



**THE SENATE
SENATE FINANCE AND PUBLIC ADMINISTRATION
REFERENCES COMMITTEE**

**Delivery of National Outcome 4 of the National Plan to Reduce Violence Against
Women and Their Children.**

Written Questions Taken on Notice – Medibank Health Solutions

16.	DSS/MHS	Detail of specific initiatives and communications strategies to reach: <ul style="list-style-type: none">• Indigenous Australians• Culturally and linguistically diverse people• People with a disability	Current
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Answer:

Medibank believes it is important to communicate with all members of the Australian community about the problems of domestic violence and sexual assault.

More than half of our board and senior managers are women, and we are committed to increasing the representation within our workforce of people with disabilities, Indigenous Australian Peoples, and those aged over 55.

Medibank undertakes numerous initiatives and communications strategies to reach all members of the Australian community, including:

- Memberships – Medibank representatives sit on various bodies, including: the White Ribbon Indigenous Reference Group, the ACT Multicultural Advisory Council, and the Harmony Alliance Council.

- Public Forums – Medibank has recently attended and exhibited at numerous forums, including: the Overcoming Indigenous Family Violence Conference, the National SNAICC conference, the ACT Domestic Violence Prevention Council Aboriginal and Torres Strait Islander community forum, the 13th Pacific Women’s Triennial Conference and 6th Meeting of Ministers for Women, the Canberra Multicultural Women’s Forum, the National Aboriginal and Torres Strait Islander Health Workers Association (NATSIHWA) Inaugural Conference, and the Australian Migrant Resource Centre Stronger Families Forum.

- Webinars – Medibank has developed content for web presentations, including for: InTouch Multicultural Centre Against Family Violence, Korna Winmil Yunti, and the Victorian Equal Opportunities Commission.

In order to increase connections with [1800RESPECT](#) priority audiences, including rural and remote, Aboriginal and Torres Strait Islander peoples, women with disability, people from CALD backgrounds and young people, in 2017-18, Medibank will also:

- Deliver targeted professional development for all First Responder staff to build capacity to support Aboriginal and Torres Strait Islander peoples and people from CALD backgrounds.
- Formalise partnerships between [1800RESPECT](#) and the National Aboriginal and Torres Strait Islander Women’s Alliance (NATSIWA), as well as with the Harmony Alliance: National Migrant and Refugee Women’s Council (Harmony Alliance).
- Leverage these partnerships with NATSIWA and the Harmony Alliance to develop and promote content, including by identifying any gaps in that content.

20.	DSS/MHS	Quarterly data on the per cent of calls under first responder model that are transferred to trauma counsellors.	2016 to present
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Answer:

Medibank’s detailed submission to the inquiry provides substantial content on the first responder model, including quarterly data. In particular, the Committee is respectfully referred to page 26 of our submission, containing data from August 2016 to June 2017 which show that 30.6 per cent of calls were referred to a trauma specialist counsellor whilst, from 1 April to June 30, 2017, 34 per cent were transferred.

28.	MHS	Details of complaints noted in the MHS Quarterly reports received in 2017	2016-2017
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Answer:

Medibank is concerned that providing details of complaints could not be done without breaching the privacy of callers. It invites the Committee to reconsider this request in that context.

29.	Provide a table that summarises all payments to MHS and R&DVSA by Financial Year from 2010/2011 to 2016/2017	<ul style="list-style-type: none">• Note multi-year funding agreements• One-off funding	2010/2011 to 2016/2017
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Answer:

Medibank's detailed submission to the inquiry provides substantial content on financial data. In particular, page 7 of our submission provides financial data on the funding provided to R&DVSA. Information is also provided on the additional two years of funding in 2015-16 and 2017-18.