LGA.

The 'Gap' is the difference between 'Actual Provision' and 'Hypothetical Provision' for the services and clients.

The use of the Mean Metropolitan Rate/1,000 to generate the 'Hypothetical Provision' level is considered a fair and reasonable benchmark to use and if anything might understate the desired provision rate given the rate of growth and levels of disadvantage.

It might be argued that a higher rate (such as the 3rd quartile) might be applied to address the previous under-provision of services and account for the higher levels of demand and the dynamic nature of growth and change at the Interface.

1.7 Investment Analysis

The 'investment analysis' in this report is a high-level hypothetical exercise which seeks to understand if an estimate of the gap in investment (in dollar terms) can be calculated.

Given the low geographical resolution and limited nature of the service data provided for the purposes of this project the 'investment analysis' must be seen as a 'thought exercise' which carries with it a moderate level of uncertainty. There is no claim that the process is statistically valid but it is intended to provide an indication that there is an 'investment gap' and that there must be further exploration and research on this issue.

The 'investment analysis' is used to identify and understand if there is an obvious distortion in the equitable spatial distribution of services. The assumption is that there is a high level of stagnation or inertia in the legacy service system and that service commissioning has not been able to ensure (re)distribution of resources to keep pace with demand.

The process used for the 'investment analysis' is outlined in the steps below:

- the result of the 'Gap Analysis' provides an indication of the hypothetical under-provision or over-provision of services at an LGA level;

- this is quantified as a numerical indicator of service 'Units' in surplus or deficit (as compared to the Melbourne Mean Rate of Provision);
- a reasonable 'Cost Driver' is identified through research and calculation (because of the complexity of government funding models this is an approximate and conservative values are used);
- a Unit Rate is estimated based on available information (employment rates, Activity Pricing Model, Output Based Budget data etc);
- where government applies an Activity Based Pricing Model a 'basket of measures' approach or calculation from program and budget papers has been used to identify a reasonable cost driver;
- some services are costed on EFT and likely salary plus on-costs and overheads basis;
- an estimated 'investment gap' is calculated by simply multiplying the 'Units' in deficit or surplus by the Cost Driver for each LGA.

Example: Alcohol and Other Drug (AoD) Cost Driver

A range of cost drivers have been explored for each of the data elements.

In the recommissioned AoD programs the Victorian Government applies an Activity Based Costing Model which uses a standard pricing mechanism – the Drug Treatment Activity Unit (DTAU) which has a current Unit Price of \$695.94.

The data provided by DHHS has the title: Alcohol and Other Drug Treatment Clients & Service Occasions by Year, Residential LGA. It includes a footnote that states that: Occasions of Service are defined as Completed Courses of Alcohol and Other Drug Treatment.

The following definitions are sourced from DHHS documentation.

Episode of Care (EoC)

An episode of care is a completed course of treatment undertaken by a client where at least one significant treatment goal is achieved under the care of an alcohol and drug worker.

Course of Treatment (CoT)

A course of treatment is a period of service provision between a client and alcohol and drug worker(s), with specified dates of commencement and cessation.²

There is a level of ambiguity in relation to the terminology and how each of the defined terms relate to each other. For the purposes of this study and Episode of Care (EoC) is defined as a Completed Course of Treatment (CCoT)³.

Cost Driver Logic

> EoC State-wide (2015/16) = 57,907 (DHHS AoD Data)

> DTAU State-wide (2015/16) = 67,394 (DHHS Budget Output Papers)

² Alcohol and Drug Information Systems – Guidelines and Definitions

³ <https://www2.health.vic.gov.au/alcohol-and-drugs/funding-and-reporting-aod-services/funding-of-aod-services>

> DTAU \$ = \$695.94

> 1 EoC = 1.164 DTAU (Calculation)

> 1 EoC = \$809.97 (Calculation)

The 'cost driver' to be applied to AoD Investment Analysis is \$810 for every Episode of Care.

1.8 Summary of Cost Drivers

The critical element in calculating the Investment Analysis is the derivation of the 'cost driver' that is applied to the estimated gap in service provision. The following table outlines the cost drivers utilised for each of the data elements that have been analysed.

Note: Each of the cost drivers represent a synthetic calculation of a reasonable cost for comparison purposes only. They are applied in the absence of available unit cost information from DHHS program areas.

Data Element	Cost Driver	Comment
Alcohol & Other Drug Treatment	Unit: Episode of Care Est. Cost: \$810	This is considered a reasonably conservative cost driver and is calculated from DHHS and 2016 Budget Papers.
Allied Health Occupational Therapist	Unit: 1.0 EFT Est. Cost: \$89,400	The data reflects Allied Health Practitioners by primary work location. Data has been confirmed at full EFT. Grade 2 Year 3 has been used as a reasonable mid-point. A 12% on-cost has been included. No corporate or overhead costs are incorporated. This is considered a reasonably conservative 'cost driver'.
Allied Health Psychologists	Unit: 1.0 EFT Est. Cost: \$96,740	Ibid. Grade 2 Year 3 has been used as a reasonable mid-point. A 12% on-cost has been included. This is considered a reasonably conservative 'cost driver'.
Allied Health Pharmacists	Unit: 1.0 EFT Est. Cost: \$96,740	Ibid. Grade 2 Year 3 has been used as a reasonable mid-point. A 12% on-cost has been included. This is considered a reasonably conservative 'cost driver'.
Allied Health	Unit: 1.0 EFT	Ibid.

Data Element	Cost Driver	Comment
Physiotherapist	Est. Cost: \$89,400	Grade 2 Year 3 has been used as a reasonable mid-point. A 12% on-cost has been included. This is considered a reasonably conservative 'cost driver'.
Child Protection Reports	Unit: Reports Est. Cost: \$950	Child Protection 'cost drivers' are synthesised from state-wide cost data and resource allocation estimates. Additional research and cost attribution is required to have a higher level of confidence. The estimated 'cost drivers' are considered a fair representation of probable cost.
Child Protection Investigations	Unit: Investigations Est. Cost: \$1,420	Ibid. Initial reports that are investigated will likely consume significant officer time. The estimated 'cost drivers' are considered a fair representation of probable cost.
Child Protection Substantiations	Unit: Substantiations Est. Cost: \$2,655	Ibid. Investigations that are substantiated will require significant resources. The estimated 'cost drivers' are considered a fair representation of probable cost.
Child Protection Protection Applications	Unit: Applications Est. Cost: \$3,400	Ibid. Protection Applications will require a high level of resourcing given multi-agency input and concentrated effort. The estimated 'cost drivers' are considered a fair representation of probable cost.
Disability Services Flexible and Individual Support Packages	Unit: Package Est. Cost: \$32,268	A Commonwealth report, Effectiveness of Individual Funding Approaches for Disability Support ⁴ published in 2010 found that the average size of disability packages in Victoria was \$28,621 plus an average of 14% administrative costs. The range of package sizes was between \$700 to \$250,000. The estimated cost driver is considered a reasonable reflection of probable cost with the caveat that there are high levels of variability in the size of packages.
Mental Health Service Occasions	Unit: Service Occasion Est. Cost: \$79.24	The number of Service Occasions on a state-wide basis in 2015/16 was 1,616,676.

⁴ https://www.dss.gov.au/sites/default/files/documents/05_2012/op29.pdf

Data Element	Cost Driver	Comment
		<p>The Output Cost for Mental Health Support Services in the 2015/16 Budget Papers was \$128.1m.</p> <p>The 'cost driver' has been calculated by dividing the Output Cost by the Number of Service Occasions.</p> <p>It is not understood if this includes overhead and corporate costs associated with the program.</p> <p>This 'cost driver' is considered a reasonable reflection of the probable cost of Occasions of Service.</p>
Family Violence	Unit: DHHS Family Violence Cases Est. Cost: \$22,833	<p>This 'cost driver' is has been deliberately understated by dividing estimated DHHS Costs by the number DHHS Family Violence Cases for 2015/16 and applying an overall discount of 40%.</p> <p>This results in a 'cost driver' of \$22,833 per case which is considered a reasonable estimate of average costs.</p>

1.9 Levers for Change

One of the key discussion points from the original Supporting Interface Families Project was what were the 'levers for change' and what might make a real difference in making the service system more agile and responsive to the needs of emerging communities in the growth and interface areas. These included:

- the need for effective means of redistribution of existing funding streams – it may not always be about additional funding but greater flexibility in the distribution of resources through service commissioning processes;
- additional funding to match population growth – the interface areas account for most of population growth for Victoria – there needs to be predictive service funding models and rational mechanisms to ensure that services keep pace with growth and there is not a lag in provision;
- funded agencies need to be provided with incentives (or penalties) through the service commissioning process to ensure services are reaching the communities they are designed for;
- funding agreements need to include new flexible funding models that can adapt to local need and reflect growth area incentives;
- 'place based' 'whole of government' models need to be developed and implemented to ensure a structural response to planning in the growth and interface areas;
- infrastructure planning and delivery needs to be timed to support the delivery of required services;
- effective cross-agency and local government partnerships might be established to explore co-design and co-production opportunities; and

- better horizontal and vertical integration and a focus on follow through and handover of plans to ensure delivery.

2. Data Elements

This section of the report provides background on each of the individual data elements, demand and supply analysis, graphical analysis and gap analysis. Where possible the data is placed in the broader service system context to provide insights into what is being measured.

Data is presented in a table format and graphically.

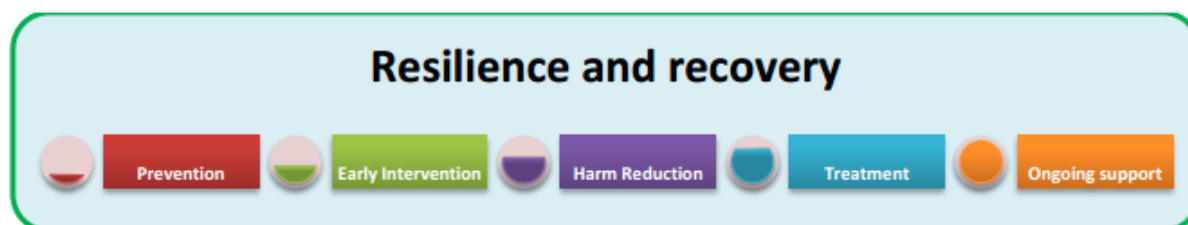
The 'heat mapping' included in the table format highlights the relativity between the data in each column. Generally, 'red' is showing a negative outcome and 'green' a positive outcome but at times the distinction becomes ambiguous and the 'heat mapping' is just highlighting the difference.

2.1 Alcohol & Other Drug Treatments

Data Name	Alcohol & Other Drug Treatment Clients & Service Occasions Residential LGA
Data Year	2015/15
Data Source	DHHS – MHDR Reporting ADIS 1/12/2016
DHHS Owner	Drugs Policy and Reform
Definitions	Occasions of service are defined as completed Courses of Alcohol & Other Drug Treatment. Individuals may be counted against multiple LGAs during a year.
Date Provided	1 December 2016

Background and Context

Alcohol & Other Drug (AOD) treatment sits in the context of a broader approach to the issue by the Victorian Government. Services intervene at several stages from prevention, to tertiary and support for building resilience and recovery.⁵



The data provided by DHHS has a focus on the 'Treatment' phase of the government response, this might include:

- Counselling
- Non-residential Withdrawal
- Therapeutic Day Rehabilitation
- Care & Recovery Coordination

⁵ <https://www2.health.vic.gov.au/alcohol-and-drugs/aod-service-standards-guidelines/aod-program-guidelines>

Across Australia data indicates:

- approximately 110,000 clients received 162,400 treatment episodes from 714 publicly funded alcohol and other drug treatment agencies
- alcohol continues to be the most common principal drug of concern and treatment of amphetamines is increasing
- most clients have more than 1 drug of concern

In Victoria, that data and budget output papers indicate:

- 58,000 Occasions of Service delivered to 33,135 clients in 2015/16;
- 14,000 clients were included in the Pharmacotherapy Program;
- there were 6,755 community based Courses of Treatment commenced with 5,868 completed;
- the total output cost (including residential bed-days) was \$153.7m.

Data Questions

It is assumed that as the data is Residential LGA it provides where the client lives but not where they access services. The issue of whether clients must travel significant distances to access services is not identified by the data provided by DHHS.

The data reflects Occasions of Service / Completed Course of Treatment but does not give enough detail as to whether this was at the simple or complex end of the treatment spectrum and what level of funding was provided.

Evidence was gathered in the Supporting Interface Families Report that services in Interface areas are under stress with waiting lists and potential under-servicing. Additional data on service quality standards and service levels would be required to understand if this is occurring.

Demand Factors

AOD are estimated to contribute over \$55bn in preventable health and other harms across Australia each year.⁶

AOD is a very complex policy and service area and research indicates that there are no direct correlations or co-morbidity indicators: there appears to be some correlation or coincidence with higher levels of mental health and unemployment and low socioeconomic status.

A critical issue across Australia are the relative levels of met and unmet demand. It is estimated that only 30% to 40% of people in Australia who may benefit from accessing AOD services are able to receive or access services⁷. This is due to a range of factors including: services not being locally accessible, cultural barriers, community norms and personal decisions.

⁶ Collins DJ & Lapsley HM 2008. *The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004/2005*. National Drug Strategy Monograph series no. 66. Canberra: Commonwealth Department of Health and Ageing

⁷Discussion with VAADA, May 2017.

Alcohol & Other Drug Services – Clients

In overall terms, the mean LGA measure of AOD clients for Interface Councils was 5.1 per 1,000 population which is 6.08% higher than Metropolitan Melbourne; the three highest rates across the Interface Councils were Hume (6.36 +17.13%), Yarra Ranges (6.3, +15.47%) and Mitchell (5.87, +8.10%).

An interesting 'outlier' in this dataset is Nillumbik which has a rate of 2.75/1,000 population which is 49.36% below the Metropolitan rate. This may reflect a lack of accessible services or other factors.

AoD Clients			
LGA Name	Rate/1,000	cf Metro	cf Central
Cardinia	4.14	-23.76%	-27.37%
Casey	4.62	-14.92%	-18.95%
Hume	6.36	17.13%	11.58%
Melton	5.01	-7.73%	-12.11%
Mitchell	5.87	8.10%	2.98%
Mornington Peninsula	5.09	-6.26%	-10.70%
Nillumbik	2.75	-49.36%	-51.75%
Whittlesea	5.19	-4.42%	-8.95%
Wyndham	4.64	-14.55%	-18.60%
Yarra Ranges	6.27	15.47%	10.00%
Interface	5.1	-6.08%	-10.53%
Metro	5.43	0.00%	-4.74%
Central Sub-region	5.7	4.97%	0.00%

Table 1: AoD Clients - Rate per 1,000⁸



Figure 1: AoD Clients by LGA - Rate per 1,000.

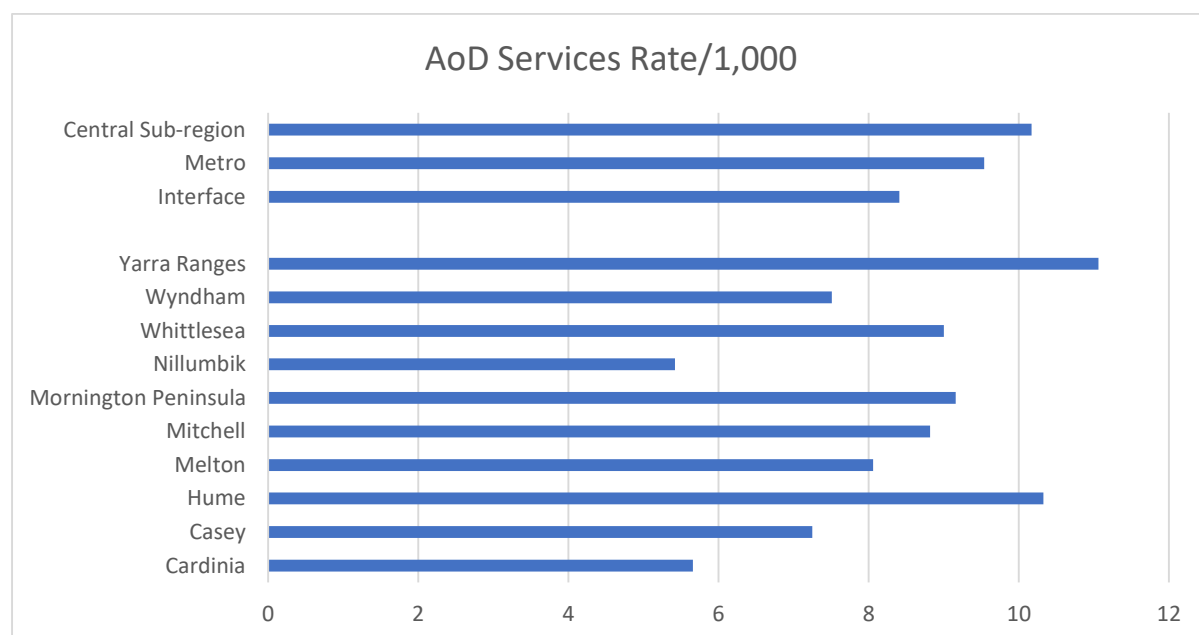
⁸ Conditional formatting for demand / clients generally indicates 'red' for higher relative demand levels.

Supply Factors

In overall terms, the mean LGA measure of AOD Occasions of Service for Interface Councils was 8.41 per 1,000 population which is 11.84% lower than Metropolitan Melbourne and 17.31% lower than Central Region; the three lowest rates across the Interface Councils were Nillumbik (5.42, -43.19%), Cardinia (5.66, -40.67%) and Casey (7.25, -24%).

AoD Services			
LGA Name	Rate/1,000	cf Metro	cf Central
Cardinia	5.66	-40.67%	-44.35%
Casey	7.25	-24.00%	-28.71%
Hume	10.33	8.28%	1.57%
Melton	8.06	-15.51%	-20.75%
Mitchell	8.82	-7.55%	-13.27%
Mornington Peninsula	9.16	-3.98%	-9.93%
Nillumbik	5.42	-43.19%	-46.71%
Whittlesea	9	-5.66%	-11.50%
Wyndham	7.51	-21.28%	-26.16%
Yarra Ranges	11.06	15.93%	8.75%
Interface	8.41	-11.84%	-17.31%
Metro	9.54	0.00%	-6.19%
Central Sub-region	10.17	6.60%	0.00%

Table 2: AoD Services - Rate per 1,000 pop'n.⁹



⁹ Conditional formatting for supply / services generally indicates 'green' for higher relative supply levels

Figure 2: AoD Services by LGA - Rate per 1,000.

Gap Analysis

The Gap Analysis applies the mean of the provision rate per 1,000 population for Metropolitan Melbourne to the population of each Interface LGA and compares this to the Actual rate of provision. The use of the Metropolitan mean is considered conservative as there is more than likely higher levels of demand due to socio-economic circumstances and a 'backlog' of service provision from years of below average service provision.

In overall terms, the actual LGA measure of AOD Occasions of Service for Interface Councils was approximately 12,827, if they were provided at a rate equivalent to the Metropolitan Melbourne mean this would amount to 14,550 Occasions of Service.

This is an estimated gap of 1,723 Occasions of Service or 11.84% below an average of metropolitan service levels.

Investment Analysis

A range of cost drivers have been explored for each of the data elements.

In the recommissioned AoD programs the Victorian Government applies an Activity Based Costing Model which uses a standard pricing mechanism – the Drug Treatment Activity Unit (DTAU) which has a current Unit Price of \$695.94.

The data provided by DHHS has the title: Alcohol and Other Drug Treatment Clients & Service Occasions by Year, Residential LGA. It also has a footnote that states that: Occasions of Service are defined as Completed Courses of Alcohol and Other Drug Treatment.

The following definitions are sourced from DHHS documentation.

Episode of Care (EoC)

An episode of care is a completed course of treatment undertaken by a client where at least one significant treatment goal is achieved under the care of an alcohol and drug worker.

Course of Treatment (CoT)

A course of treatment is a period of service provision between a client and alcohol and drug worker(s), with specified dates of commencement and cessation.¹⁰

There is a level of ambiguity in relation to the terminology and how each of the defined terms relate to each other. For the purposes of this study and Episode of Care (EoC) is defined as a Completed Course of Treatment (CCoT)¹¹.

Cost Driver Logic

> EoC State-wide (2015/16) = 57,907 (DHHS AoD Data)

> DTAU State-wide (2015/16) = 67,394 (DHHS Budget Output Papers)

¹⁰ Alcohol and Drug Information Systems – Guidelines and Definitions

¹¹ <https://www2.health.vic.gov.au/alcohol-and-drugs/funding-and-reporting-aod-services/funding-of-aod-services>

- > DTAU \$ = \$695.94
- > 1 EoC = 1.164 DTAU (Calculation)
- > 1 EoC = \$809.97 (Calculation)

The 'cost driver' to be applied to AoD Investment Analysis is \$810 for every Episode of Care.

Based on this 'cost driver of \$810 for each Episode of Care this equates to a potential \$1.39m gap in funding for AoD Services across Interface Councils.

The three LGAs with the highest gaps in service and funding are: Casey (670 Occasions of Service at \$0.543m), Wyndham (230 Occasions of Service at \$0.346m) and Cardinia (353 Occasions of Service at \$0.286m).

Observation 01: The data indicates that there are generally higher levels of demand for AoD services in the Interface Councils but there are individual Councils with significantly lower numbers of clients / 1,000 population. This might be due a range of socio-economic factors but it also might reflect that either services or referral pathways are not available.

Observation 02: The rates of provision for AoD services are significantly lower (-11.84%) across the Interface Councils with Nillumbik, Cardinia and Casey having the lowest provision rates per 1,000 population.

Observation 03: The gap analysis indicates that the Interface Council areas are potentially underserved by an estimated gap of 1,720 Occasions of Service or 13.44% below an average of metropolitan service levels. Applying a reasonable cost-driver of \$810 for each Occasion of Service this equates to an estimated \$1.39m funding gap with Casey, Wyndham and Cardinia being the areas of highest concern.

2.2 Allied Health

(Updated data provided October 2017)

Data Name	Allied Health Data – Occupational Therapy, Pharmacy, Physiotherapy and Psychology
Data Year	2016
Data Source	National Health Workforce Minimum Dataset
DHHS Owner	System Intelligence and Analytics Branch
Definitions	Numbers of Victorian Government Employed allied health practitioners by LGA for 2016. FTE and Head Count provided. Analysis is using FTE per 1,000 population.
Date Provided	08 October 2017 (revised data provided)

Background and Context

The Victorian Community Health Program provides over one million hours of allied health, counselling and nursing services to the Victorian community, including services to groups including children, vulnerable pregnant women, refugee and asylum seekers and those with chronic disease. The Community Health Program is funded by the Victorian Government.

Allied health practitioners are also employed broadly in the hospital system and associated health networks.

The data provided by DHHS relates to approximately 7,200 allied health professionals (occupational therapists, physiotherapists, psychologists and pharmacists) employed by the Victorian Government across the state in 2015/16: 2,104 Occupational Therapists (1,896 FTE), 1,801 Pharmacists (1,760 FTE), 1,946 Physiotherapists (1,782 FTE) and 1,305 Psychologists (1,182 FTE). Approximately 5,000 (70%) of these were employed within the Melbourne Metropolitan area and 1,500 (21%) in the Central Sub-Region.

In total, the Victorian Government employs more than 42,500 Allied Health professionals across 27 disciplines in health (including hospitals) and community organisations.¹²

Data Questions

The data has been provided in Head Count and Full Time Equivalent: the Full Time Equivalent data has been used for the analysis.

The data does not define whether the Allied Health Professionals are employed in hospitals or in community health and therefore care should be taken in terms of interpreting the findings. Hospitals obviously provide services to a very broad catchment and some services will service a sub-region rather than a single LGA.

¹² <https://www2.health.vic.gov.au/health-workforce/allied-health-workforce>

The data does not reflect the location of private allied health practitioners and therefore might not a full picture of accessibility of services.

The location of large hospitals and health networks may explain some of the significant distortion in the findings related to Allied Health.

There is no assumption made that every LGA should be self-sufficient in terms of supply of Allied Health services but good access to allied health services should be a priority for the Victorian Government.

The data refers to 'primary work locations' so therefore some positions may work on an outreach basis to other LGAs.

Demand Factors

Hospitals, health networks and community health services provide universal access to services as well as targeted services for vulnerable population groups. They sit alongside general practice and privately funded services to make up the primary health sector in Victoria. Some community health providers are also major providers of a range of health and human services including drug and alcohol, disability, dental, post-acute care, home and community care, mental health services and community rehabilitation.

It is assumed that demand for Victorian Government funded allied health services would be higher in areas with higher vulnerability and lower socio-economic status.

Supply Factors

Occupational Therapists

In overall terms, the mean LGA measure of Occupational Therapists for Interface Councils was 0.16 per 1,000 population which is 48.39% lower than Metropolitan Melbourne and 72.41% lower than Central Region; the three lowest rates across the Interface Councils were Cardinia (0.06, -80.78%), Melton (0.123, -60.38%) and Mitchell (0.134 -56.62%).

Occupational Therapists (New)			
LGA Name	Rate/1,000	cf Metro	cf Central
Cardinia	0.060	-80.78%	-89.73%
Casey	0.150	-51.69%	-74.18%
Hume	0.222	-28.29%	-61.67%
Melton	0.123	-60.38%	-78.82%
Mitchell	0.134	-56.62%	-76.81%
Mornington Peninsula	0.254	-18.12%	-56.24%
Nillumbik	0.175	-43.46%	-69.78%
Whittlesea	0.159	-48.73%	-72.60%
Wyndham	0.148	-52.38%	-74.55%
Yarra Ranges	0.150	-51.69%	-74.18%
Interface	0.160	-48.39%	-72.41%

Metro	0.310	0.00%	-46.55%
Central Sub-region	0.580	87.10%	0.00%

Table 3: Allied Health – Occupational Therapy by LGA – Rate per 1,000 pop'n.

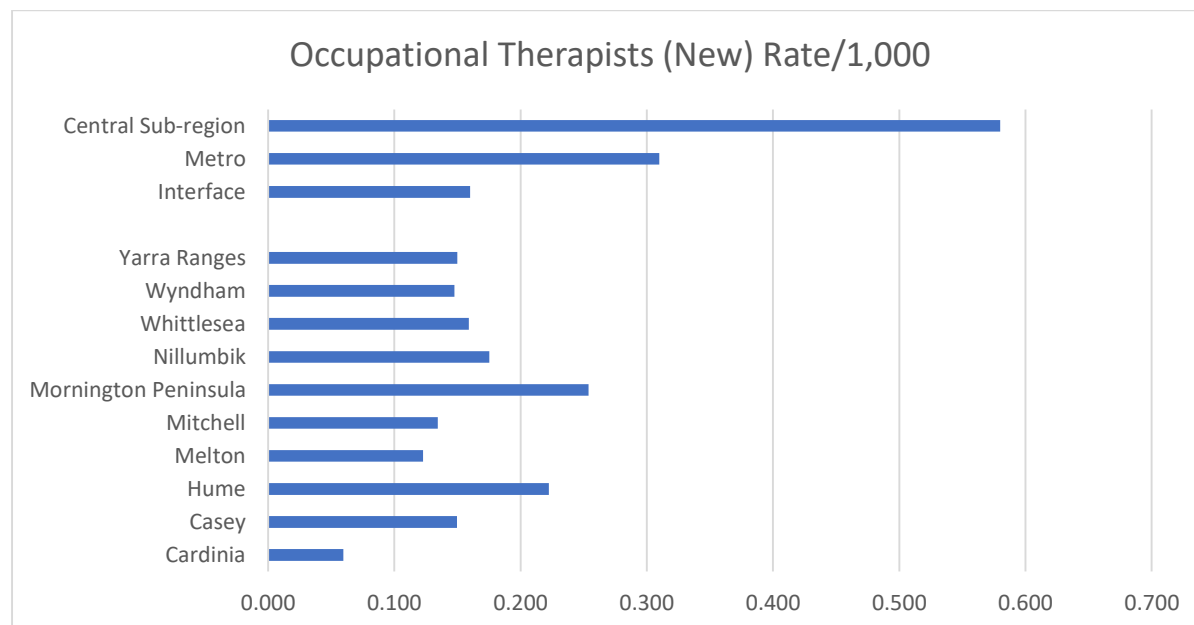


Figure 3: Allied Health – Occupational Therapy by LGA - Rate per 1,000.

The LGAs with the highest provision rates for Occupational Therapists across the Metropolitan area (as compared with the Interface group of Councils) were: Melbourne (1.18, +738%), Banyule (0.77, +479%), Yarra (0.73, +459%) and Glen Eira (0.69, +428%).

The location of general or specialist public hospitals is likely to explain these very significant concentrations.

Psychologists

In overall terms, the mean LGA measure of Psychologists for Interface Councils was 0.07 per 1,000 population which is 66.67% lower than Metropolitan Melbourne and 88.52% lower than Central Region; the three lowest rates across the Interface Councils were Cardinia (0.12, -94.49%), Mitchell (0.023, -88.85%) and Whittlesea (0.039, -81.61%).

Psychologists (New)			
LGA Name	Rate/1,000	cf Metro	cf Central
Cardinia	0.012	-94.49%	-98.10%
Casey	0.093	-55.68%	-84.74%
Hume	0.097	-53.76%	-84.08%
Melton	0.074	-64.62%	-87.82%
Mitchell	0.023	-88.85%	-96.16%

Psychologists (New)			
Mornington Peninsula	0.092	-56.38%	-84.98%
Nillumbik	0.104	-50.40%	-82.92%
Whittlesea	0.039	-81.61%	-93.67%
Wyndham	0.074	-64.83%	-87.89%
Yarra Ranges	0.065	-69.28%	-89.43%
Interface	0.070	-66.67%	-88.52%
Metro	0.210	0.00%	-65.57%
Central Sub-region	0.610	190.48%	0.00%

Table 4: Allied Health – Psychologists by LGA – Rate per 1,000 pop'n.

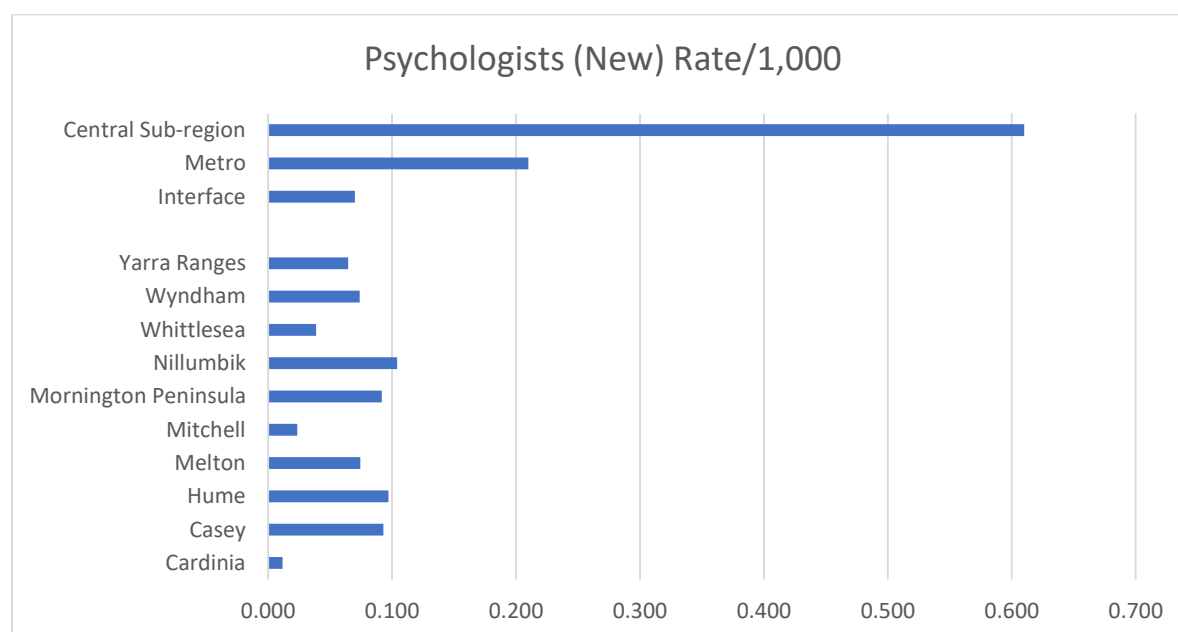


Figure 4: Allied Health – Psychologists by LGA - Rate per 1,000.

The LGAs with the highest provision rates for Psychologists across the Metropolitan area were: Melbourne (1.71, +2,447%), Yarra (0.59, +845%), Banyule (0.57, +810%), Greater Dandenong (0.38, +546%) and Whitehorse (0.31, +441%). Note that these suburbs correlate to the location of major hospitals and health services.

Pharmacists

In overall terms, the mean LGA measure of Pharmacists for Interface Councils was 0.12 per 1,000 population which is 62.5% lower than Metropolitan Melbourne and 87.23% lower than Central Region; the three lowest rates across the Interface Councils were Nillumbik (0.03, -90.33%), Yarra Ranges (0.04, -86.65%) and Melton (0.08, -75.98%).

Pharmacists (New)			
LGA Name	Rate/1,000	cf Metro	cf Central
Cardinia	0.14	-56.62%	-85.23%
Casey	0.11	-65.64%	-88.30%
Hume	0.12	-63.29%	-87.50%
Melton	0.08	-75.98%	-91.82%
Mitchell	0.09	-71.77%	-90.39%
Mornington Peninsula	0.15	-51.85%	-83.61%
Nillumbik	0.03	-90.33%	-96.71%
Whittlesea	0.25	-22.32%	-73.56%
Wyndham	0.08	-73.56%	-91.00%
Yarra Ranges	0.04	-86.65%	-95.46%
Interface	0.12	-62.50%	-87.23%
Metro	0.32	0.00%	-65.96%
Central Sub-region	0.94	193.75%	0.00%

Table 5: Allied Health – Pharmacists by LGA – Rate per 1,000 pop'n.

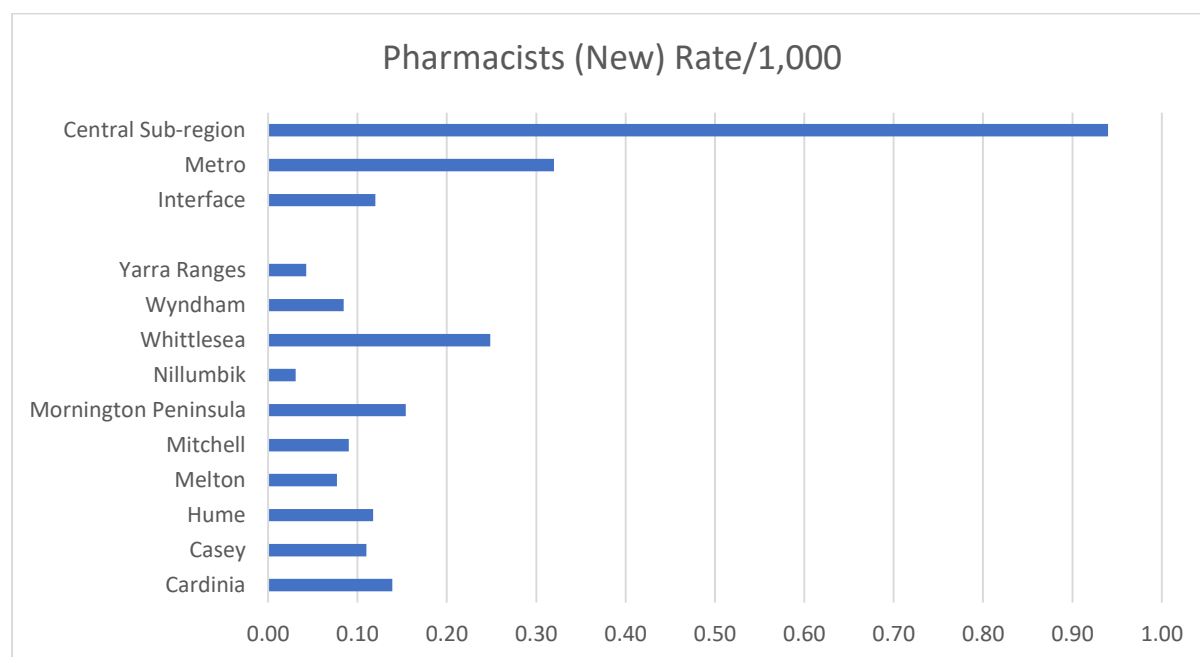


Figure 5: Allied Health – Pharmacists by LGA - Rate per 1,000.

The LGAs with the highest provision rates for Pharmacists across the Metropolitan area were: Melbourne (2.37, +1,973%), Banyule (0.83, +688.52%), Monash (0.77, +639.56%), Yarra (0.75, +625.28%) and Maribyrnong (0.51, +426.52%).

Physiotherapists

In overall terms, the mean LGA measure of Physiotherapists for Interface Councils was 0.13 per 1,000 population which is 56.67% lower than Metropolitan Melbourne and 81.94% lower than Central Region; the three lowest rates across the Interface Councils were Cardinia (0.050, -82.23%), Melton (0.080, -73.32%) and Wyndham (0.096, -67.84%).

Physiotherapists (New)			
LGA Name	Rate/1,000	cf Metro	cf Central
Cardinia	0.050	-83.23%	-93.01%
Casey	0.114	-62.12%	-84.22%
Hume	0.128	-57.45%	-82.27%
Melton	0.080	-73.32%	-88.88%
Mitchell	0.179	-40.23%	-75.09%
Mornington Peninsula	0.203	-32.38%	-71.83%
Nillumbik	0.108	-64.16%	-85.07%
Whittlesea	0.214	-28.76%	-70.32%
Wyndham	0.096	-67.84%	-86.60%
Yarra Ranges	0.132	-55.89%	-81.62%
Interface	0.13	-56.67%	-81.94%
Metro	0.3	0.00%	-58.33%
Central Sub-region	0.72	140.00%	0.00%

Table 6: Allied Health – Physiotherapists by LGA – Rate per 1,000 pop'n.

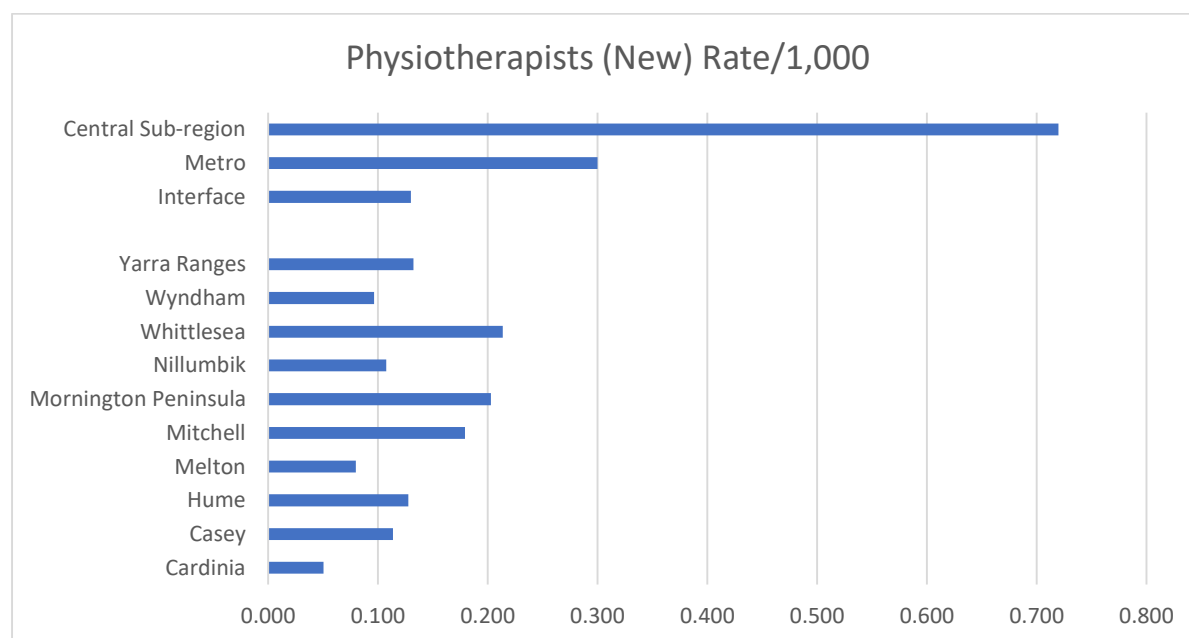


Figure 6: Allied Health – Physiotherapists by LGA - Rate per 1,000.

The LGAs with the highest provision rates for Physiotherapists across the Metropolitan area were: Melbourne (1.61, +1,239%), Yarra (0.93, +716.87%), Banyule (0.87, +665.48%), and Glen Eira (0.52, +398.21%).

Gap Analysis

The Gap Analysis applies the mean of the provision rate per 1,000 population for Metropolitan Melbourne to the population of each Interface LGA and compares this to the Actual rate of provision. The use of the Metropolitan mean is considered reasonable as there is more than likely higher levels of demand due to socio-economic circumstances and a 'backlog' of service provision from many years of below average service provision.

An additional caveat on the Allied Health data provided by DHHS is that it does not distinguish between allied health practitioners employed in a hospital, community health or health network setting. Hospitals service larger catchments and are likely to be centralised.

Occupational Therapists

In overall terms, the actual LGA measure of Occupational Therapists for Interface Councils was approximately 244, if they were provided at a rate equivalent to the Metropolitan Melbourne mean this would amount to 473 Occupational Therapists.

This represents an estimated gap or potential under-provision of 229 Occupational Therapists or 48.39% below an average of metropolitan service levels.

Psychologists

In overall terms, the actual LGA measure of provision of Psychologists for Interface Councils was approximately 112, if OT's were provided at a rate equivalent to the Metropolitan Melbourne mean this would amount to 320 Psychologists.

This represents an estimated gap or under-provision of 208 Psychologists or 65.17% below an average of metropolitan service levels.

Pharmacists

In overall terms, the actual LGA measure of provision of Pharmacists for Interface Councils was approximately 180, if they were provided at a rate equivalent to the Metropolitan Melbourne mean this would amount to 488 Pharmacists.

This represents an estimated gap or potential under-provision of 308 Pharmacists or 63% below an average of metropolitan service levels.

Physiotherapists

In overall terms, the actual LGA measure of provision of Physiotherapists for Interface Councils was approximately 200, if they were provided at a rate equivalent to the Metropolitan Melbourne mean this would amount to 457 Physiotherapists.

This represents an estimated gap or potential under-provision of 257 Physiotherapists or 56.15% below an average of metropolitan service levels.

Investment Analysis

Allied Health is funded through the Community Health Program on an EFT basis. The usual funding program will include a corporate overhead cost for on-costs, accommodation and other costs.

For the purposes of this research the following assumptions have been applied:

- Allied Health data has been provided in Full Time Equivalent positions
- Direct salary costs have been derived from the Victorian Allied Health Professionals and Victorian Public Health Sector (Medical Scientists, Pharmacists and Psychologists) Enterprise Agreements
- Grade 2 Year 3 classification has been used as a reasonable mid-point for Occupational Therapy and Physiotherapists
- Grade 2 Year 4 classification has been used as a reasonable mid-point for Pharmacists and Psychologists
- Labour on-costs of 12% have been applied
- annualised costs for a full-time Occupational Therapist has been set at \$89,400
- annualised costs for a full-time Psychologist has been set at \$96,740
- annualised costs for a full-time Pharmacist has been set at \$96,740
- annualised costs for a full-time Physiotherapist has been set at \$89,400
- no corporate overhead costs have been included in the calculations.

(Salary costs are notionally derived from the Victorian Allied Health Professionals EBA but are notional for comparison purposes only.)

Occupational Therapists

There is an estimated gap or under-provision of 229 Occupational Therapists in the Interface Council area, this is equivalent to 48% below an average of metropolitan service levels.

Based on a 'cost driver of \$89,400 per annum direct employment costs for an Occupational Therapist this equates to a potential \$9.99m gap in funding for Occupational Therapy Services across Interface Councils.

The three LGAs with the highest gaps in service and funding are: Casey (47 OT's at \$4.20m), Wyndham (34 OT's at \$3.06m) and Whittlesea (30 OT's at \$2.64m).

Psychologists

There is an estimated gap or under-provision of 208 Psychologists in the Interface Council area, this is equivalent to 65.17% below an average of metropolitan service levels.

Based on a 'cost driver of \$96,740 per annum direct employment costs for a Psychologist this equates to a potential \$20.20m gap in funding for Psychological Support Services across Interface Councils.

The three LGAs with the highest gaps in service and funding are: Casey (34 Psychologists at \$3.31m), Whittlesea (33 Psychologists at \$3.24m) and Wyndham (29 Psychologists at \$2.77m).

Pharmacists

There is an estimated gap or under-provision of 308 Pharmacists in the Interface Council area, this is equivalent to 63% below an average of metropolitan service levels.

Based on a 'cost driver of \$96,740 per annum direct employment costs for a Pharmacist this equates to a potential \$29.79m gap in funding for Pharmacy Services across Interface Councils.

The three LGAs with the highest gaps in service and funding are: Casey (62 Pharmacists at \$5.95m), Wyndham (50 Pharmacists at \$4.79m) and Yarra Ranges (42 Pharmacists at \$4.05m).

Physiotherapists

There is an estimated gap or under-provision of 257 Physiotherapists in the Interface Council area, this is equivalent to 56.15% below an average of metropolitan service levels.

Based on a 'cost driver of \$89,400 per annum direct employment costs for a Physiotherapist this equates to a potential \$22.97m gap in funding for Physiotherapy Services across Interface Councils.

The three LGAs with the highest gaps in service and funding are: Casey (55 Physiotherapists at \$4.88m), Wyndham (43 Physiotherapists at \$3.83m) and Hume (33 Physiotherapists at \$2.99m).

Observation 04: There appears to be a very significant and inequitable spatial distortion in the work location of Victorian Government employed Allied Health Professionals. This means that where local services are difficult to access, there are potentially significant waiting times or people are forced to travel long distances for appointments or access. The inability of the service system to adequately adapt to growth and change over time by mobilising and shifting spatial allocation of resources might be a failure of the service commissioning system.

Observation 05: There is an estimated gap or under-provision of 229 Occupational Therapists in the Interface Council area, this is equivalent to 48% below an average of metropolitan service levels. This equates to an estimated \$19.99m funding gap across the Interface.

Observation 06: There is an estimated gap or under-provision of 208 Psychologists in the Interface Council area, this is equivalent to 65.17% below an average of metropolitan service levels. This equates to an estimated \$20.19m funding gap across the Interface.

Observation 07: There is an estimated gap or under-provision of 308 Pharmacists in the Interface Council area, this is equivalent to 63% below an average of metropolitan service levels. This equates to an estimated \$29.79m funding gap across the Interface.

Observation 08: There is an estimated gap or under-provision of 257 Physiotherapists in the Interface Council area, this is equivalent to 56.15% below an average of metropolitan

service levels. This equates to an estimated \$22.97m funding gap across the Interface.

Observation 09: There is a significant concentration of government employed allied health practitioners in LGAs that have major hospitals and health networks located within the boundaries. It is acknowledged that this will contribute to the spatial distortion but further examination is required to understand if there is an increasing issue of access and equity for interface families.

2.3 Child Protection Data

Data Name	Child Protection Reports, Investigations and Substantiations. Number of Protection Applications.
Data Year	2015/16
Data Source	Client Relationship Information System (CRIS)
DHHS Owner	Children & Family Policy Branch
Definitions	Number of child protection reports, investigations, and substantiations. Number of protection applications. LGA Based numbers for all of Victoria for the 2015/16 year.
Date Provided	09/02/2017

Background and Context

The Victorian Child Protection Service is targeted to those children and young people at risk of harm and where families are unable or unwilling to protect them.

In Victoria in 2015/16:

- 25,810 children were subject of an investigation order in 2015/16;
- 15,320 were on care and protection orders;
- 12,470 were in out-of-home care.

The main function of the system is to:

- receive reports from a range of sources, including mandatory reporting from nurses, teachers, doctors, police and some local government workers;
- investigate matters where it is alleged a child is at risk of harm;
- refer children and families to support services;
- take matters to the Children's Court if the child's safety cannot be assured;
- supervise children on legal orders; and
- provide and fund accommodation, specialist support services and adoption / permanent care of children and young people in need.

The Child Protection system is at the tertiary end of the service system and in Victoria is supported by the secondary service system ChildFIRST provided through regional consortia and family support services provided by a range of providers including local government.

The Family Violence Reforms currently being implemented in Victoria will have a significant impact on the delivery of Child Protection and ChildFIRST services across the state.

Across Australia the key statistics on child protection are¹³:

- 1 in 33 children received child protection services with 73% being repeat clients;
- between 2011 and 2016 the rates for children in substantiations (7.4 to 8.5), on care and protection orders (7.9 to 9.6) and in out of home care (7.7 to 8.6) – all expressed as rates per 1,000 children.
- Aboriginal and Torres Strait Islander children are 7 times as likely to have received child protection services;
- Emotional abuse and neglect were the most common primary and co-occurring types of substantiated abuse and neglect.

Data Questions / Caveats

The CRIS/CRISP databases are live and are updated continuously by Child Protection and other workers. Some updating occurs retrospectively. Subsequent release of data may indicate upward revisions.

The data is for 2015/16 which is the most current and complete financial year.

Children are defined as aged 0-17 years.

DHHS Comments on Child Protection

DHHS have provided comments on the phasing of work, allocation of resources across the phasing and conclusions drawn on expected rates of substantiations. DHHS has also noted that Child Protection operates on a professional judgment model and therefore there is no prescribed determination of rate of any of the elements.

These comments are noted and accepted. The issues raised do not impact on the issue of spatial equity as there has been consistent application of the assumptions.

DHHS is invited to work in partnership with Interface Councils to better understand the service level data and to look at how an integrated partnership approach might work more effectively.

Demand Factors

The Council of Australian Governments (COAG) published a National Framework for Protecting Australia's Children 2009 – 2020¹⁴ aimed at achieving the following outcome:

Australia's Children and young people are safe and well.

It identifies the risk factors that are most commonly associated with child abuse and neglect are:

- domestic / family violence

¹³ AIHW – Child Protection in Australia 2015/16

¹⁴ <https://www.dss.gov.au/our-responsibilities/families-and-children/publications-articles/protecting-children-is-everyones-business>

- parental alcohol and drug abuse
- parental mental health problems
- broader challenges of exclusion and disadvantage
 - poverty and social isolation
 - unstable family accommodation and homelessness
 - poor maternal & child health
 - childhood disability and mental health
 - young people disconnected from schools and community

A 2017 report regarding the Queensland child-protection system found that 1/3 of the children in care had parents who had used or have used methamphetamines.

Based on research it can therefore be assumed that areas with higher levels of vulnerability, mental health, drug and alcohol problems will likely experience higher levels of child abuse and neglect and therefore will need higher levels of resourcing and funding to address the complex interconnected problems.

Supply Factors

The following graphic outlines the raw numbers for Victoria in 2015/16 at each 'stage' of the Child Protection system or process.



Across Victoria, as a percentage of original Reports to Child Protection: 27% lead to Investigations, 14% end up as Substantiations and 6% become Protection Applications.

In the Interface Council areas, in overall terms 25% lead to Investigations, 14% end up as Substantiations and 4% become Protection Applications. However, there are some anomalies that can be identified:

- Mitchell: 29.94% of Reports become Investigations and 7.54% end up as Protection Applications;
- Melton: 28.50% of Reports become Investigations and 5.06% end up as Protection Applications

Child Protections Reports

In overall terms, the mean LGA measure of Child Protection Reports for Interface Councils was 22.72 per 1,000 population which is 28.36% higher than Metropolitan Melbourne and 228.8% higher than Central Region; the three highest rates across the Interface Councils were Cardinia (33.23, +87.74%), Casey (27.59, +55.88%) and Melton (26.49, +49.66%).

Child Protection - Reports			
LGA Name	Rate/1,000	cf Metro	cf Central
Cardinia	33.23	87.74%	380.90%
Casey	27.59	55.88%	299.28%
Hume	24.21	36.78%	250.36%
Melton	26.49	49.66%	283.36%
Mitchell	25.32	43.05%	266.43%
Mornington Peninsula	21.28	20.23%	207.96%
Nillumbik	7.3	-58.76%	5.64%
Whittlesea	18.2	2.82%	163.39%
Wyndham	20.2	14.12%	192.33%
Yarra Ranges	17.97	1.53%	160.06%
Interface	22.72	28.36%	228.80%
Metro	17.7	0.00%	156.15%
Central Sub-region	6.91	-60.96%	0.00%

Table 7: Child Protection – Reports by LGA – Rate per 1,000 pop'n.

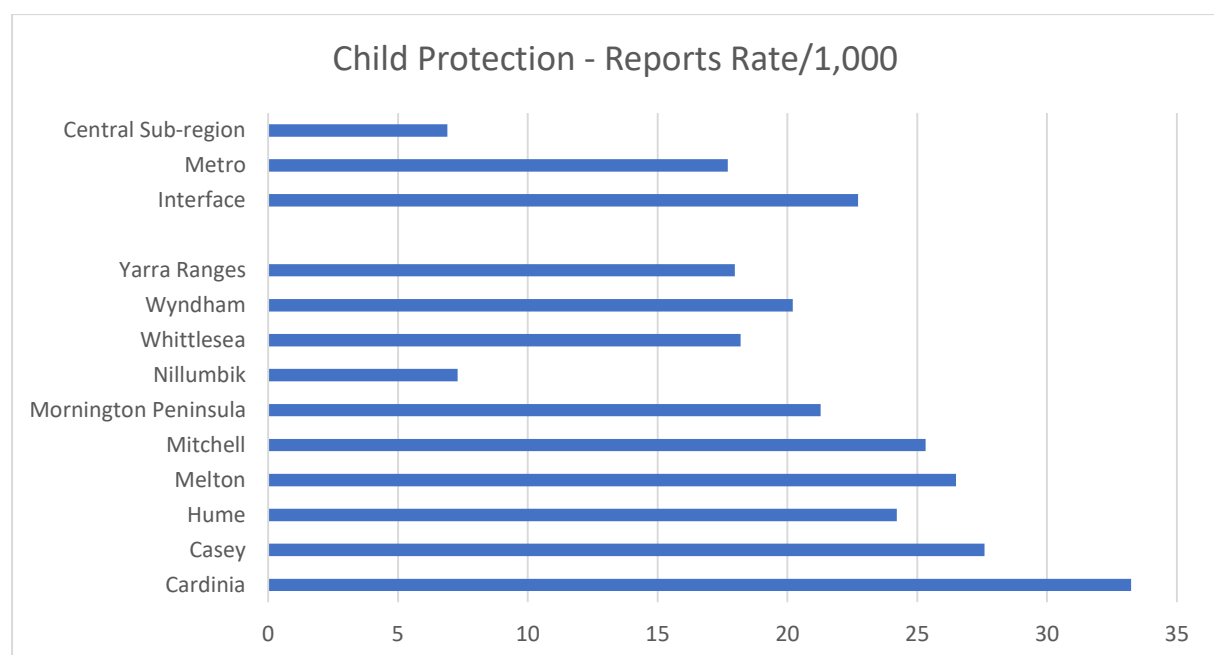


Figure 7: Child Protection – Reports by LGA – Rate per 1,000.

Child Protection Investigations

In overall terms, the mean LGA measure of Child Protection Investigations for Interface Councils was 5.65 per 1,000 population which is 19.45% higher than Metropolitan Melbourne and 200.53% higher

than Central Region; the four highest rates across the Interface Councils were Mitchell (7.58, +60.25%), Melton (7.55, +59.62%), Casey (6.88, +45.45%) and Cardinia (7.22, +52.64%).

Child Protection - Investigations			
LGA Name	Rate/1,000	cf Metro	cf Central
Cardinia	7.22	52.64%	284.04%
Casey	6.88	45.45%	265.96%
Hume	5.85	23.68%	211.17%
Melton	7.55	59.62%	301.60%
Mitchell	7.58	60.25%	303.19%
Mornington Peninsula	5.44	15.01%	189.36%
Nillumbik	1.32	-72.09%	-29.79%
Whittlesea	3.96	-16.28%	110.64%
Wyndham	5.44	15.01%	189.36%
Yarra Ranges	4.41	-6.77%	134.57%
Interface	5.65	19.45%	200.53%
Metro	4.73	0.00%	151.60%
Central Sub-region	1.88	-60.25%	0.00%

Table 8: Child Protection – Investigations by LGA – Rate per 1,000 pop'n.

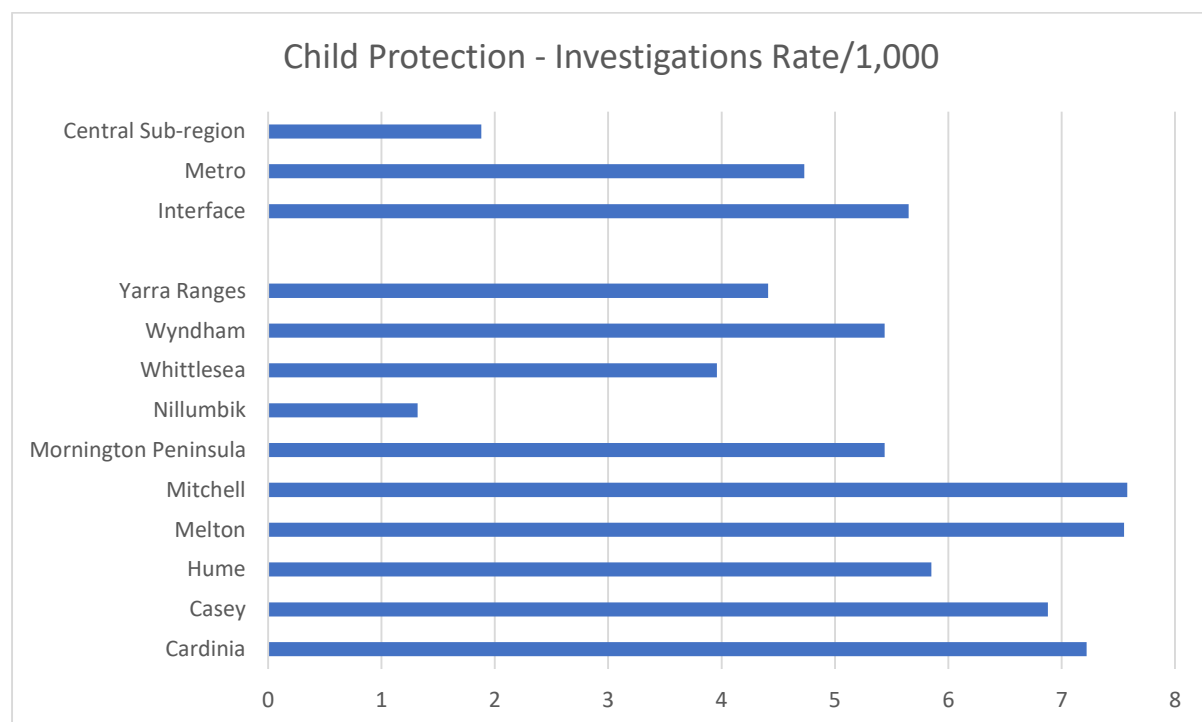


Figure 8: Child Protection – Investigations by LGA – Rate per 1,000.

Child Protection Substantiations

In overall terms, the mean LGA measure of Child Protection Substantiations for Interface Councils was 3.26 per 1,000 population which is 30.92% higher than Metropolitan Melbourne and 239.58% higher than Central Region; the three highest rates across the Interface Councils were Cardinia (5.09, +104.42%), Mitchell (4.93, +97.99%) and Casey (4.36, +75.10%).

Child Protection - Substantiations			
LGA Name	Rate/1,000	cf Metro	cf Central
Cardinia	5.09	104.42%	430.21%
Casey	4.36	75.10%	354.17%
Hume	3.35	34.54%	248.96%
Melton	4.33	73.90%	351.04%
Mitchell	4.93	97.99%	413.54%
Mornington Peninsula	3.26	30.92%	239.58%
Nillumbik	0.37	-85.14%	-61.46%
Whittlesea	2.28	-8.43%	137.50%
Wyndham	2.58	3.61%	168.75%
Yarra Ranges	1.97	-20.88%	105.21%
Interface	3.26	30.92%	239.58%
Metro	2.49	0.00%	159.38%
Central Sub-region	0.96	-61.45%	0.00%

Table 9: Child Protection – Substantiations by LGA – Rate per 1,000 pop'n.

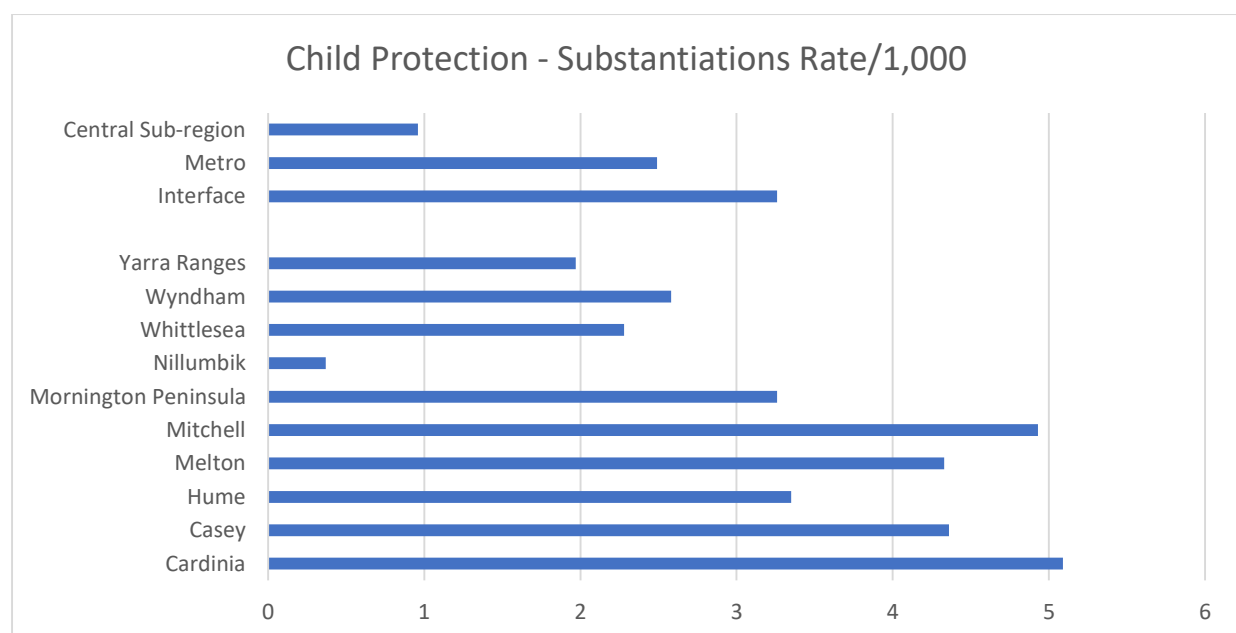


Figure 9: Child Protection – Substantiations by LGA – Rate per 1,000.

Child Protection Applications Issued

In overall terms, the mean LGA measure of Child Protection Applications Issued for Interface Councils was 0.95 per 1,000 population which is 4.04% lower than Metropolitan Melbourne and 97.92% higher than Central Region; the three highest rates across the Interface Councils were Mitchell (1.91, +92.93%), Melton (1.34, +35.35%) and Hume (1.13, +14.14%).

Child Protection Applications Issued			
LGA Name	Rate/1,000	cf Metro	cf Central
Cardinia	1.04	5.05%	116.67%
Casey	0.9	-9.09%	87.50%
Hume	1.13	14.14%	135.42%
Melton	1.34	35.35%	179.17%
Mitchell	1.91	92.93%	297.92%
Mornington Peninsula	0.86	-13.13%	79.17%
Nillumbik	0.21	-78.79%	-56.25%
Whittlesea	0.91	-8.08%	89.58%
Wyndham	1.02	3.03%	112.50%
Yarra Ranges	0.56	-43.43%	16.67%
Interface	0.95	-4.04%	97.92%
Metro	0.99	0.00%	106.25%
Central Sub-region	0.48	-51.52%	0.00%

Table 10: Child Protection – Applications Issued by LGA – Rate per 1,000 pop'n.

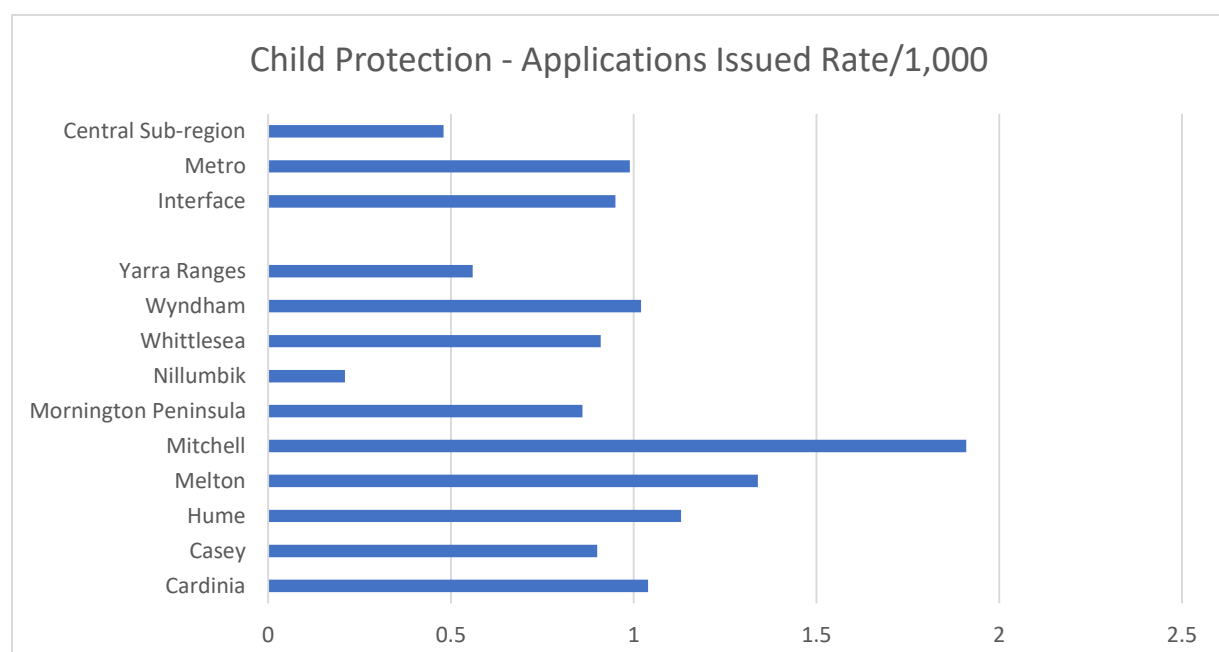


Figure 10: Child Protection – Applications Issued by LGA – Rate per 1,000.

Gap Analysis

The Gap Analysis applies the mean of the provision rate per 1,000 population for Metropolitan Melbourne to the population of each Interface LGA and compares this to the Actual rate of provision. The use of the Metropolitan mean is considered conservative as there is more than likely higher levels of demand due to socio-economic circumstances and a 'backlog' of service provision from many years of below average service provision.

Child Protection is a system that seeks to protect children and young people at risk of harm and therefore it would be better to have a lower number of Reports, Investigations, Substantiations and Protection Applications per 1,000 population.

Child Protection Reports

In overall terms, the actual LGA measure of Child Protection Reports for Interface Councils was approximately 34,600, if Reports were made at a rate equivalent to the Metropolitan Melbourne mean this would amount to around 27,000 Reports.

This represents an estimated 7,600 additional Reports or around 28% above an average of metropolitan service levels.

On the data that has been provided it is difficult to know what the appropriate number of Reports might be for the group of Interface Councils but there appears to be 5 Councils that stand out in terms of having much higher rates of reporting as compared the metropolitan average, these are: Cardinia (+87.74%), Casey (+55.88%), Melton (+49.66%), Mitchell (+43.05%) and Hume (+36.78%).

Child Protection Investigations

In overall terms, the actual LGA measure of Child Protection Investigations for Interface Councils was approximately 8,620, if Investigations were conducted at a rate equivalent to the Metropolitan Melbourne mean this would amount to around 7,214 Investigations.

This represents an estimated 1,406 additional Investigations or around 19.50% above an average of metropolitan service levels.

On the data that has been provided it is difficult to know what the appropriate number of Investigations might be for the group of Interface Councils but there appears to be 4 Councils that stand out in terms of having much higher rates of reporting as compared the metropolitan average, these are: Mitchell (+60.25%), Melton (+59.62%), Cardinia (+52.64%), and Casey (+45.45%).

Child Protection Substantiations

In overall terms, the actual LGA measure of Child Protection Substantiations for Interface Councils was approximately 4,974, if Substantiations were made at a rate equivalent to the Metropolitan Melbourne mean this would amount to around 3,798 Substantiations.

This represents an estimated 1,177 additional Substantiations or around 30.99% above an average of metropolitan service levels.

On the data that has been provided it is difficult to know what the appropriate number of Substantiations might be for the group of Interface Councils but there appears to be 4 Councils that stand out in terms of having much higher rates of reporting as compared the metropolitan average, these are: Cardinia (+104.42%), Mitchell (+97.99%), Casey (+75.10%), and Melton (+73.90%).

Child Protection – Protection Applications

In overall terms, the actual LGA measure of Protection Applications for Interface Councils was approximately 1,454, if Protection Applications were made at a rate equivalent to the Metropolitan Melbourne mean this would amount to around 1,509 Protection Applications.

This represents an estimated 55 less Protection Applications or around 3.68% when compared with an average of metropolitan service levels.

On the data that has been provided it is difficult to know what the appropriate number of Protection Applications might be for the group of Interface Councils but only Mitchell (+92.93%) really stands out as having a much higher rate of Protection Applications.

An anomaly that indicates a need for follow up is why the much higher rates of Child Protections Reports, Investigations and Substantiations in Casey, Cardinia and Melton do not translate into Protection Applications.

Investment Analysis

The Child Protection system is at the tertiary end of the service spectrum and all contemporary policy directions have a focus on early intervention and prevention services working earlier and better to stop needing to intervene through Child Protection. The Investment Analysis in this case calculates the estimated additional cost of this tertiary service that might be better spent on preventative or early intervention universal or secondary supports.

The annual report on Government Services estimates that the real recurrent expenditure on family support services, intensive family support services, child protection and out of home services was \$815 for every child in Australia.

In Victoria, the estimated cost of Child Protection Services in 2014/15 was \$199.6m.

The following graphic outlines the raw activity numbers at each stage. For the purposes of calculating a reasonable cost driver it is assumed that 50% of resources are allocated to Reporting, 20% to both Investigations 10% and Substantiations and 10% to Protection Applications.



On this basis, the calculated cost-drivers for the purposes of this research are:

Child Protection Reports – \$950

Child Protection Investigations – \$1,420

Child Protection Substantiations – \$2,655

Child Protection Applications – \$3,400

Child Protection Reports

There is an estimated additional 7,606 Child Protection Reports in the Interface Council area, this is 28.17% higher than the average Melbourne service levels.

Based on a 'cost driver' of \$950 per Report this equates to an estimated \$7.23m additional funding spent on Child Protection Reports across Interface Councils.

The four LGAs with the highest additional estimated costs for Reporting are: Casey (\$2.75m), Cardinia (\$1.34m), Hume (\$1.2m) and Melton (\$1.11m).

Child Protection Investigations

There is an estimated additional 1,407 Child Protection Investigations in the Interface Council area, this is 19.50% higher than the average Melbourne service levels.

Based on a 'cost driver' of \$1,420 per Investigation this equates to an estimated \$2.0m additional funding spent on Child Protection Investigations across Interface Councils.

The four LGAs with the highest additional estimated costs for Investigations are: Casey (\$0.894m), Melton (\$0.532m), Cardinia (\$0.322m) and Hume (\$0.38m).

Child Protection Substantiations

There is an estimated additional 1,177 Child Protection Substantiations in the Interface Council area, this is 30.99% higher than the average Melbourne service levels.

Based on a 'cost driver' of \$2,655 per Substantiation this equates to an estimated \$3.125m additional funding spent on Child Protection Substantiations across Interface Councils.

The four LGAs with the highest additional estimated costs for Substantiations are: Casey (\$1.454m), Melton (\$0.648m), Cardinia (\$0.628m) and Hume (\$0.442m).

Child Protection Applications

There is an estimated additional 55 Child Protection Applications in the Interface Council area, this is 3.68% lower than the average Melbourne service levels.

Based on a 'cost driver' of \$3,400 per Substantiation this equates to an estimated \$0.189m less funding spent on Child Protection Applications across Interface Councils.

Observation 10: The Child Protection system is at the tertiary end of the service spectrum and is consuming very significant additional resources across the Interface Council area. Across the four Child Protection stages the additional expenditure for the Interface Councils is estimated to be \$12.16m and in the Cardinia, Casey, Hume and Melton Council areas it is estimated to be \$12.63m.

Observation 11: There are significant fluctuations and variances between the level of Reporting and follow up Child Protection activity across the Interface Council area, some of this will be explained by socio-economic or cultural factors but it might require additional research to try and understand if there are systems or service factors that are playing a role in the variation.

Observation 12: An issue that might require additional follow up are the much higher rates of Child Protections Reports, Investigations and Substantiations in Casey, Cardinia and Melton that do not translate into Protection Applications. This may be due to Child Protection operating on a 'professional judgement model' or it might be other localised factors.

2.4 Disability Services

Data Name	Flexible Support Packages – Clients Flexible Support Packages – Services Individualised Support Packages – Clients Outreach Support – Clients Supported Accommodation
Data Year	2015/16
Data Source	Disability Quarterly Data Collection
DHHS Owner	Disability and NDIS Transition Branch
Definitions	Service user numbers LGA service location 2015-16 and Service numbers LGA service location 2015-16 The LGA of Individualised Support Clients is where the support plan was completed. Service details are not collected for Individualised Support Clients.
Date Provided	25/01/2017

Background and Context

The provision of Disability Services is in the process of significant reform across Australia with the roll-out of the National Disability Insurance Scheme. Disability services for people over the age of 65 was incorporated under the previous HACC program and responsibility has transferred to the Commonwealth Home Support Program pending the progressive roll out of NDIS.

The Victorian Disability Services reflected in this data was the responsibility that the State Government had for disability services for people under the age of 65 which included self-directed support, individual support packages, help living at home, accommodation and carer & family support.

The 2016/17 Victorian Government Budget Papers¹⁵ indicates the following state-wide snapshot for 2015/16 outcomes:

- clients accessing aids and equipment – 30,300
- clients in residential institutions – 88
- clients receiving case management – 5,325
- clients receiving individualised support – 15,382
- hours of community based respite – 1.265 million hours
- number of supported accommodation beds – 5,141

The total output cost of the service was \$1.683bn in 2015/16.

¹⁵ DHHS Output Performance Measures 2016/17

On the 27 April 2017, the Premier Daniel Andrews announced that expressions of interest would be called from the not-for-profit sector for the delivery of: Supporting Independent Living and Short-Term Accommodation and Assistance; Early Childhood Intervention Services and Behavioural Intervention Services. This represents a significant shift for the Victorian Government but it is very consistent with the national reform agenda which is looking at how government transition to more efficient and effective modes of service delivery.

Data Questions

The location data provided for Individualised Support Packages is 'where the support plan was completed' – it is not fully understood if this is the address of the person with a disability or the location of the service provider.

The data provided for Outreach Support Services and Clients is at such low levels that analysis cannot be reasonably progressed.

Similarly, Flexible Support Package data is low and therefore any analysis should be seen as having a lower level of confidence.

Demand Factors

Disability – Individual Support Packages – Clients

In overall terms, the mean LGA measure of Disability – Individual Support Packages Clients across Interface Councils was 1.94 per 1,000 population which is 21.14% lower than Metropolitan Melbourne and 88.35% lower than Central Region; the three lowest rates across the Interface Councils were Wyndham (1.14, -53.66%), Cardinia (1.38, -43.90%) and Mitchell (1.50, -39.02%).

Disability - Individual Support Packages - Clients			
LGA Name	Rate/1,000	cf Metro	cf Central
Cardinia	1.38	-43.90%	33.98%
Casey	1.83	-25.61%	77.67%
Hume	2.33	-5.28%	126.21%
Melton	1.69	-31.30%	64.08%
Mitchell	1.5	-39.02%	45.63%
Mornington Peninsula	2.5	1.63%	142.72%
Nillumbik	2.02	-17.89%	96.12%
Whittlesea	2.1	-14.63%	103.88%
Wyndham	1.14	-53.66%	10.68%
Yarra Ranges	2.65	7.72%	157.28%
Interface	1.94	-21.14%	88.35%

Disability - Individual Support Packages - Clients			
LGA Name	Rate/1,000	cf Metro	cf Central
Metro	2.46	0.00%	138.83%
Central Sub-region	1.03	-58.13%	0.00%

Table 11: Disability – Individual Support Packages – Clients by LGA – Rate per 1,000 pop'n.

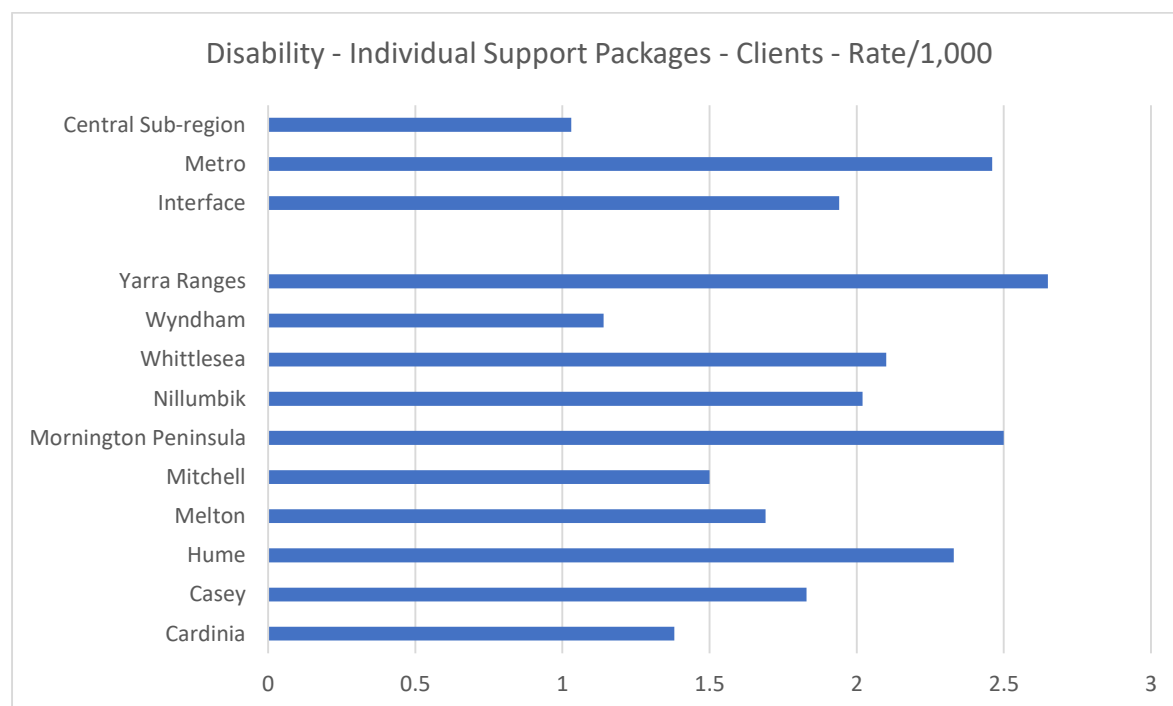


Figure 11: Disability – Individual Support Packages – Clients by LGA – Rate per 1,000.

Disability – Flexible Support Packages – Clients

In overall terms, the mean LGA measure of Disability – Flexible Support Packages across Interface Councils was 0.28 per 1,000 population which is 61.11% lower than Metropolitan Melbourne and 33.33% lower than Central Region; both Wyndham and Melton did not have any packages recorded and Cardinia and Casey had rates of provision 98% below the metropolitan average.

Nillumbik recorded a significantly higher rate of provision at 213% of the metropolitan average.

Disability - Flexible Support Packages - Clients			
LGA Name	Rate/1,000	cf Metro	cf Central
Cardinia	0.01	-98.61%	-97.62%
Casey	0.01	-98.61%	-97.62%
Hume	0.1	-86.11%	-76.19%
Melton	0	-100.00%	-100.00%
Mitchell	0.1	-86.11%	-76.19%
Mornington Peninsula	1.25	73.61%	197.62%
Nillumbik	2.26	213.89%	438.10%

Disability - Flexible Support Packages - Clients			
LGA Name	Rate/1,000	cf Metro	cf Central
Whittlesea	0.28	-61.11%	-33.33%
Wyndham	0	-100.00%	-100.00%
Yarra Ranges	0.2	-72.22%	-52.38%
Interface	0.28	-61.11%	-33.33%
Metro	0.72	0.00%	71.43%
Central Sub-region	0.42	-41.67%	0.00%

Table 12: Disability – Individual Support Packages by LGA – Rate per 1,000 pop'n.



Figure 12: Disability – Individual Support Packages by LGA – Rate per 1,000.

Supply Factors

Disability – Outreach Support – Services

It is not possible to reasonably interpret the data relating to Disability Outreach Support Services as the provision at Metropolitan and Interface levels are extremely low.

Further research is not recommended given the current NDIS reforms and the proposal to re-commission Victorian Government services and transfer to the not-for-profit sector in the near future.

Disability - Outreach Support - Services			
LGA Name	Rate/1,000	cf Metro	cf Central
Cardinia	0	-100.00%	-100.00%
Casey	0	-100.00%	-100.00%
Hume	0	-100.00%	-100.00%
Melton	0	-100.00%	-100.00%
Mitchell	0.03	200.00%	50.00%
Mornington Peninsula	0	-100.00%	-100.00%
Nillumbik	0	-100.00%	-100.00%
Whittlesea	0	-100.00%	-100.00%
Wyndham	0	-100.00%	-100.00%
Yarra Ranges	0	-100.00%	-100.00%
Interface	0	-100.00%	-100.00%
Metro	0.01	0.00%	-50.00%
Central Sub-region	0.02	100.00%	0.00%

Table 13: Disability – Outreach Support Services by LGA – Rate per 1,000 pop'n.

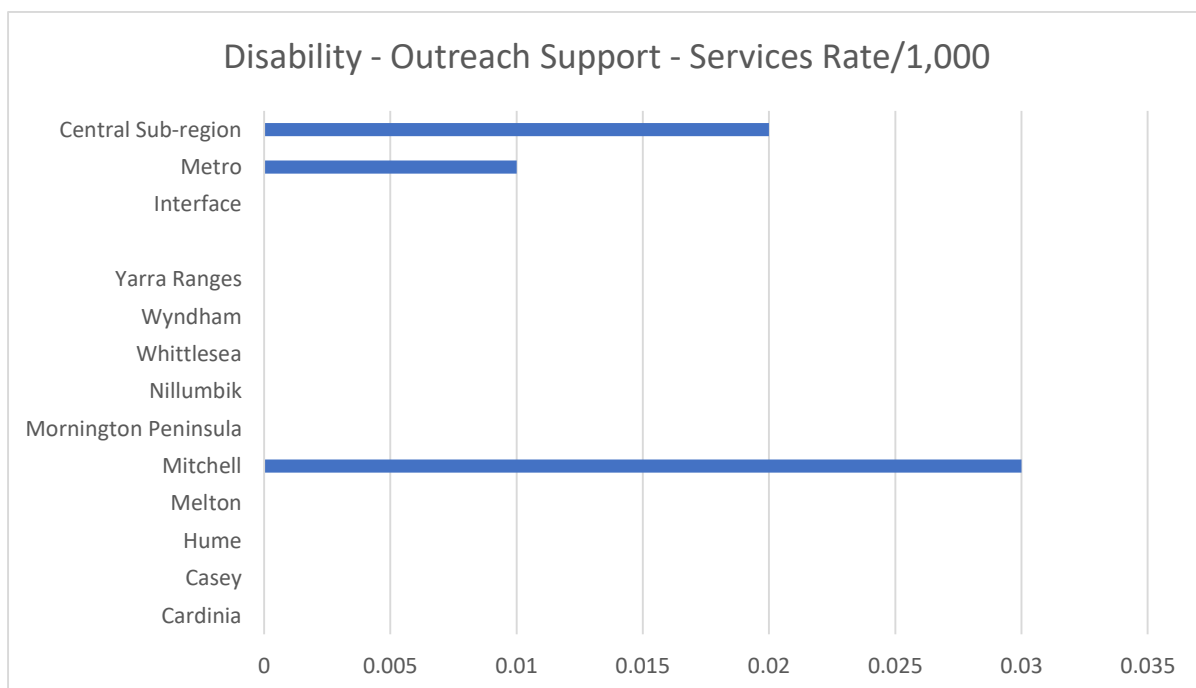


Figure 13: Disability – Outreach Support Services by LGA – Rate per 1,000.

Gap Analysis

Due to the data being limited no analysis has been undertaken on Outreach Support Services.

Disability – Individual Support Packages

In overall terms, the actual LGA measure of Individual Support Packages for Interface Councils was approximately 2,958, if Packages were provided at a rate equivalent to the Metropolitan Melbourne mean this would amount to 3,752 Packages.

This is an estimated gap of 789 Individual Support Packages or 21.03% lower service levels when compared with the metropolitan average.

Disability – Flexible Support Packages

In overall terms, the actual LGA measure of Flexible Support Packages for Interface Councils was approximately 427, if Packages were provided at a rate equivalent to the Metropolitan Melbourne mean this would amount to 1,098 Packages.

This is an estimated gap of 649 Occasions of Service or 59.16% lower service levels when compared with the metropolitan average.

Investment Analysis

A report titled Effectiveness of Individual Funding Approaches for Disability Support¹⁶ published in 2010 incorporated a table of estimated costs to government of providing individual funding packages for people with a disability.

It found that the average size of packages was \$28,621 but the range was from \$700 to \$250,000. It also found that administrative costs varied from 5% to 22% with an average of 14%.

This report will use \$32,268 (average cost plus 14.4%) as the cost driver for both Individual and Flexible Support Packages.

Individual Support Packages

There is an estimated gap of 1,724 Individual Support Packages or 21.03% lower service levels when compared with the metropolitan average.

Based on a 'cost driver' of \$32,268 per Package it is estimated that this equates to approximately \$25.46m less funding spent on Individual Support Packages across Interface Councils compared with the Melbourne average.

The four LGAs with the greatest gaps are: Wyndham (-\$8.97m), Casey (-\$5.96m), Melton (-\$3.30m) and Cardinia (-\$3.17m).

Flexible Support Packages

There is an estimated gap of 650 Individual Support Packages or 59.16% lower service levels when compared with the metropolitan average.

¹⁶ https://www.dss.gov.au/sites/default/files/documents/05_2012/op29.pdf

Based on a 'cost driver' of \$32,268 per Package it is estimated that this equates to approximately \$20.96m less funding spent on Flexible Support Packages across Interface Councils compared with the Melbourne average.

The four LGAs with the greatest gaps are: Casey (-\$6.71m), Wyndham (-\$4.89m), Hume (-\$3.88m) and Melton (-\$3.085m).

Observation 13: The disability services sector is undergoing very significant reform with the roll out of the National Disability Insurance Scheme. Many individuals will transfer from the Victorian Government funded services into the NDIS but there is emerging concern regarding those people who do not qualify for NDIS and will continue to need State Government support. The Victorian Government has recently called for expressions-of-interest from the not-for-profit sector for the delivery of a range of its funded services.

Observation 14: The provision of State funded disability services is a significant program with over 15,000 clients, 1.265 million hours of community based respite hours provided and an overall program cost of \$1.6 billion. Based on the data provided by DHHS there appears to a significant distortion in the spatial distribution of Individual and Flexible Support Packages with Interface Councils receiving \$40m to \$45m less services than the Melbourne Metropolitan average.

2.5 Housing & Homelessness

Data Name	DHHS Homelessness Data Collection
Data Year	2015/16
Data Source	Data has been collected from Victorian homelessness-funded agencies through the Homelessness Data Collection (HDC) process.
DHHS Owner	N/A
Definitions	HDC data databases are updated monthly and agencies can submit late data which means data can change retrospectively. Total Number of Clients – is anyone who received an episode of support as per their most recent postcode. Clients are only counted once regardless of the number of episodes of support they receive. Homeless or At Risk – is derived based on the clients housing circumstances. Family Violence Indicator – is where FV is noted as one of the reasons for seeking services or FV services were needed, provided or referred. Received Accommodation – emergency, crisis, medium or long term – LGA is clients most recent address and not the location of the accommodation.
Date Provided	02 February 2017

Background and Context

The Department of Health & Human Services Housing Assistance Program provides:

- housing assistance for low income families, older people, singles, youth and other households. It responds to the needs of clients through the provision of appropriate accommodation, including short-term and long-term properties that assist in reducing and preventing homelessness; and
- housing support services to people who are homeless or at risk of homelessness, in short-term housing or crisis situations. Support will assist clients in accessing and maintaining tenancies in appropriate accommodation. Services provided will assist in the prevention and overall reduction or homelessness and decrease for social housing.¹⁷

The total output cost for Housing Services in 2016/17 is anticipated to be more than \$513m, Homelessness Services is a component of this program.

In Victoria, it is estimated that¹⁸:

- over 22,500 people experience homelessness in some form each year;
- the major cause of homelessness is domestic violence and relationship issues;
- 34% stay in supported accommodation for homeless people, 27% in over-crowded dwellings, 19% in boarding houses and about 5% sleep rough.

¹⁷ DHHS Budget Output Measures 2016/17

¹⁸ http://www.homelessnessaustralia.org.au/images/publications/Infographics/state_sheets_VIC.pdf

In Victoria access to the homelessness system is organised under the 'Opening Doors' Framework¹⁹ that seeks to provide an integrated and coordinated response by having a limited number of designated access points. There are over 70 access points including Transitional Housing Managers and additional specialist agencies appointed and funded by DHHS who manage the access process.

For victims of Family Violence, the main entry point for crisis responses, including refuge, is through the state-wide telephone and information referral service, Safe Steps.

The Victorian Government has recently released the Homes for Victorians Strategy²⁰ that applies a whole of government approach to address housing affordability, access to appropriate housing, improving choice for all Victorians and increasing the supply of affordable and social housing.

Data Questions

DHHS Comments on Homelessness Data

DHHS have provided comments on 'counting rules', the overall budget output and various demand and service matters.

These comments are noted and accepted. The original data that informed this Report was provided by DHHS and was relied on to make preliminary judgements on spatial distribution of services. No investment analysis has been conducted on the Homelessness data.

DHHS is invited to work in partnership with Interface Councils to better understand the service level data and to look at how an integrated partnership approach might work more effectively.

Demand Factors

The demand for Homelessness Services has grown significantly over the past 20 years with the primary causes of homelessness being²¹:

- domestic and family violence – 23% - especially for women and children;
- financial difficulties – 16% - one third of Australian households have less than \$1,00 in cash savings and therefore vulnerable to unexpected expenses;
- housing crisis – 15% - around 35,000 people are on waiting lists for public and social housing;
- inadequate or inappropriate dwellings – 11% - severe over-crowding and housing in poor condition;
- relationship or family breakdown – 6% - breakdown impacts on the ability to maintain housing stability;

¹⁹ <http://chp.org.au/wp-content/uploads/2015/10/151015-Improving-access-information-paper.pdf>

²⁰ <http://www.vic.gov.au/affordablehousing/about.html>

²¹ <https://vincentcare.org.au/get-help/advice-and-resources/what-causes-homelessness#inadequate-or-inappropriate-dwellings>

- housing affordability stress – 5% - housing prices in Melbourne have increased between 10% and 15% in the last 12 months;
- other factors – 20%.

Housing affordability is an issue for all of Melbourne²², the Anglicare Rental Affordability Snapshot found that only 0.7% of the available rental properties were suitable for at least one household type living on income support and 23.7% would have been suitable for a household type living on the minimum wage. Single people on any income support or pension were the most disadvantaged group.

Supply Factors

Housing & Homeless – Total Clients

In overall terms, the mean LGA measure of Housing & Homelessness – Total Clients across Interface Councils was 14.58 per 1,000 population which is 9.10% lower than Metropolitan Melbourne and 20.33% lower than Central Region; the three highest rates across the Interface Councils were Melton (24.07, +50.06%), Yarra Ranges (21.09, +31.48%) and Mitchell (17.39, +8.42%).

Housing & Homelessness - Total Clients			
LGA Name	Rate/1,000	cf Metro	cf Central
Cardinia	10.92	-31.92%	-40.33%
Casey	9.39	-41.46%	-48.69%
Hume	15.73	-1.93%	-14.04%
Melton	24.07	50.06%	31.53%
Mitchell	17.39	8.42%	-4.97%
Mornington Peninsula	15.42	-3.87%	-15.74%
Nillumbik	2.97	-81.48%	-83.77%
Whittlesea	13.47	-16.02%	-26.39%
Wyndham	15.05	-6.17%	-17.76%
Yarra Ranges	21.09	31.48%	15.25%
Interface	14.58	-9.10%	-20.33%
Metro	16.04	0.00%	-12.35%
Central Sub-region	18.3	14.09%	0.00%

Table 14: Housing & Homelessness – Total Clients by LGA – Rate per 1,000 pop'n.

²² <http://www.anglicare.asn.au/docs/default-source/default-document-library/rental-affordability-snapshot-2017.pdf?sfvrsn=4>

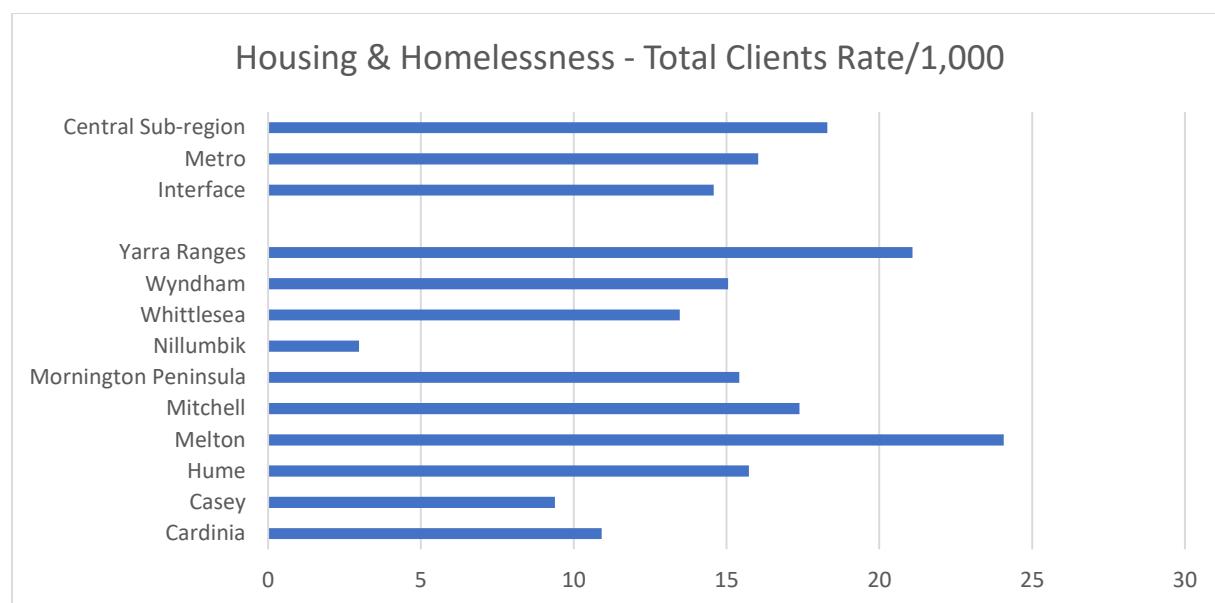


Figure 14: Housing & Homelessness – Total Clients by LGA – Rate per 1,000.

Housing & Homelessness – Homeless Clients

In overall terms, the mean LGA measure of Housing & Homelessness – Homeless Clients across Interface Councils was 5.22 per 1,000 population which is 6.79% lower than Metropolitan Melbourne and 28.10% lower than Central Region; the three highest rates across the Interface Councils were Yarra Ranges (8.01, +43.03%), Mitchell (7.07, +26.25%) and Hume (6.79, +21.25%).

Housing & Homelessness - Homeless Clients			
LGA Name	Rate/1,000	cf Metro	cf Central
Cardinia	4.71	-15.89%	-35.12%
Casey	4.24	-24.29%	-41.60%
Hume	6.79	21.25%	-6.47%
Melton	5.8	3.57%	-20.11%
Mitchell	7.07	26.25%	-2.62%
Mornington Peninsula	4.43	-20.89%	-38.98%
Nillumbik	0.97	-82.68%	-86.64%
Whittlesea	5.29	-5.54%	-27.13%
Wyndham	4.48	-20.00%	-38.29%
Yarra Ranges	8.01	43.04%	10.33%
Interface	5.22	-6.79%	-28.10%
Metro	5.6	0.00%	-22.87%
Central Sub-region	7.26	29.64%	0.00%

Table 15: Housing & Homelessness – Homeless Clients by LGA – Rate per 1,000 pop'n.



Figure 15: Housing & Homelessness – Homeless Clients by LGA – Rate per 1,000.

Housing & Homeless – At Risk Clients

In overall terms, the mean LGA measure of Housing & Homelessness – At Risk Clients across Interface Councils was 5.94 per 1,000 population which is 9.45% lower than Metropolitan Melbourne and 12.13% lower than Central Region; the three highest rates across the Interface Councils were Melton (9.18, +39.94%), Mitchell (8.16, +24.39%) and Mornington Peninsula (7.28, +10.98%).

Housing & Homelessness - At Risk - Clients			
LGA Name	Rate/1,000	cf Metro	cf Central
Cardinia	5.51	-16.01%	-18.49%
Casey	4.26	-35.06%	-36.98%
Hume	7.14	8.84%	5.62%
Melton	9.18	39.94%	35.80%
Mitchell	8.16	24.39%	20.71%
Mornington Peninsula	7.28	10.98%	7.69%
Nillumbik	1.26	-80.79%	-81.36%
Whittlesea	6.27	-4.42%	-7.25%
Wyndham	4.55	-30.64%	-32.69%
Yarra Ranges	6.53	-0.46%	-3.40%
Interface	5.94	-9.45%	-12.13%
Metro	6.56	0.00%	-2.96%
Central Sub-region	6.76	3.05%	0.00%

Table 16: Housing & Homelessness – At Risk Clients by LGA – Rate per 1,000 pop'n.



Figure 16: Housing & Homelessness – At Risk Clients by LGA – Rate per 1,000.

Housing & Homeless – Family Violence Indicator Clients

In overall terms, the mean LGA measure of Housing & Homelessness – Family Violence Indicator Clients across Interface Councils was 6.56 per 1,000 population which is 2.24% lower than Metropolitan Melbourne and 3.47% lower than Central Region; the three highest rates across the Interface Councils were Yarra Ranges (11.37, +69.45%), Melton (10.37, +54.55%) and Wyndham (8.36, +24.59%).

Housing & Homelessness - Family Violence Indicator - Clients			
LGA Name	Rate/1,000	cf Metro	cf Central
Cardinia	3.98	-40.69%	-37.22%
Casey	3.98	-40.69%	-37.22%
Hume	6.45	-3.87%	1.74%
Melton	10.37	54.55%	63.56%
Mitchell	6.08	-9.39%	-4.10%
Mornington Peninsula	5.83	-13.11%	-8.04%
Nillumbik	1.57	-76.60%	-75.24%
Whittlesea	5.76	-14.16%	-9.15%
Wyndham	8.36	24.59%	31.86%
Yarra Ranges	11.37	69.45%	79.34%
Interface	6.56	-2.24%	3.47%
Metro	6.71	0.00%	5.84%
Central Sub-region	6.34	-5.51%	0.00%

Table 17: Housing & Homelessness – FV Indicator Clients by LGA – Rate per 1,000 pop'n.

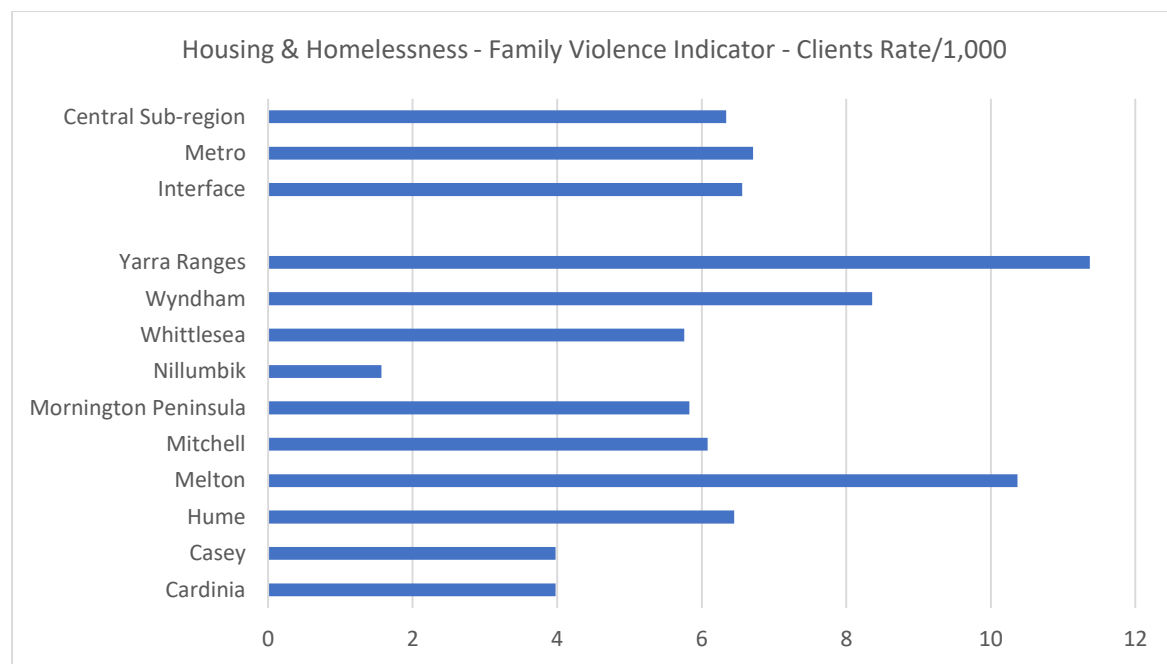


Figure 17: Housing & Homelessness – FV Indicator Clients by LGA – Rate per 1,000.

Housing & Homeless – Received Accommodation Clients

In overall terms, the mean LGA measure of Housing & Homelessness – Received Accommodation Clients across Interface Councils was 3.05 per 1,000 population which is 18.45% lower than Metropolitan Melbourne and 48.04% lower than Central Region; the three lowest rates across the Interface Councils were Nillumbik (0.72, -80.75%), Mornington Peninsula (2.19, -41.44%) and Melton (2.7, -27.81%).

Housing & Homelessness - Received Accommodation - Clients			
LGA Name	Rate/1,000	cf Metro	cf Central
Cardinia	2.92	-21.93%	-50.26%
Casey	2.81	-24.87%	-52.13%
Hume	4.39	17.38%	-25.21%
Melton	2.7	-27.81%	-54.00%
Mitchell	3.31	-11.50%	-43.61%
Mornington Peninsula	2.19	-41.44%	-62.69%
Nillumbik	0.72	-80.75%	-87.73%
Whittlesea	3.72	-0.53%	-36.63%
Wyndham	2.85	-23.80%	-51.45%
Yarra Ranges	3.37	-9.89%	-42.59%
Interface	3.05	-18.45%	-48.04%
Metro	3.74	0.00%	-36.29%
Central Sub-region	5.87	56.95%	0.00%

Table 18: Housing & Homelessness – Rec'd Accommodation Clients by LGA – Rate per 1,000 pop'n.



Figure 18: Housing & Homelessness – Received Accommodation Clients by LGA – Rate per 1,000.

Gap Analysis

Access to Housing and Homelessness Services is provided through a network of over 70 funded agencies. Demand for services and secure accommodation far outweighs supply and for decades there has been an under-supply of public and social housing to adequately meet the needs of Victorians.

In terms of interpreting the 'gap analysis' it is assumed that a higher number of Housing & Homelessness 'clients' indicates a higher incidence of causal factors or drivers of demand and that additional investment might be made to mitigate these underlying causes of homelessness.

Further research and analysis is required to understand the dynamics of the housing and homelessness issue for Interface Councils because there are likely to be other factors at play such as lack of access to Housing Services causing under-reporting and people at risk not using services.

Housing & Homelessness – Homelessness Total Clients

In overall terms, the actual LGA measure of Homelessness Total Clients for Interface Councils was approximately 22,243, if Clients were distributed at a rate equivalent to the Metropolitan Melbourne mean this would amount to 24,465 Clients.

This is an estimated gap of 2,222 Clients or 9.08% lower Client levels when compared with the metropolitan mean. By comparison Melton had an additional 1,000 clients and Yarra Ranges 760 clients more than the average provision rate.

Housing & Homelessness – Homeless Clients

In overall terms, the actual LGA measure of Homeless Clients for Interface Councils was approximately 7,962, if Clients were distributed at a rate equivalent to the Metropolitan Melbourne mean this would amount to 8,541 Clients.

This is an estimated gap of 570 Clients or 6.68% lower Client levels when compared with the metropolitan mean. By comparison Yarra Ranges had 364 clients and Hume 230 clients more than the average provision rate.

Housing & Homelessness – At Risk Clients

In overall terms, the actual LGA measure of At Risk Clients for Interface Councils was approximately 9,060, if Clients were distributed at a rate equivalent to the Metropolitan Melbourne mean this would amount to 10,006 Clients.

This is an estimated gap of 952 Clients or 9.51% lower Client levels when compared with the metropolitan mean. By comparison Melton had 348 clients and Mitchell 63 clients more than the average provision rate.

Housing & Homelessness – Family Violence Indicator Clients

In overall terms, the actual LGA measure of Family Violence Indicator Clients for Interface Councils was approximately 10,002, if Clients were distributed at a rate equivalent to the Metropolitan Melbourne mean this would amount to 10,234 Clients.

This is an estimated gap of 232 Clients or 2.27% lower Client levels when compared with the metropolitan mean. By comparison Yarra Ranges had 703 clients and Melton 486 clients more than the average provision rate.

Housing & Homelessness – Received Accommodation

In overall terms, the actual LGA measure of Received Accommodation Clients for Interface Councils was approximately 4,652, if Clients were distributed at a rate equivalent to the Metropolitan Melbourne mean this would amount to 5,704 Clients.

This is an estimated gap of 1,054 Clients or 22.66% lower service levels.

Investment Analysis

No investment analysis has been conducted on Housing & Homelessness Services.

2.6 Mental Health

Data Name	Mental Health Service Occasions by LGA Registered Mental Health Clients by LGA
Data Year	2015/16
Data Source	IAR Datacube – 23/11/16
DHHS Owner	Mental Health & Drugs Information Analysis and Reporting Unit
Definitions	Occasions of service are defined as single community-based service contacts against registered mental health clients. Individuals may be counted against multiple LGAs in any year. Client identification counts less than 5 are included as <5.
Date Provided	01/12/16

Background and Context

Mental Health Community Support Services provide a range of rehabilitation and support services to young people and adults with a psychiatric disability, and their families and carers, so that those experiencing mental health problems can access timely, high quality care and support to recover and reintegrate into the community. Overall program output costs for Community Support Services in 2015/16 was \$130.5m. (By comparison, the mental health clinical care costs such as in-patient and post-discharge community care costs were \$1.182bn.)

During 2013 and 2014, the Victorian Government ‘re-commissioned’ the delivery of Mental Health Community Support Services across Victoria. These services had previously been provided by a broad range of service providers in a system that had evolved over decades, this resulted in a range of issues for government, these included: access issues, system fragmentation, inconsistent models of service, variability in quality and variability in quality and accountability.²³

The reforms were intended to address these identified issues through the establishment of service catchments, centralised intake and assessment, centralised planning and optimised and more efficient services across each of the regions.

In any one year, around 19% of Victorians will experience some form of mental illness or disorder and around 4% will experience these and other illnesses and disorders which will cause major disruptions to their lives. Around 3% of Victorians will experience severe disability because of mental illness.²⁴

Data Questions

²³ http://www.vicserv.org.au/images/documents/Mental_Health_reform_2013-14/2015_August_-_MHCSS_AOD_Recommissioning_Report.pdf

²⁴ Victorian Mental Health Annual report 2015/16 – DHHS

The Mental Health Service Commissioning system will be significantly disrupted by the roll-out of the NDIS and other service system changes. Caution must be applied in interpreting this and future data.

Also noted is that Clinical Mental Health Service delivery (via hospitals etc) is a much more substantive system and has seen significant growth across 2016-17 and 2017-18. Much of this has been allocated to advantage population (ie growth areas).

Further research of impact of NDIS and growth of clinical services is indicated.

Demand Factors

In overall terms, the mean LGA measure of Mental Health –Clients across Interface Councils was 9.97 per 1,000 population which is 15.65% lower than Metropolitan Melbourne and 12.31% lower than Central Region; the three lowest rates across the Interface Councils were Nillumbik (7.15, -39.51%), Wyndham (8.4, -28.93%) and Casey (8.14, -31.13%).

Mental Health – Registered Clients			
LGA Name	Rate/1,000	cf Metro	cf Central
Cardinia	8.46	-28.43%	-25.59%
Casey	8.14	-31.13%	-28.41%
Hume	12.05	1.95%	5.98%
Melton	10.17	-13.96%	-10.55%
Mitchell	13.53	14.47%	19.00%
Mornington Peninsula	12.74	7.78%	12.05%
Nillumbik	7.15	-39.51%	-37.12%
Whittlesea	10.75	-9.05%	-5.45%
Wyndham	8.4	-28.93%	-26.12%
Yarra Ranges	10.15	-14.13%	-10.73%
Interface	9.97	-15.65%	-12.31%
Metro	11.82	0.00%	3.96%
Central Sub-region	11.37	-3.81%	0.00%

Table 19: Mental Health – Registered Clients by LGA – Rate per 1,000 pop'n.

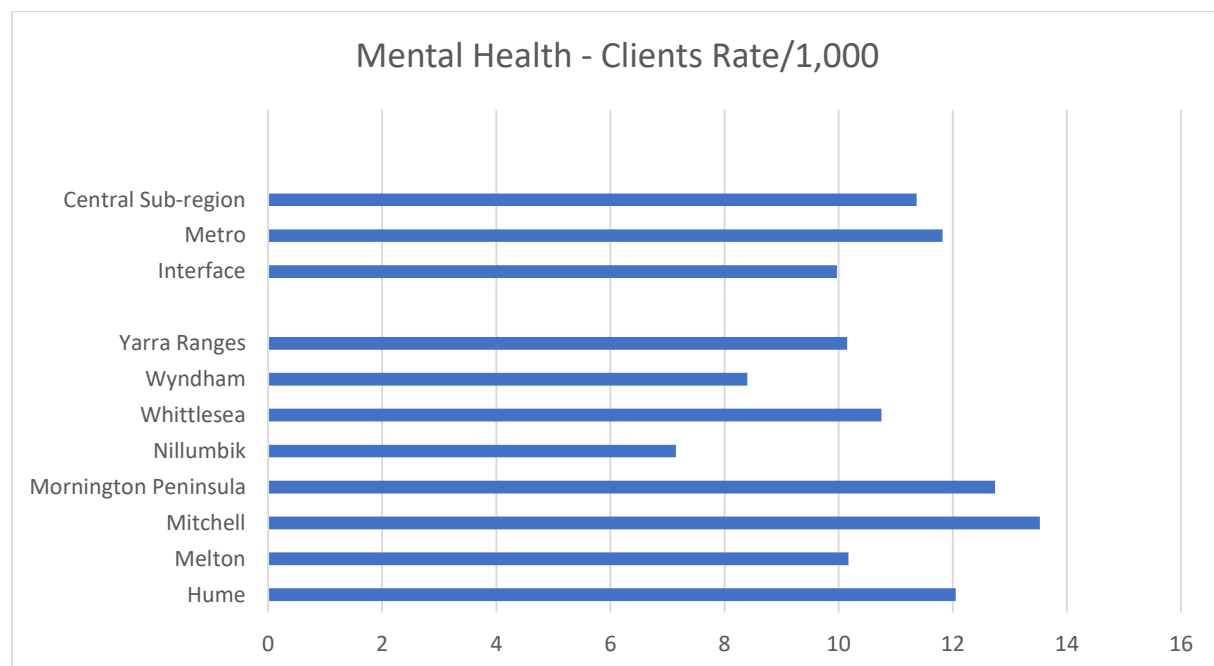


Figure 19: Mental Health – Registered Clients by LGA – Rate per 1,000.

Supply Factors

In overall terms, the mean LGA measure of Mental Health –Services across Interface Councils was 208.41 per 1,000 population which is 22.32% lower than Metropolitan Melbourne and 25.69% lower than Central Region; the three lowest provision rates across the Interface Councils were Wyndham (137.19, -48.87%), Cardinia (161.18, -39.93%) and Nillumbik (175.13, -34.73%).

Mental Health - Services			
LGA Name	Rate/1,000	cf Metro	cf Central
Cardinia	161.18	-39.93%	-42.53%
Casey	184.12	-31.38%	-34.35%
Hume	255.7	-4.70%	-8.83%
Melton	197.39	-26.43%	-29.62%
Mitchell	306.43	14.21%	9.26%
Mornington Peninsula	323.24	20.48%	15.25%
Nillumbik	175.13	-34.73%	-37.56%
Whittlesea	208.89	-22.14%	-25.52%
Wyndham	137.19	-48.87%	-51.09%
Yarra Ranges	201.87	-24.76%	-28.02%
Interface	208.41	-22.32%	-25.69%
Metro	268.3	0.00%	-4.34%
Central Sub-region	280.47	4.54%	0.00%

Table 20: Mental Health – Services by LGA – Rate per 1,000 pop'n.

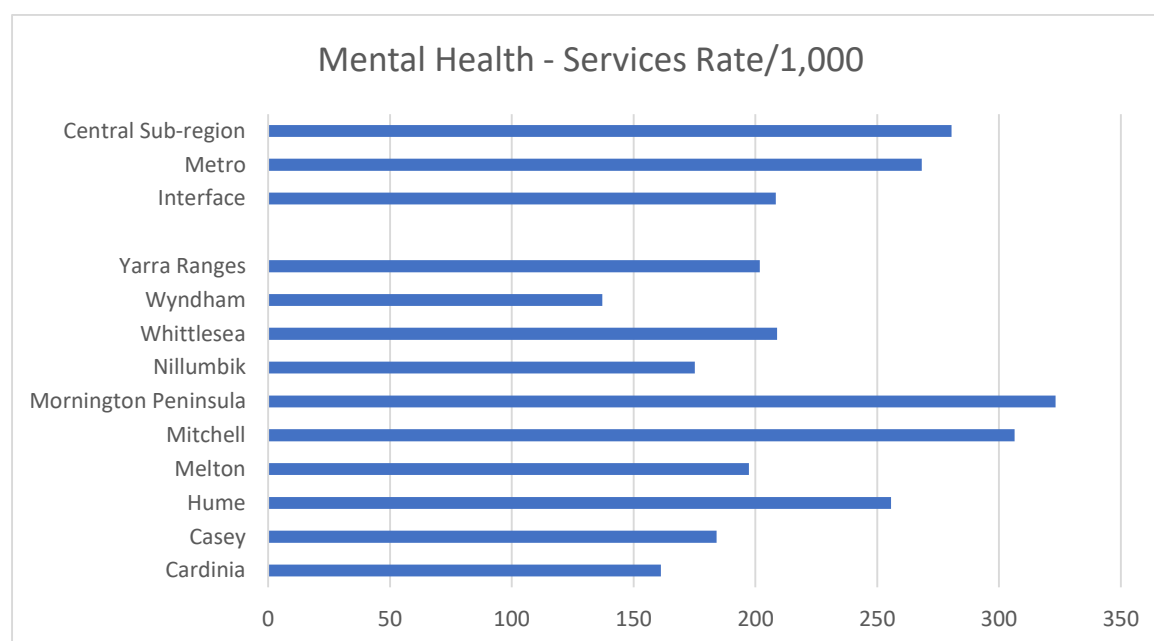


Figure 20: Mental Health – Services by LGA – Rate per 1,000.

Gap Analysis

The Gap Analysis applies the mean of the provision rate per 1,000 population for Metropolitan Melbourne to the population of each Interface LGA and compares this to the Actual rate of provision. The use of the Metropolitan mean is considered conservative as there is more than likely higher levels of demand due to socio-economic circumstances and a 'backlog' of service provision from years of below average service provision.

In overall terms, the actual LGA measure of Mental Health Occasions of Service for Interface Councils was approximately 317,872, if they were provided at a rate equivalent to the Metropolitan Melbourne mean this would amount to 409,218 Occasions of Service.

This is an estimated gap of 91,340 Occasions of Service or 22.32% below an average of metropolitan service levels.

Investment Analysis

Cost Driver Logic

- > Service Occasions State-wide (2015/16) = 1,616,676 (DHHS Mental Health Data)
- > Mental Health Support Service Output Cost (2015/16) = \$128.1m (DHHS Budget Output Papers)
- > 1 Service Occasion = \$79.24 (Calculation)

The 'cost driver' to be applied to Mental Health Investment Analysis is \$79.24 for every Occasion of Service.

Based on a 'cost driver' of \$79.24 for each Occasion of Service this equates to a potential \$7.24m gap in funding for Mental Health Services across Interface Councils.

The three LGAs with the highest gaps in service and funding are: Wyndham (27,605 Occasions of Service at \$2.187m), Casey (24,660 Occasions of Service at \$1.954m), Whittlesea (11,617 Occasions of Service at \$0.921m), Yarra Ranges (10,027 Occasions of Service at \$0.795m) and Cardinia (9,747 Occasions of Service at \$0.772m).

Observation 15: The Mental Health data indicates that there are lower levels of clients in the Interface Council areas and some Councils with significantly lower numbers of clients / 1,000 population, particularly Casey, Wyndham and Cardinia. This is likely due to a range of factors including services or referral pathways not being accessible in these areas.

Observation 16: The rates of provision for Mental Health services are significantly lower (-22.32%) across the Interface Councils with Wyndham, Cardinia, Nillumbik and Casey having the lowest provision rates per 1,000 population.

Observation 17: The Mental Health gap analysis indicates that the Interface Council areas are potentially underserved by an estimated gap of 91,340 Occasions of Service or 22.32% below an average of metropolitan service levels. Applying a reasonable cost-driver of \$79.24 for each Occasion of Service this equates to an estimated \$7.238m funding gap with Wyndham, Casey, Whittlesea, Yarra Ranges and Cardinia being the areas of highest concern.

2.7 Youth Justice

Data Name	Youth Justice Clients with Active Orders LGA based numbers for all of State for 2015/16 (the most current and complete year).
Data Year	2015/16
Data Source	Client Relationship Information System
DHHS Owner	DOJR (transferred from DHHS)
Definitions	Young people with latest order in FY 2015/16 that have Address start date before or the same as Order start date.
Date Provided	15 March 2017

Background and Context

The Victorian Youth Justice program has been under intense public and media scrutiny in recent months and as of April 2017 the program has moved from DHHS to the Department of Justice & Regulation.

The Youth Justice Service provides programs and resources to assist these young offenders to develop the knowledge, skills and attitudes to manage their lives effectively without further offending. Through supervision, offending related programs and linkages to appropriate support services, the youth justice service promotes opportunities for rehabilitation and contributes to the reduction of crime in the community.²⁵

The overall objectives of the system are:

- where appropriate, support diversion of young people charged with an offence from the criminal justice system
- minimise the likelihood of reoffending and further progression into the criminal justice system through supervision that challenges offending behaviours and related attitudes and promotes pro-social behaviours
- provide supervision and rehabilitation through the provision of case management and other services to assist young people address offending behaviour and support successful reintegration into the community
- work with other services to strengthen community-based options for young people enabling an integrated approach to the provision of support that extends beyond the court order
- engender public support and confidence in the Youth Justice Service

The Victorian Budget papers indicate:

- the total output cost for community based services is approximately \$70m;

²⁵ <http://www.justice.vic.gov.au/home/justice+system/youth+justice/>

- the average daily number of clients under community based supervision is 1,600;
- the number of community based orders expected to be completed successfully is 85%.

Data Questions

The data provides unique client data by latest LGA.

Demand Factors

The VCOSS Submission into youth justice centres in Victoria (March 2017)²⁶ indicated:

- Victoria has a strong youth justice system that has a focus on preventing crime and diverting children away from the youth justice system;
- the overall number of children and young people committing crime is low and is reducing, there has been a 43% reduction in the number of children sentenced in the Children's Court over the past 5 years;
- an October 2015 snapshot of 176 young people on sentence and remand shows:
 - 63% were victims of abuse or trauma – 45% had been subject to a Protection Order;
 - 62% had been expelled from school;
 - 30% presented with mental health issues;
 - 24% presented with issues concerning their intellectual functioning;
 - 66% had a history of alcohol or drug misuse;
 - 12% were young parents;
 - 10% were homeless or residing in insecure housing.

Supply Factors

In overall terms, the mean LGA measure of Youth Justice – Clients with Active Orders across Interface Councils was 0.25 per 1,000 population which is 10.71% lower than Metropolitan Melbourne and 92.31% higher than Central Region; the three highest rates across the Interface Councils were Hume (0.35, +25%), Casey (0.28, 0%) and Cardinia / Yarra Ranges (0.26, -7.14%).

Youth Justice - Clients w/Active Orders			
LGA Name	Rate/1,000	cf Metro	cf Central
Cardinia	0.26	-7.14%	100.00%
Casey	0.28	0.00%	115.38%
Hume	0.35	25.00%	169.23%
Melton	0.19	-32.14%	46.15%
Mitchell	0.23	-17.86%	76.92%

²⁶ http://vcoss.org.au/documents/2017/03/SUB170303_Youth-Justice-Centres-Inquiry_FINAL.pdf

Youth Justice - Clients w/Active Orders			
LGA Name	Rate/1,000	cf Metro	cf Central
Mornington Peninsula	0.17	-39.29%	30.77%
Nillumbik	0.08	-71.43%	-38.46%
Whittlesea	0.24	-14.29%	84.62%
Wyndham	0.25	-10.71%	92.31%
Yarra Ranges	0.26	-7.14%	100.00%
Interface	0.25	-10.71%	92.31%
Metro	0.28	0.00%	115.38%
Central Sub-region	0.13	-53.57%	0.00%

Table 21: Youth Justice – Clients with Active Orders by LGA – Rate per 1,000 pop'n.

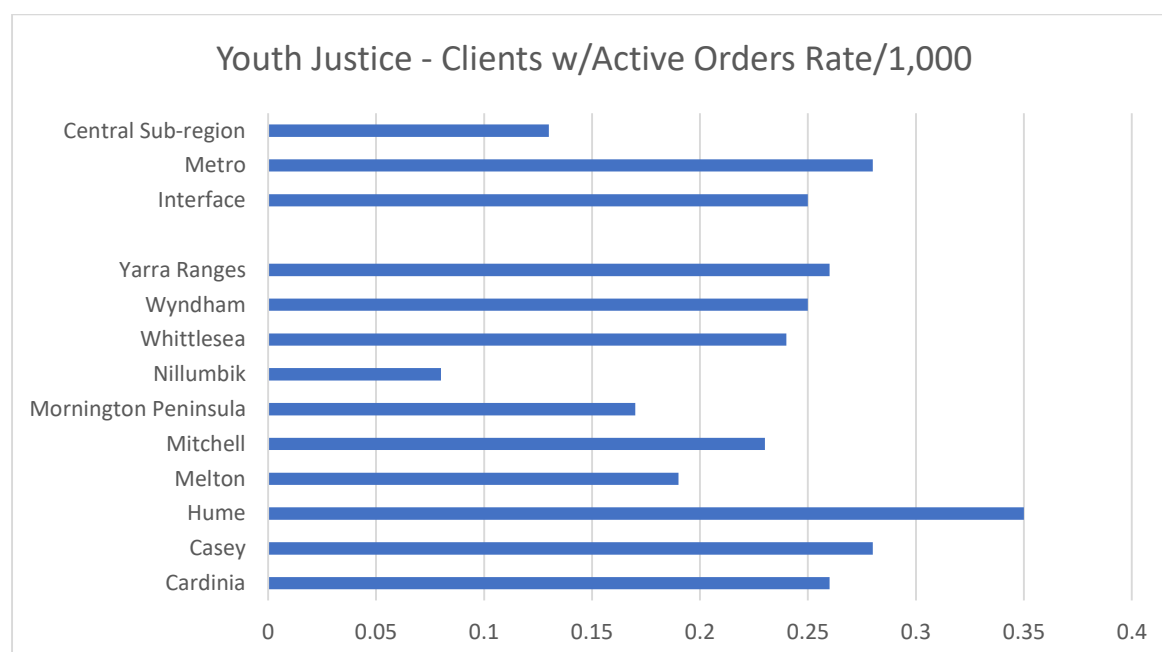


Figure 21: Youth Justice – Clients with Active Orders by LGA – Rate per 1,000.

Gap Analysis

As with Child Protection the Youth Justice system is at the tertiary end of the service spectrum. Any analysis would indicate that additional expenditure on preventative, diversion or early intervention would provide better outcomes for the community as a whole.

In overall terms, the actual LGA measure of Youth Justice Clients with Active Orders for Interface Councils was approximately 381, if clients were distributed at a rate equivalent to the Metropolitan Melbourne mean this would amount to 427 clients.

This is an estimated gap of 49 Clients or 11.48% below an average of metropolitan service levels.

Investment Analysis

Given the very small number of clients and low data levels no investment analysis has been conducted on this data.

2.8 Family Violence

Data Name	Family Violence Support Services Data items at LGA level for most current and complete financial year.
Data Year	2015/16
Data Source	DHHS IRIS – Extracted 09 February 2017
DHHS Owner	Family Safety Victoria
Definitions	All FV cases where referral date is within 15/16FY and Client is either female or male under 18.
Date Provided	20 February 2017

Background and Context

Ending Family Violence is the Victorian Government's plan for change and to deliver the Royal Commission into Family Violence recommendations to ensure victim survivor safety and build a future where Victorian can live free from family violence.

The Victorian Government decision to adopt and act on all 227 recommendations made by the Royal Commission into Family Violence has been a key driver in policy funding and program activity over the past 12 months. With the celebration of the first-year anniversary of the Royal Commission's findings, Victorian investment, activity and translation of recommendations into action is continuing at pace. The Commission recommends that "supporting children and young people must be central to Family Violence Policies". The release of Victoria's 10-year plan for change²⁷ in December 2016 has provided the key actions, investments and strategies to inform activity across family and children policy and program.

These include;

- development of the *Gender Equity Strategy*²⁸, released early 2017
- initiate a *Primary Prevention strategy*, expected to be released April 2017.
- new specialist family violence workers to support women and their children access services
- allow for the better sharing of information between agencies and government
- further investment in social housing and private rental assistance
- establish a range of new bodies to transform the way government works including;
 - coordination agency to oversee operation of the Support and Safety Hubs
 - prevention agency funding to advise of best practice
 - Centre for Workforce Excellence to build capable workforce Victorian Centre for Data Insights for enhanced data collection, analysis and related capabilities.

Activity to establish Support and Safety Hubs across Victoria is now underway. With the first five hubs scheduled to open late 2017 the Victorian Government through Department of Premier and Cabinet has recently completed a range of consultations to inform the location and architecture of

²⁷ Ending Family Violence Victoria's Plan for Change, Victorian Government, December 2016.

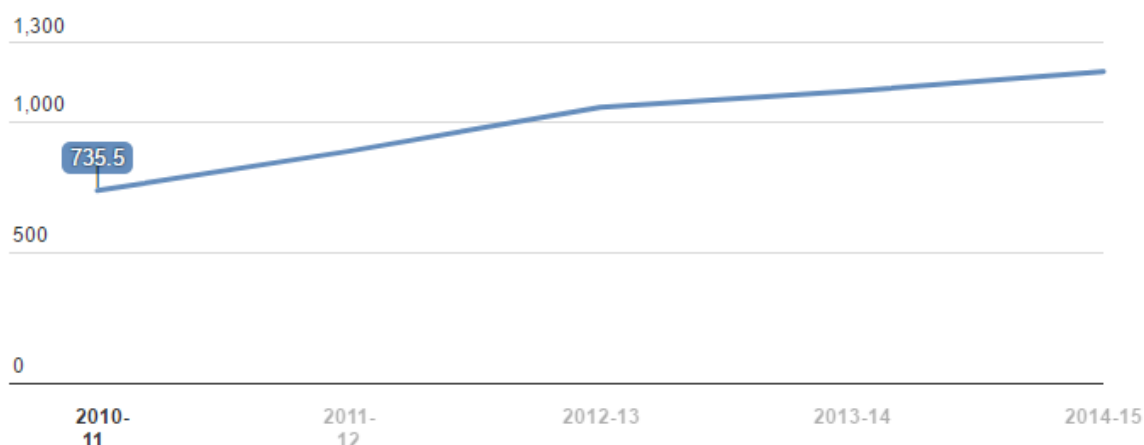
²⁸ Safe and Strong A Victorian Gender Equality Strategy. Preventing Violence against Women through gender equality. State of Victoria (DPC) December 2016.

the hubs to incorporate local needs, provider feedback and service system synergies to ensure integration into local service and community environments.

The Family Violence Protection Act 2008²⁹ has extended the definition of ‘family violence’ to behaviour that is physically or sexually abusive, emotionally or psychologically abusive, threatening or coercive, or in any other way controls or dominates the family member and causes that family member to fear for his or her safety or wellbeing or for the safety or wellbeing of another person.

As can be seen from the following graph the incidence of Family Violence attended by Police has trended upwards since 2010/11.

Family incidents attended by police in Victoria, rate per 100,000 people



Source: Royal Commission into Family Violence

Data Questions

There is a very high variability in the data between LGAs which suggests that the data is reflecting the location of agencies rather than the location of the victim of Family Violence.

In raw numbers Casey registered 359 Family Violence Cases in 2015/16 and Cardinia registered 4 which possibly reflects that the service is physically located in Casey.

Demand Factors

Family violence is pervasive and occurs when a perpetrator exercises power and control over another person, it involves coercive and abusive behaviours designed to intimidate, humiliate, undermine and isolate.

In 2015/16, there were 78,012 family violence incidents reported to Victoria Police. The drivers of family violence are complex and include:

- gendered drivers – rigid gender roles and stereotypes and interactions that condone aggression or disrespect;
- 47.5% of child protection reports in 2015/16 indicated family violence concerns; and

²⁹ <http://www.vgso.vic.gov.au/content/family-violence-protection-act-2008>

- some groups are at greater risk: Aboriginal people, the LGBTIQ community, older people, people in rural and remote areas, people with a disability.

Supply Factors

In overall terms, the mean LGA measure of Family Violence Cases across Interface Councils was 0.50 per 1,000 population which is 49.49% lower than Metropolitan Melbourne and 53.70% lower than Central Region; the three highest rates across the Interface Councils were Casey (1.23, +24.24%), Mitchell (1.02, +3.03%) and Hume (0.59, -40.40%).

Also of significance are the LGAs with very low Family Violence Case rates, these include Cardinia (0.04, -95.96%), Mornington Peninsula (0.08, -91.92%), Melton (0.11, -88.89%) and Nillumbik (0.14, -85.86%). These low Family Violence Case Rates most likely reflect that no Family Violence services are physically located in these municipalities but may operate on an outreach basis.

Family Violence Cases			
LGA Name	Rate/1,000	cf Metro	cf Central
Cardinia	0.04	-95.96%	-96.30%
Casey	1.23	24.24%	13.89%
Hume	0.59	-40.40%	-45.37%
Melton	0.11	-88.89%	-89.81%
Mitchell	1.02	3.03%	-5.56%
Mornington Peninsula	0.08	-91.92%	-92.59%
Nillumbik	0.14	-85.86%	-87.04%
Whittlesea	0.38	-61.62%	-64.81%
Wyndham	0.25	-74.75%	-76.85%
Yarra Ranges	0.58	-41.41%	-46.30%
Interface	0.5	-49.49%	-53.70%
Metro	0.99	0.00%	-8.33%
Central Sub-region	1.08	9.09%	0.00%

Table 22: Family Violence – Cases by LGA – Rate per 1,000 pop'n.

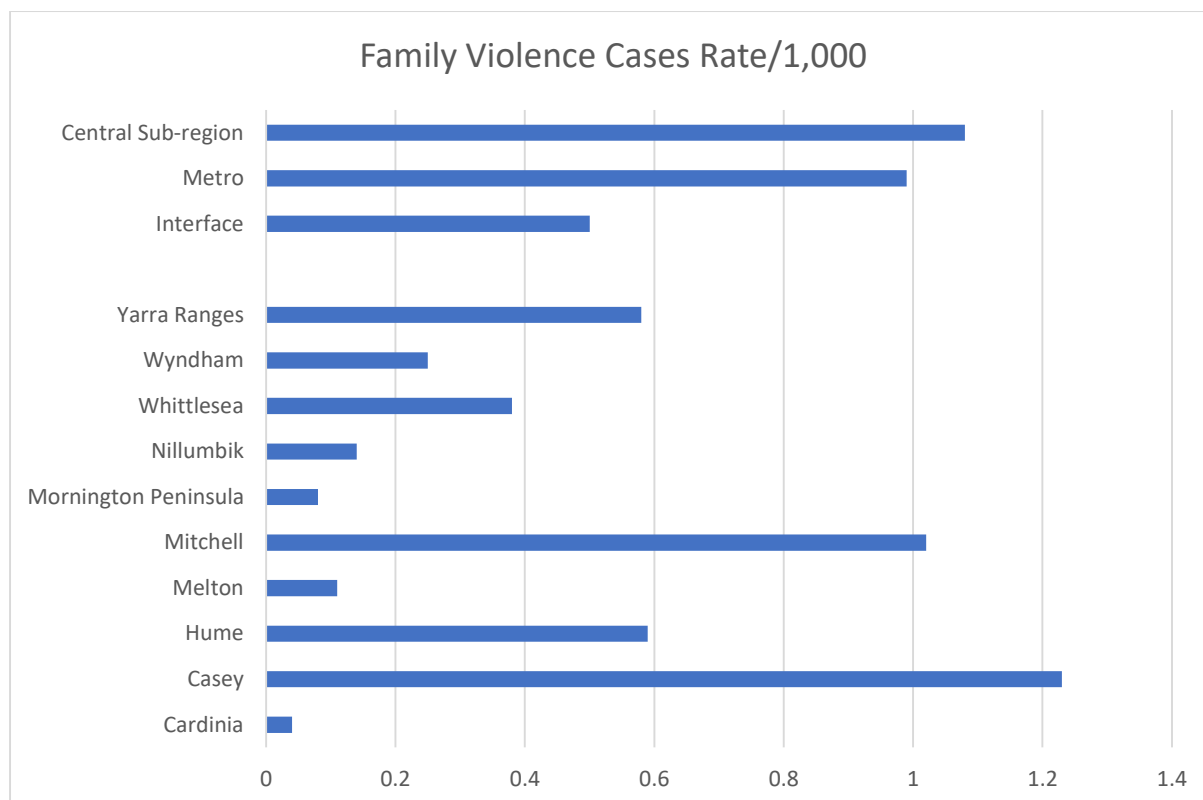


Figure 22: Family Violence – Cases by LGA – Rate per 1,000.

Gap Analysis

Because the Family Violence Case data provided by DHHS most likely reflects the location of the support service the gap and investment analysis is to be considered with a lower confidence level.

In overall terms, the actual LGA measure of Family Violence Cases across the Interface Councils was approximately 769, if Cases occurred at a rate equivalent to the Metropolitan Melbourne mean this would amount to 1,510 Cases.

This is an estimated gap of 741 Cases or 49.09% below an average of metropolitan service levels.

Investment Analysis

An estimated 'cost driver' has been used to undertake the investment analysis. Due to the complex nature of the cases, need for interagency coordination and involvement of health, police and courts as well as support services the costs are very high. The combined health, administration and social welfare costs associated with Family Violence across Australia have been estimated to be approximately \$21bn per year.

DHHS costs alone that were apportioned to Family Violence during the Royal Commission³⁰ totalled \$312.76m, these included Child First, Family Services, Child Protection, Investigations, Protective Orders, Out of Home Care and Hospitals.

DHHS program and service costs apportioned to Child FIRST, Family Services and Out of Home Care Placements totalled \$198.77m.

The number of DHHS Family Violence Cases for 2015/16 was 5,479³¹.

The number of Victoria Police Family Violence Incidents for 2015 was 74,376³².

A 'cost-driver' has been calculated by dividing the apportioned 'Family Violence' costs of DHHS Child FIRST, Family Services and Out of Home Care by DHHS Family Violence Cases.

Cost Driver Logic

- > DHHS Family Violence Cases for 2015/16 = 5,479 (DHHS Data, 2017)
- > DHHS Apportioned Costs (2015/16) = \$198.77m (FVRC – Child FIRST, Family Services & Out of Home Care)
- > Unit Cost = \$36,613 (Calculation)

The 'cost driver' to be applied to Family Violence Investment Analysis is \$36,613 for each Family Violence Case.

Based on a 'cost driver' of \$36,613 for each Family Violence Case this equates to a potential \$27.14m gap in funding for Family Violence Services across Interface Councils.

No analysis of individual Councils has been undertaken due to data being linked to service location.

Observation 18: The Family Violence Case data indicates that there is a significantly lower levels of service provision in the Interface Council areas compared with the Metropolitan average. Note that the data relates to location of services and not surviving-victim address which may mean that services are probably not local or conveniently located. Services may be funded to provide outreach and may have outposts or other arrangements for clients to access services locally.

Observation 19: The Family Violence gap analysis has applied a very conservative 'cost-driver' and indicates that the Interface Council areas are potentially underserved by an estimated gap of 740 Cases or 49.09% below an average of metropolitan service levels. Applying a cost-driver of \$36,613 for each Family Violence Case this equates to an estimated \$27.14m funding gap when compared with Metropolitan Melbourne³³.

³⁰ <https://www.rcfv.com.au/MediaLibraries/RCFamilyViolence/supporting-docs/Gov%20Data%20Caveats/Department-of-Health-and-Human-Services-3.pdf>

³¹ DHHS Family Violence Data Release 2017

³² <https://www.crimestatistics.vic.gov.au/crime-statistics/latest-crime-data/family-incidents-2>

³³ DHHS have advised that some services located in Inner Melbourne provide 'outreach' programs to other suburbs. Also, the recent increase in funding has been directed to locations where there was no office-based presence, this includes Interface Councils. Further research on this issue is indicated.

Appendix A: Key Data Recommendations: Supporting Interface Families Report (2016).

Recommendation 04: That a formal request be made to relevant Ministers and Department Secretaries for the establishment of a 'partnership research project' which has a focus on gaining ongoing access to DHHS and other Departmental service level data to enable analysis of service reach, penetration and quantification of service gaps at the Interface. This is considered a high priority project as there is significant evidence of service gaps and any meaningful response will need to be informed by data and analysis.

Recommendation 05: That a formal request be made to the Victorian Government for policy to be established that allows open (where appropriate) and transparent access to service level data across health, human services, education and justice to inform local area planning, evaluation and enable Councils to better plan for their communities in partnership with the Victorian Government agencies.

Recommendation 06: That the Interface Council Group engage with Australian Urban Research Infrastructure Network as a formal project partner to act as a trusted intermediary to receive, hold and distribute service level data to support research and planning needs.

Recommendation 08: That the Interface Council Group make a formal request to the relevant Victorian Government departments for data and information sharing regarding the use of waiting lists and other demand management strategies in key universal and secondary services.

Recommendation 19: That the Interface Councils consider engaging with Melbourne University to further development and apply the Liveability Indicators Framework to support collaborative engagement, improved planning for the health and wellbeing outcomes for communities and establish a common measurement and evaluation framework for the Interface Council area.