

APPROPRIATION BILL 2021-2022 AND  
APPROPRIATION (OFFICE OF THE LEGISLATIVE  
ASSEMBLY) BILL 2021-2022

STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING

NOVEMBER 2021

REPORT 3

# THE COMMITTEE

## COMMITTEE MEMBERSHIP

Johnathan Davis MLA (Chair)

James Milligan MLA (Deputy Chair)

Michael Pettersson MLA

## SECRETARIAT

Andrew Snedden              Committee Secretary

Lydia Chung                  Administrative Assistant

Nick Byrne                   Administrative Assistant

## CONTACT INFORMATION

Telephone      02 620 50199

Post              GPO Box 1020, CANBERRA ACT 2601

Email             [LCommitteeHCW@parliament.act.gov.au](mailto:LCommitteeHCW@parliament.act.gov.au)

Website          [www.parliament.act.gov.au](http://www.parliament.act.gov.au)

## RESOLUTION OF APPOINTMENT

The Legislative Assembly for the ACT established the Standing Committee on Health and Community Wellbeing on 2 December 2020 by resolution<sup>1</sup> which states (in part) that:

- (1) the following general-purpose standing committees be established as set out in the table below. The purpose of such committees is to enhance the scrutiny of the Executive, to examine and suggest improvements to any bills referred to it, to enable the citizens of the Territory to engage and to participate in law-making and policy review, to enable financial scrutiny of the Executive's budget proposals and to review annual reports of taxpayer funded agencies;
  - (2) the committees so established may inquire and report on matters referred to it by the Assembly or matters that are considered by the committee to be of concern to the community and within the nominated areas of responsibility;
  - (3) calendar and financial year annual and financial reports stand referred to the relevant standing committee for inquiry and report by 31 March of the year after the presentation of the report to the Assembly pursuant to the *Annual Reports (Government Agencies) Act 2004*;
- .....
- (7) the committees so established are required to examine the expenditure proposals contained in the main appropriation bills for the Territory and any revenue estimates proposed by the Government in the annual budget and prepare a report to the Assembly within 60 days of the presentation of the budget bills;

Committee	Primary Wellbeing Indicators	Areas of Responsibility
Health and Community Wellbeing	Health and Social Connection	<ul style="list-style-type: none"> <li>· Health and health system</li> <li>· Justice Health</li> <li>· Mental Health</li> <li>· Homelessness and housing services</li> <li>· Prevention of Domestic and Family Violence</li> <li>· Families</li> <li>· Community Services</li> </ul>

<sup>1</sup> ACT Legislative Assembly, *Minutes of Proceedings, No 2*, 2 December 2020, p 17 (as amended 11 Feb 21, 30 Mar 21, 22 Apr 21, and 16 Sept 21).

## TERMS OF REFERENCE

As outlined above, the resolution of establishment<sup>2</sup> for standing committees of the Tenth Assembly requires the Standing Committee on Health and Community Wellbeing to inquire into ACT Budget 2021-22;

- (7) the committees so established are required to examine the expenditure proposals contained in the main appropriation bills for the Territory and any revenue estimates proposed by the Government in the annual budget and prepare a report to the Assembly within 60 days of the presentation of the budget bills;

At its meeting on Tuesday 9 November 2021, the Assembly resolved to amend the due date for standing committees to report on the ACT Budget, by requiring committees to report by 12 November 2021<sup>3</sup>.

---

<sup>2</sup> ACT Legislative Assembly, *Minutes of Proceedings*, No 2, 2 December 2020, p 17 (as amended 11 Feb 21, 30 Mar 21, 22 Apr 21, and 16 Sept 21).

<sup>3</sup> ACT Legislative Assembly, *Minutes of Proceedings*, No 28, 9 November 2021.



# TABLE OF CONTENTS

<b>THE COMMITTEE .....</b>	<b>I</b>
Committee Membership .....	i
Secretariat .....	i
Contact Information.....	i
Resolution of appointment .....	ii
Terms of reference.....	iii
<b>RECOMMENDATIONS .....</b>	<b>VII</b>
<b>1 INTRODUCTION.....</b>	<b>1</b>
Presentation of the ACT Budget 2021-22.....	1
Acknowledgements.....	2
<b>2 COMMUNITY DAY HEARING – 15 OCTOBER 2021 .....</b>	<b>3</b>
Matters Raised by the Committee during the hearing.....	3
Responses to Issues raised by the Committee.....	5
<b>3 MENTAL HEALTH AND JUSTICE HEALTH HEARING – 20 OCTOBER 2021 ..</b>	<b>10</b>
Matters Raised by the Committee.....	10
Responses to the Committee from the Minister and Officials .....	12
<b>4 COMMUNITY SERVICES; HOMELESSNESS AND HEALTH HEARINGS – 21 OCTOBER 2021 .....</b>	<b>18</b>
Matters Raised by the Committee with Minister Davidson .....	18
Advice provided to the Committee by Minister Davidson and Officials.....	19
Matters Raised by the Committee with Minister Vassarotti.....	22
Advice provided to the Committee by Minister Vassarotti and Officials .....	23
Committee Comment.....	25
Matters Raised by the Committee with Minister Stephen-Smith .....	26
Responses to the Committee by Minister Stephen-Smith and Officials .....	28
<b>5 FAMILIES AND COMMUNITY SERVICES HEARING – 25 OCTOBER 2021 ..</b>	<b>36</b>
Matters Raised by the Committee.....	36
Responses provided by Minister Stephen-Smith and Officials.....	38
<b>6 HOUSE AND SUBURBAN DEVELOPMENT; PREVENTION OF DOMESTIC AND FAMILY VIOLENCE – HEARING - 29 OCTOBER 2021 .....</b>	<b>43</b>
Matters Raised by the Committee.....	43

Responses provided by Minister Berry and Officials .....	45
<b>7 CONCLUSION .....</b>	<b>49</b>
<b>APPENDIX A - WITNESSES.....</b>	<b>51</b>
15 October 2021.....	51
20 October 2021.....	51
21 October 2021.....	52
25 October 2021.....	53
29 October 2021.....	54
<b>APPENDIX B – QUESTIONS TAKEN ON NOTICE/ QUESTIONS ON NOTICE .....</b>	<b>55</b>

# RECOMMENDATIONS

## RECOMMENDATION 1

60. The Committee recommends that ACT Government increase funding for frontline domestic violence and rape crisis services from the current year provision to meet a continuing identification of need and an increasing number of cases.

## RECOMMENDATION 2

61. The Committee recommends that the ACT Government investigate the co-location of sexual health services with walk-in health centres.

## RECOMMENDATION 3

62. The Committee recommends that the ACT Government release a timeline for the additional 400 public houses and 600 affordable rentals provided for in the Parliamentary and Government Agreement for the 10<sup>th</sup> Assembly.

## RECOMMENDATION 4

63. The Committee recommends that a dedicated inpatient ward at Canberra Hospital be provided to enable family support for patients at the end of life.

## RECOMMENDATION 5

64. The Committee recommends that the ACT Government through the Clare Holland House expansion, ensure that palliative care in any dedicated inpatient facility at the Canberra Hospital have at least five beds.

## RECOMMENDATION 6

114. The Committee recommends that the ACT Government publish a plan on how it will expand the facilities at the Hume Medical Centre.

## RECOMMENDATION 7

115. The Committee recommends that the ACT Government continue to investigate a needle exchange program for the AMC.

## RECOMMENDATION 8

116. The Committee recommends that the ACT Government publicly release the role descriptions of the ACT Chief Psychiatrist and the Coordinator-General of the Office of Mental Health and Wellbeing.

## RECOMMENDATION 9



117. The Committee recommends that the ACT Government investigate the implementation of an updated and improved system to handle and process complaints about mental health issues and to review the current processes applied in this matter.

**RECOMMENDATION 10**

142. The Committee recommends that grants from the ACT Government Community Support Package be better promoted to community partners eligible for funding support.

**RECOMMENDATION 11**

143. The Committee recommends that the ACT Government provide updates to the Legislative Assembly on development of a Disability Health Strategy by the end of 2022.

**RECOMMENDATION 12**

144. The Committee recommends that detainees at Bimberi Youth Justice Centre continue to have access to AV links for family visits.

**RECOMMENDATION 13**

145. The Committee recommends to the ACT Government that young detainees at Bimberi Youth Justice Centre receive additional therapeutic supports, including mental health supports and counselling, whenever they are locked down for any reason.

**RECOMMENDATION 14**

175. The Committee recommends that the ACT Government ensure that AMC detainees are not disadvantaged during parole hearings through providing a guarantee of housing either through Justice Housing or Housing ACT.

**RECOMMENDATION 15**

238. The Committee recommends the ACT Government develop a health workforce strategy and provide an update before the end of Financial Year 2021-2022.

**RECOMMENDATION 16**

239. The Committee recommends that the ACT Government publicly release the human rights compatibility statement on vaccination requirements for all health directions as recommended by the ACT Human Rights Commission.

**RECOMMENDATION 17**

240. The Committee recommends that the ACT Government investigate and report on the viability of providing risk-based streaming, such as seniors streaming, in Emergency Departments.

**RECOMMENDATION 18**

241. The Committee recommends that the ACT Government fund a dedicated team of policy experts within ACT Health to address the intersection of climate change and health.

**RECOMMENDATION 19**

242. The Committee recommends that the ACT Government should ensure that any external consultants commissioned to implement the recommendations of the LGBTIQ+ scoping study demonstrate connection to the LGBTIQ+ community and the service sector that surrounds it.

**RECOMMENDATION 20**

285. The Committee recommends that the new iteration of *A Step Up for Our Kids* specifically address concerns raised by foster and kinship carers.

**RECOMMENDATION 21**

286. The Committee recommends that the ACT Government fund implementation of the carers' strategy with emphasis on respite care.

**RECOMMENDATION 22**

330. The Committee recommends that the ACT Government articulate in the Budget the amount of money from the family safety Levy going to frontline services and the amount being used by government policy responses.

**RECOMMENDATION 23**

331. The Committee recommends that the ACT Government fund specialist trauma counselling services for children in women's refuges.



# 1 INTRODUCTION

## PRESENTATION OF THE ACT BUDGET 2021-22

1. On 6 October 2021 the [Appropriation Bill 2021-2022](#) and [Appropriation \(Office of the Legislative Assembly\) Bill 2021-2022](#) were presented in the Assembly<sup>4</sup>, and the related Budget papers were published on the Treasury website<sup>5</sup>.
2. During this inquiry the Standing Committee on Health and Community Wellbeing was required to examine the expenditure proposals for the following outputs in the main appropriation bills for the Territory, as outlined in Budget Statements A, Budget Statements C, and Budget Statements G.

## PUBLIC HEARINGS

3. The Committee held 5 public hearings on 15, 20, 21, 25 and 29 October 2021. At the hearings the Committee heard evidence from ACT Government Ministers and their accompanying directorate officials and conducted detailed Q & A sessions on matters relevant to the Committee's inquiry.
4. Witnesses who appeared before the Committee are listed at [Appendix A](#). Transcripts from the hearings are available on the Assembly website. Footage of the hearings is available via video on demand on the Legislative Assembly website.
5. In addition to the members of the Committee, other members of the Assembly - Ms Lawder MLA, Mr Parton MLA, Mr Braddock MLA, Mrs Kikkert MLA and Mrs Jones MLA participated in the Committee's hearings.

## QUESTIONS TAKEN ON NOTICE (QTONs) AT HEARING AND QUESTIONS PLACED ON NOTICE (QONs)

6. A total of 96 questions were lodged during the inquiry. 28 questions were taken on notice by Ministers and statutory office holders during the hearings, and 68 questions on notice were submitted by Committee Members and visiting MLAs following the hearings.

---

<sup>4</sup> ACT Legislative Assembly, *Minutes of Proceedings*, No 25, 6 October 2021, pp 306–309.

<sup>5</sup> Chief Minister, Treasury and Economic Development Directorate, *Budget Papers* (Web Page, 6 October 2021) <<https://www.treasury.act.gov.au/budget/budget-2021-22/budget-papers>>.

7. The answers to questions, and a list of questions (by subject, submitter, recipient) are available at [Appendix B](#), and on the inquiry webpage.

## ACKNOWLEDGEMENTS

8. The Committee thanks everyone who participated in, or otherwise assisted the Committee during this inquiry. This includes ACT Government Ministers, directorate officials, statutory officers, members of governing boards, Members of the Legislative Assembly, Members' staff, and staff of the Office of the Legislative Assembly.
9. The Committee particularly thanks Ministers and officials for the open, communicative, and forthright advice received, and for the flexibility and patience shown in utilising WebEx forum for the hearing programs.

## 2 COMMUNITY DAY HEARING – 15 OCTOBER 2021

10. On 15 October 2021, the Committee conducted hearings with representatives of three organisations involved in, and contributing to, a range of matters which are within the HCW areas of responsibility.

11. The organisations were:

- ACT Council of Social Service (ACTCOSS);
- Health Care Consumers Association (HCCA)
- Sexual Health and Family Planning ACT Inc (SHaFP)

### MATTERS RAISED BY THE COMMITTEE DURING THE HEARING

12. Committee members raised a number of matters during the Committee's Q & A part of the hearing, as follows:

#### ACTCOSS<sup>6</sup> –

13. ACTCOSS's Proposal for establishment of a healthcare sustainability unit, and whether such a unit would be responsible for reducing the climate impacts of health care, or respond to the impacts of climate change on health

14. Apparent gaps in support for older Canberrans, as well as parental health services and community facilities and an apparent lack of funding to go towards an ACT carers strategy or a disability health strategy; and the need for an ideal time frame for such a strategy.

15. The possible effect the budget will have on frontline domestic violence services, and whether there are any questions about funding into the outyears and whether there is any effect from the budget on frontline domestic violence services – including outyears. In addition, how will a funding reduction affect service providers; the need to hire more staff or alter their budgets to provide these services at this time may be short term if there is a reduction in funding to these organisations in a year or two years' time.

16. Should the community housing sector play a larger role in social and affordable housing solutions. The budget appears to show any calls have not been heeded; what is ACTCOSS's response.

---

<sup>6</sup> ACTCOSS, *Proof Committee Hansard*, 15 October 2021, pp 1-5..

## 17.HCCA<sup>7</sup>

18. Noting there has been significant investment in palliative care services in the budget; what specific outcomes should result from the new funding.
19. In relation to palliative care funding, is that recurrent funding, which is not an increase in bed numbers . If an increase has been achieved , is it correct funding will for outyears.
20. In relation to the submission raising mental health access and pathways; contacts suggest that current carers of people in need are concerned. What is sought via the current pathways and their navigation.
21. HCCA notes funding in the budget for a patient navigation system requires implementation of a model of patient navigation. What should that system look like?
22. A current approach to healthcare funding in the ACT is like an envelope approach—a six per cent a year increase over the budget life and, within that envelope, everything has to be funded. HCCA submission calls for an overall increase in the share of the budget that goes to ACT Health. Is there a more reasonable approach?
23. Would you support the government doing planning work for the whole of health care so that a community can be involved in questions of future staffing of our health system.
24. The government has embraced nursing ratios in recent times. What effect do ratios have on the care that patients receive?
25. It may be one approach to fund new nursing and midwifery positions in a budget; but filling positions is posing difficulties, what are some of the challenges regarding recruiting qualified professionals to fill those roles?
26. The Human Rights Act makes it clear people must not be subjected to medical treatment against their will. The decision that primary school teachers need to be vaccinated whilst the evidence for case load in young children is not particularly strong raises questions. How does HCCA stand up for people who want to make a choice—despite the fact, of course, that we need high levels of vaccine, and that this is a very small group of people.
27. There is now a question about evenings and weekend cancer services rapid testing. The Coroner is being funded but we have not seen this particular request funded. What is the need in that area?

---

<sup>7</sup> HCCA, *Proof Committee Hansard*, 15 October, pp. 6-11

## 28.SHAFP<sup>8</sup> –

29. Funding for disability and sexual health is restored from NDIS. What has changed in this field over the five years since the program was defunded and what workforce development needs to occur.
30. There is a lack of a reproductive and sexual health policy. Rather than having a narrow STI-BBV focus, the suggestion is for a broader policy. What are the benefits of having such a broad policy?
31. Can more information be provided on the long wait times for gynaecological treatments.
32. If investment in reproductive and sexual services has not kept pace with the growing ACT population, and one that is now more geographically dispersed. That raises two questions. Could you articulate how great that discrepancy is when it comes to funding, and how funding might be better?
33. I want to get SHFPACT's position on rapid HIV testing, and whether it would be a valuable addition to free health care in the ACT.

## RESPONSES TO ISSUES RAISED BY THE COMMITTEE

34. Responses provided by witnesses to the matters raised by the Committee are summarised below and are Issues raised with the Committee by during the hearing were:

### ACTCOSS –

35. Impacts of climate change are disproportionately impacting people on low incomes. People on low incomes tend to live in very poorly insulated housing. They are not able to leave Canberra, for example, during periods of poor air quality. There are higher rates of chronic disease, so they are often more impacted by some of the changes to our climate and weather.
36. The move towards a zero-carbon economy must be done in a way that does not leave Canberrans on low incomes behind.
37. In relation to disabilities strategy, a strategy is required which wraps all of that together and improves the workforce readiness, the cultural adaptations and changes that people need—and to start to see people with disabilities employed in the health system to embed change. Scoping work in government and a disability action plan within the health department is

---

<sup>8</sup> SHaFP, *Proof Committee Hansard*, 15 October 2021, pp. 12-17



important but contact work, particularly as COVID is likely to bring many more people into contact with the health system.

38. The announcement of an increase to the safer family's levy is welcome if any increase will lead to revenues going directly to frontline services. In addition, additional money for organisations like DVCS provides additional funding to the Women's Legal Centre. A concern is that that money will reduce after the first year or the second year of the program; there is a necessity for ongoing, sustained funding for frontline family violence services.
39. Some parts of the budget do provide some opportunities for community housing—for example, the research work going into build-to-rent models and the release of future land supply. budget does not provide a clear pathway as to how the ACT government will achieve the additional 400 public houses and 600 affordable rentals.
40. Land is obviously very expensive in the ACT and a very important source of revenue. I think there is a strong belief in public housing within the ACT government; public housing is important, but it does not need to be an either/or. There can be more public housing, which is targeted at a very particular community, but must include more community housing as build-to-rent.
41. HCCA –
42. One preference in palliative care is for a dedicated inpatient ward at Canberra Hospital where you can have the family go and support people at end of life rather than dealing with quite a traumatic transfer in the final days. While home-based palliative care funding is good news—it is good to see the recurrent funding for the five extra beds through the Clare Holland House expansion; and there is still a need for palliative care at Canberra Hospital.
43. Another preference and recommendation is for an emergency response to ongoing mental health care. Living with or caring for someone with mental illness understands how challenging that can be and how you need different points of care at different points of time. A stepped model is being encouraged for government to continue in this commitment. Community-based mental health services provide a very significant role for support.
44. A solution for support of education of other children; they may have housing issues or financial supports that they need. Recognising the family as a whole unit and providing them with services and connections to social workers, paediatric nurses, who understand clinical conditions etc. Is essential to recognition of families.
45. The digital system will be an incremental, phased approach to moving from historical contract-based procurement to a really engaging, creative and innovative model of commissioning services for community need.

46. It is very encouraging that not only are we going to see a significant increase in funding for the health system, but also it is about the funding for infrastructure. —we have ageing infrastructure that needs to be addressed—workforce for new services and increased intensive care beds, NICU beds and mental health beds is essential.

47. SHAFP –

48. in the new environment of the NDIS, which has very tight margins in terms of funding to support professional development, access to a free training service for the sector disappeared, at a time when a proliferation of different services were attempting to respond with new models. So, the ongoing advocacy of ministers, other MLAs, and members of our community in this area, to see funding restored is welcome.

49. A focus of return to services in the workforce is to undertake needs assessment around what the workforce needs are to design a combination of training and other workforce development activities that will skill people at the front line in disability services and in aged-care services.

50. A possible missed opportunity was to seed a relationship between sexual health issues like STIs and blood-borne viruses, and the problem next door of unplanned pregnancy and decisions about choice and control in relationships.

51. There are long waiting lists for the gynaecological outpatient clinic, for services that could be provided outside that setting and therefore are taking up space on the waiting list from the services that only that service can provide in our system. These are the kinds of questions we would like to see answered through the commissioning process happening to health and community services. It is about asking ourselves as a community: what is the range of services that we need? How much do we need, given our population size and particular health profile? Where are the possible and the best places to provide that care so that consumers in our community get the best access in the most timely way?

52. There is an opportunity to look more broadly and see how these things are integrated and related. So, reproductive, and sexual health rights are usually a good bellwether of how well the rest of our system is working. Because they come with a lot of stigma, because they often come with a lot of sense of shame or embarrassment, if we are doing those things well, lots about our system is functioning well.

53. The impact for health consumers is that often people are quite stressed about having a result that requires follow-up, but they are not necessarily getting time with a clinician to either reassure them.

54. Infrastructure could be better to make it easier for a range of health service providers to collaborate and work from similar locations that already exist. Thinking about territory-wide

services like ours, and a number of other community-based health service providers, having a home location makes sense in terms of scale and concentration of services.

55. There is no benefit in displacing or disrupting health care for the convenience of some people. The quantity of unmet need is significant in the answer to that question. Until unmet need is identified rapid testing has an obvious place in terms of HIV testing.
56. if it still leaves needs unmet. While it might be convenient for someone to access, say, cervical screening from a walk-in centre on the way home from work, if that person is already getting regular screening through their GP or some other point of service connection, there may not be a need in moving where they get a service to be more convenient; it may be better to address the under-screened population
57. A test is what is the unmet need? How can we robustly test the unmet need? If we are talking about some dozens of people who might not access comprehensive testing and be at high risk of HIV then the system as it is just has to do better to serve them. If we are talking about 500 or 1,000 people who are at high risk of HIV not accessing and unwilling to access comprehensive testing through some of the existing avenues, a whole program may be required.

## ISSUES FOR COMMITTEE COMMENT

58. Key Issues raised for Committee consideration were provided to the Committee in the specialist areas of concern to witnesses. Broadly, the Committee has focussed on current services and support, and on identified areas of short funding, no funding or limited funding in this and outyears from the budget.
59. The Committee gained valuable focus from Community Day witnesses and had several recommendations to make as a result.

## Recommendation 1

- 60. The Committee recommends that ACT Government increase funding for frontline domestic violence and rape crisis services from the current year provision to meet a continuing identification of need and an increasing number of cases.**

## Recommendation 2

- 61. The Committee recommends that the ACT Government investigate the co-location of sexual health services with walk-in health centres.**

### **Recommendation 3**

62. The Committee recommends that the ACT Government release a timeline for the additional 400 public houses and 600 affordable rentals provided for in the Parliamentary and Government Agreement for the 10<sup>th</sup> Assembly.

### **Recommendation 4**

63. The Committee recommends that a dedicated inpatient ward at Canberra Hospital be provided to enable family support for patients at the end of life.

### **Recommendation 5**

64. The Committee recommends that the ACT Government through the Clare Holland House expansion, ensure that palliative care in any dedicated inpatient facility at the Canberra Hospital have at least five beds.

### 3 MENTAL HEALTH AND JUSTICE HEALTH

## HEARING – 20 OCTOBER 2021

65. On 20 October 2021, the Committee conducted hearings with the Minister Mental Health and for Justice Health, Emma Davidson MLA, and Directorate officials

66. Budget Outputs considered by the Committee at this hearing were:

- Output 1.3: Mentally Healthy Communities
- Output 1.2 Mental Health, Justice Health, Alcohol and Drug Services

67. The Hansard for the hearing is at:

<https://www.hansard.act.gov.au/hansard/2021/comms/hcw06.pdf>

## MATTERS RAISED BY THE COMMITTEE<sup>9</sup>

68. What is the context around the life of an alcohol and other drugs nurse at the AMC. What does their day look like at the moment? What would an AOD nurse at the Alexander Maconochie Centre be responsible for?

69. How many people come into AMC with a tobacco addiction, and what work those alcohol and other drugs nurses do to introduce them to smoking cessation programs.

70. What is being done to address problems with the outdated facilities at the Hume Health Centre, as well as the prison medical centre? Issues include no separation between detainees and staff while they check in and while they wait, space shortages between two medical practitioners using the one medical appointment space, and administration staff being housed in a very small administration facility section.

71. There is at least \$5 million being funded to the prison for improvements in infrastructure and wellbeing over the next two years. Is any of this money going to the expansion of the justice health premises there?

72. MindMap, was released yesterday. Could inform the committee as to the purpose of MindMap.

73. Is there a risk that, when a young person uses this website and they see right in front of them quite long wait times to access these services, that might act as a deterrent to them actually trying to follow that path?

---

<sup>9</sup> HCW, *Proof Committee Hansard, 20 October 2021*, pp. 18-46

74. You mentioned that some of the youth navigators were clinical and some not. I was wondering if you could maybe differentiate what role they would have.
75. In MindMap there are different age brackets that people can identify with. Does the website change in any way if someone wants to identify as, let us say, a six-year-old or a 24-year-old? Does the website present in the same way or is it just the results at the back end that you would see would change based on the age?
76. How does MindMap interact with other services that already exist? I know that the Commonwealth have HeadtoHelp and then there is also a hotline service that exists through ACT Health at the moment.
77. Are all the services a user would be directed to through that Access Mental Health phone line replicated through MindMap.
78. What is the strategy to make sure that every young Canberran, knows about MindMap and knows how they can access it.
79. The press release says that MindMap was co-designed by the ACT government, Marymead, the Australian National University, the ACT Youth Coalition and the ACT Youth Advisory Committee. Were clinicians involved in the design
80. The proportion of mental health related emergency department presentations, , being seen on time is fewer and fewer every year. The last reported data is that 38.4 per cent of mental health presentations to EDC were on time. How does the concerning level of mental health admissions what legislation do you, as the Minister for Mental Health, administer?
81. How does the relationship between justice health and the corrections service work in terms of the need for the corrections service to help justice health achieve its objectives and improve detainees' health Have there been instances where a detainee has not been able to access a health service due to corrections not having enough staff?
82. Strategic indicators say justice health service community contacts have been discontinued. Can you explain why this is and how you measure the accessibility of health services to people in the prison?
83. In relation to Safe Haven Cafes, I note that they were flagged earlier. Can you provide an update to the committee on how the program is progressing. Is the Canberra Hospital site still an option
84. What is the justice health position on a needle exchange program in the AMC?
85. during Lockdown, was there a death at the secure mental health unit, Dhulwa? what is the general process for investigation into causes, and reasons of such occurrences , and what is the policy practice?

86. Does the government have a strategy for how it will promote services that the government is running and that the government is funding in the community sector for Canberrans who may not think, in the first instance, that they are suffering from a mental health ailment and may need to connect with services for the first time?
87. How much funding the justice health service received for this financial year, 2021-22. Has that differed between last year's budget and the projected funding for this financial year?
88. Are conversations going on about the number of places being offered in Canberra at universities with the universities themselves? I know that with some of our mental health workforce we rely on graduates here. Do those conversations include discussion of whether there are sufficient clinical placements for people, and how we can assist with that.
89. There are two positions: one is the mental health coordinator and the other is the Chief Psychiatrist. Can you explain the difference between those roles and who has overarching responsibility for feeding back improvements that are needed to the system?
90. If there are carers, consumers or family of people who have either suffered and passed away or are currently suffering, and there is a belief that the system is not working, who do they go to? Is there an official complaints process.
91. Winnunga Nimmityjah Aboriginal Health and Community Services at the AMC has an important role. The budget has a funding allocation of \$2,314,000 for the 2021-22 year, but nothing budgeted for the forward years. Is that being additional COVID-related funding in this particular budget.
92. In relation to additional funding going to Winnunga. Part of that additional funding is enabling Winnunga to see more detainees that come through, or that are referred to them. How long does it take for a detainee, after completing paperwork, to begin the service?
93. What is the plan with the easing of Lockdown restrictions this time and returning to allowing visitors to the mental health facilities that we have?

## RESPONSES TO THE COMMITTEE FROM THE MINISTER AND OFFICIALS

94. **AMC** - On an average day, they would see current detainees who require their services, whether that be for medication rounding, or dosing for methadone or Buvidal. They take on any new inductions, as part of their assessments of whether or not they require their services, as well as any new referrals. They assess and triage those referrals, and, on average, they receive about two additional referrals each week. There is no current waitlist to be seen by the ADS team. They work in conjunction to provide that care in a holistic way, as I mentioned, with the rest of the MDT

95. There is a completed pilot Quit program in partnership with Corrective Services. We had 15 participants go through that program—11 males and four females. That program occurred over a 12-week time frame, assisting those participants to cease smoking. There is some work underway at the moment with those participants to evaluate the effectiveness of the program and any feedback that they might have to help guide future work in that area.
96. **Hume Centre** - The team work collaboratively with corrections for the effective use of those spaces, based on the demands of the detainees and their healthcare needs. There has been a lot of work this year with both the justice health team and corrections to identify any risks around space. They have completed appropriate risk assessments and identified for each location what mitigations may need to be supplied or provided to ensure that there can be safe delivery of care in those environments.
97. **Mindmap** – Mindmap was commissioned with Marymead, who are the successful procurement operator. It has two functions. One is to give children and young people the ability to look for services that they think they need and also for parents and carers to see the number of services available. When the children and young persons review was done we found that there were over 176 services in the ACT for various service needs for children and young people, but people were not aware of them. The second part of MindMap is that, as the Minister said, there are navigators. These are both non-clinical and clinical navigators to help the young person, if they so wish, to support them whilst they find a particular service.
98. There are actually a lot of digital mental health strategies as well, that people are unaware of. So eMental Health, RACGP, is the overarching digital platform from the commonwealth and there are many individual apps and websites for young people. The ones recommended are things like ReachOut and Emerging Minds, which is one a locally based website. Many young people have said that perhaps in the first instance they do not want to speak to anybody. They always have an option to speak to a clinical navigator or a non-clinical navigator. But many young people have said, “No, we want to actually learn more about what we are going through, actually define it, and define it for our friends as well.”
99. The young people were very clear that they actually wanted it a little like internet shopping. You put in your various things: you are 12 and you have anxiety and depression. What is most likely to be best for you? It was a bit like internet shopping. “I want a pair of shoes, women’s size 6, red.” It was very much a similar concept. They did not want to have no way of navigating the system.
100. Young people wanted options for the best point of entry. They can already go to websites like ReachOut or Emerging Minds, but actually what they wanted was what was available in the ACT in terms of services. The Commonwealth are looking very closely at MindMap because they are wanting to do a HeadtoHelp for young people as well. It has been a confusing area. The option there with MindMap is go to MindMap and actually see what is available for you in the ACT.



101. It is multi-strategy. We have the children and young person's community of practice very heavily involved. We have also a media campaign going out to promote MindMap. We have had the education department closely involved and they are sending out details of MindMap to children and to parents. It is multi-strategy. Marymead have also included some very innovative things. The Canberra Rocks that people are going to find has MindMap on it.
102. Clinicians are part of community of practice, and the community of practice was part of this as well
103. ***Mental Health Presentations*** - sustained increase in demand has been in evidence over a long period. Throughout COVID we have seen a reduction or plateau in emergency presentations, and that has been the same for our mental health acute inpatient demand as well.
104. Over the more recent period is quite a reduction in our very long waits in the emergency department. However, there is still an ongoing increase in occupancy and our inpatient units, an increase in bed days year on year. An average length of stay has increased, which actually is a good thing in this environment. Historically, the pressure has been so significant on inpatient units that we have seen actually a reduction in length of stay—not to an unsafe rate, because we have not seen that change in terms of the re-presentation rate. We have not seen any deterioration in that number.
105. More needs to be done to drive performance within the system, but I caution against thinking about it as an emergency department problem; it is not. It is a system-wide effort that is required to support patient flow. Emergency patients presenting have responses which are .100 per cent of them are seen within a clinically recommended time frame. moving through to lower acuity categories of patients presenting, work is required to bring up those numbers
106. ***Justice Health and Corrections*** – The justice health team have clinical and corporate governance structures, and corrections have their own governance structures. The teams also have a shared meeting where they come together to discuss key issues from either party and ensure that both parties are aware of the consequences for their respective services as a result. Any of those issues are then escalated through our MHJHADS clinical governance committee—the Mental Health, Justice Health and Alcohol and Drug Services governance committee—from a health perspective. That has multidisciplinary representation in terms of all our operational and clinical directors as well. From there, we can appropriately escalate to the relevant forum and advocate as needed. Equally, those resolutions can go back down the team and feedback what we are doing at organisational levels to support in that frame.
107. In the AMC environment the team continued to record any occasions of service, and we will continue to do that, ongoing. They also record any referrals to the team, based on triage categories, and they monitor that closely and will continue to do that. From a mental

health perspective in that environment, anyone who needs urgent follow-up receives it immediately, or within two hours, and those targets are certainly met.

Some of the other key targets we are retaining in these metrics are things like physical health assessments in AMC within 24 hours. At the moment, we achieve 100 per cent of that target. That is really important when we look at the whole person and their whole physical and mental health care.

108.       **Safe Haven Café** - The initial plan was to pilot two Safe Haven Cafes, but the master planning process for the Canberra Hospital expansion is being progressed, and consideration for a hospital-based Safe Haven Cafe will progress as part of that plan. In terms of the location at Belconnen, we have a very engaged governance committee with local service providers and people with lived experience. The decision was made to base it in the Belconnen region. It has the advantage of the growing population in Belconnen, access to the Gungahlin areas, relative proximity to the inner north and city areas, being close to the community health centre there, and being supported by all of the stakeholders through the governance considerations.
109.       Location of a Safe Haven Cafe on the hospital site is being considered and will be advanced in the Canberra Hospital expansion project. We are currently working with Canberra Health Services and Major Projects Canberra to bed down exactly where that will be. We are looking at somewhere that is close to the emergency department, not too far away from the emergency department.
110.       **Dhulwa death** - this was the first death of a consumer in the Dhulwa mental health service. To reiterate what was said in terms of referral through to the CRC and to the morbidity and mortality committee, that happens as a matter of course. One thing to note in this situation is that the person was detained under the Mental Health Act, so there would be a process review that would involve the office of the Chief Psychiatrist. We would look to work very collaboratively with them. The other thing I want to mention, in order to bring completeness to the discussion, is that a significant part of work was to ensure that support was offered to the family of the deceased person and to the staff involved, both staff who worked on the unit at the time and knew the client there, and staff who had worked with this particular person.
111.       **Access to support for first-time mental health issues** - In terms of a broader mental health focus for people that may not identify that they do require some help, part of that is around mental health promotion per se and joining with the commonwealth in “It’s okay not to be okay” type promotions. There are also different ways of accessing people. Not everybody will access social media. Not everybody will look at television advertisements. What we have done with MIEACT—and we did this during the first lockdown—is to produce a pack around anxiety and around depression and self-care. We used part of our communications allocation in the last mental health support package.

**Chief Psychiatrist and The Coordinator-General** - for the Office for Mental Health and Wellbeing has a lead role in looking at system architecture, improvements in the system, and looking at the whole of system. That means actually ensuring that there is a mental health wellbeing lens across government. This has been helped enormously by the ACT government adopting a wellbeing framework. Particularly, a first work plan looked at mentally healthy community and workplaces, and suicide prevention as a multi-strategy process; then supporting people through their mental health journey, and that is supporting people and their carers. That may be family and carers separately.

112. **Winnunga** - With respect to the additional funding that is being provided to Winnunga, for example, the additional funding that was provided in the mental health package was to enable more mental wellbeing checks to happen with people who are in the AMC during lockdown—understanding that tensions might increase, and people might be struggling a little bit more than they would otherwise. From January 2019 to 27 September 2021, 90 clients have had their health transferred to Winnunga. As the minister has advised, that is a continuum as well. People often change their mind in terms of where they want to receive their service. Our primary health service team will re-ask the question later in someone's journey if they would like to be transferred at a later date.

113. Currently, 21 clients are being received by Winnunga. That is either a combination of Winnunga owning the care or sometimes there is a shared care model between Winnunga and justice health, depending on the type of health services Winnunga are able to provide, and the acute services that are available at AMC as well.

## Recommendation 6

114. **The Committee recommends that the ACT Government publish a plan on how it will expand the facilities at the Hume Medical Centre.**

## Recommendation 7

115. **The Committee recommends that the ACT Government continue to investigate a needle exchange program for the AMC.**

## Recommendation 8

116. **The Committee recommends that the ACT Government publicly release the role descriptions of the ACT Chief Psychiatrist and the Coordinator-General of the Office of Mental Health and Wellbeing.**

## Recommendation 9

- 117. The Committee recommends that the ACT Government investigate the implementation of an updated and improved system to handle and process complaints about mental health issues and to review the current processes applied in this matter.**

## 4 COMMUNITY SERVICES; HOMELESSNESS AND HEALTH HEARINGS – 21 OCTOBER 2021

118. On 21 October 2021, the Committee conducted hearings with three Ministers on three separate areas of the budget estimates which come within the Committee's responsibility.

119. The Areas of inquiry and the Ministers who assisted the Committee were:

- Session 1 – Minister Emma Davidson MLA – as Minister for Seniors, Veterans, Families and Community Services
- Session 2 - Minister Rebecca Vassarotti MLA – as Minister for Homelessness and Housing Services;
- Session 3 - Minister Rachel Stephen-Smith MLA – as Minister for Health

120. The Hansard for the hearing is at

<https://www.hansard.act.gov.au/hansard/2021/comms/hcw07.pdf>

### MATTERS RAISED BY THE COMMITTEE WITH MINISTER DAVIDSON<sup>10</sup>

#### OUTPUTS

121. The government's proposed reform work on the age of criminal responsibility raises some obvious questions including: if we raise the age of criminal responsibility, what happens to Bimberi? What is the government's long-term vision for Bimberi should we raise the age of criminal responsibility?

122. What is being done to stop young people entering Bimberi in the first place, particularly around the government's justice reinvestment investment.

123. Has the government planned any specific intervention programs for that 10- to 13-year-old cohort beyond raising the age of criminal responsibility, to keep them out of Bimberi

124. Is there funding within the current budget that is going towards the reform of the system to respond to an increase in the age of criminal responsibility?

---

<sup>10</sup> HCW, *Proof Committee Hansard, 21 October 2021*, pp. 48-61

125. Will OzHarvest receive any funding from the community support package reported to be for support community organisations to provide a range of crisis and emergency supports? OzHarvest has requested an extra van and delivery driver. Is extra funding to be provided for OzHarvest?
126. Detail of expenditure, it is \$240,000 in this budget, then 78,000, 78,000 and 79,000 for community services Does that mean the 240,000 is to develop the database and the strategy?
127. How does the budget deliver on the government's social recovery plan for the city.
128. The Healthy Centre Review of Bimberi Youth Justice Centre 2020 makes 27 recommendations to improve the centre's operation. How much money in this budget has been earmarked for implementing these 27 recommendations?
129. One of the recommendations was for individual therapeutic support for detainees or young people when they are locked up in their cells at Bimberi. What support have they been given?

## ADVICE PROVIDED TO THE COMMITTEE BY MINISTER DAVIDSON AND OFFICIALS

130. **Bimberi** - the majority of young people that are sentenced or are admitted to Bimberi are between the ages of 15 and 17, so the service would continue. So, for example, the education program run by the Education Directorate would continue.
131. All these programs will be still available to young people within the centre, even if the age is increased. Once the age is increased, a different cohort of young people will be apparent, but all programs will still be available to the young people. Winnunga, Gudan and Relationships Australia will also come and provide programs to the young people.
132. : Functional family therapy youth justice program is evidence-based program that is being delivered that target young people between the ages of 12 and 17. It is an intensive in-home service that works with young people, their families and their extended family network. It works in three phases. There is an engagement phase; a treatment phase; and a generalisation and exit phase. It is an evidence-based program. It is used across Australia and also internationally. It works on relationships and what is not working well with those relationships that might be creating circumstances where young people offend.
133. This is a complex piece of work When deciding on raising the minimum age, you are thinking about not just the young people but the environment and the families that they are attached to in terms of how changes are to be made to the service system.

134. It works in three phases. There is an engagement phase; a treatment phase; and a generalisation and exit phase. It is an evidence-based program. It is used across Australia and also internationally. It works on relationships and what is not working well with those relationships that might be creating circumstances where young people offend. This is to be a long-term change to the way our community responds to and supports these children and their families and the communities in which they live. There is probably a six-month horizon with some work, and definitely an 18-month horizon for a deeper piece of policy work and system reform. The next tranche of work after that, which will require, a whole range of our community sector partners and our directorates to be working together.
135. If this is to be successful for the purpose of making sure that 10- to 13-year-olds are not engaging in those kinds of harmful behaviours, that is going to involve intervening and providing support to those young people and their families from a much earlier age. That will flow on to having good impacts for people over the age of 14 as well. We expect to see those good improvements over time. It will be a well-integrated system.
136. **OzHarvest** - It is important, in looking at where we sit in terms of food support, to recognise that food is only one part of the puzzle that we need to support families. Often it is a great way of opening the door to provide significant wraparound services. The extraordinary work of some of our community service partners includes stepping in with food and also with a broad range of social supports. This includes supports from first commencing the broader food support package from when COVID first appeared; they have maintained those relationships and supports through the ebbs and flows of what has been a really difficult time.
137. Ongoing funding in the forward years for [community services] database development and support will support the gathering of that group in the more formal structure—the support for that plus the development of a larger food strategy to be used over that four-year period. That is taking into consideration that we need to look at lots of factors, not just the pandemic. There is a lot of research recently published around what our environmental landscape is going to look like, from a global warming perspective, in terms of fire and flood, and the impact of that on our community as well. Our food and material aid response needs to form part of that also.
138. I would anticipate that. VolunteeringACT are one of our lead agencies in that space. They have a platform at the moment, and they have the database that we will be migrating from. We take the advice of that community organisation, amongst the other ones, about where it would best sit.
139. **Social Recovery** - In the social recovery space, it is about some of the core functions as prescribed under the emergency management framework. Social recovery in that domain is one of the four pillars of recovery. It is one of the most critical components of that pillar of

emergency recovery framework, because the reality is that if we do not have people who are safe and comfortable, they cannot participate in the broader economic fabric of the community. Social recovery is a critical piece of that puzzle, and it sits under the emergency management framework. In terms of the work now, we are talking to our community partners, many of whom have been stretched over the COVID response, to ensure it is ready to stand up in a bushfire or flood—or smoke or hail—as mentioned last time we met.

140. ***Healthy Centre Review of Bimberi – Recommendations*** - Many of the issues that were identified through the healthy centre review were progressing through other reviews and reforms that we had identified for Bimberi. I think all the recommendations are able to be progressed with existing resources.

141. In the previous budget, we were provided with some funding, and we were able to employ our intelligence officer and our work health safety officer, our training officer, and consolidate our principal practitioner out at Bimberi and some money for some capital works improvements in the service. The addition in this budget of two additional control room officers will assist in how the campus is managed on a day-to-day basis. That additional capacity and the capability there are really welcomed because that will assist in supporting staff and young people.

## **Recommendation 10**

142. **The Committee recommends that grants from the ACT Government Community Support Package be better promoted to community partners eligible for funding support.**

## **Recommendation 11**

143. **The Committee recommends that the ACT Government provide updates to the Legislative Assembly on development of a Disability Health Strategy by the end of 2022.**

## **Recommendation 12**

144. **The Committee recommends that detainees at Bimberi Youth Justice Centre continue to have access to AV links for family visits.**

## **Recommendation 13**

145. **The Committee recommends to the ACT Government that young detainees at Bimberi Youth Justice Centre receive additional therapeutic supports, including mental health supports and counselling, whenever they are locked down for any reason.**

146.



## MATTERS RAISED BY THE COMMITTEE WITH MINISTER VASSAROTTI<sup>11</sup>

### OUTPUTS

147. \$8.6 million has been dedicated to specialist homelessness services in this budget, and I understand that is the first real increase in many years. What circumstances have brought about the need for this investment and how are you hoping that this investment will change the experiences of people experiencing, or at risk of experiencing, homelessness?
148. what are some of the specific activities a professional working in the specialist homelessness sector does to support people living with homelessness, and how will this funding increase their capacity to do those activities?
149. In the accountability indicators, it mentions that the client service visits for Housing ACT properties was almost 2,000 fewer than the targeted 11,000 for 2020-21. .
150. why are client services visits less than one per household per year?
151. looking at the satisfaction with the provision of public housing, the 2021 target is 76 per cent. The interim outcome 2021-22 is 63 per cent, with a target of 76 per cent. What is the government doing through this budget to improve satisfaction with public housing in the ACT?
152. How many applications were received and allocated to that greatest-need category for placement in 90 days in 2020-21? How many are expected in the following financial year?
153. .What is the expected change in waiting days, given the state of the private rental market, and the forecast decrease of social housing stock?
154. What is the process around detainees at the AMC and how they are released into social community housing, particularly as they come up for parole. To have safe housing is a decision-making factor for a parole board. So how does Housing ACT work with that?
155. How does a person who was not a tenant when they went into AMC but would need public housing when they are due to come out proceed? How would they engage the system in a timely manner so they would be eligible for parole and have a safe home to go to?
156. Emergency COVID accommodation during the lockdown has led to a response that has been to temporarily house rough sleepers in hotels. Are you able to confirm that? What is the plan for these people when that emergency COVID accommodation in hotels runs out?

---

<sup>11</sup> HCW, *Committee Proof Hansard*, 21 October 2021, pp. 62-76

157. Why is that percentage of those that are homeless or at risk who engage these services from the start to achieving independent living just 63 per cent?
158. Enhancing digital service delivery channels is aimed at ensuring public housing tenants and other members of the community are able to access housing homelessness services. What work is underway? What is still required to get these services connected and online

## ADVICE PROVIDED TO THE COMMITTEE BY MINISTER VASSAROTTI AND OFFICIALS

159. ***Homelessness responses*** - The homelessness services sector has had significant demand on its services for a number of years because of the increasing complexity of people's lives. We have come off a period where we have seen significant trauma and impacts through disasters such as the bushfire season of 2019-20 and the smoke. Obviously, the pandemic has also provided some really significant stressors for people. We know that through the pandemic there have been significant increases in family stress and in domestic violence. The shutting of the borders means that people have had a lot fewer options in terms of their accommodation, and we are in a context where we do see very high rentals in the private market.
160. This injection of funding means that we will be able to provide to all specialist homelessness funding an increase of 12.7 per cent to their base funding, which means that when we take away the CPI—recognising the general annual increase in costs—we will see about a 10 per cent rise in their resources. We know that that will be used for things such as supporting additional staffing and being able to increase their capacity in terms of their IT and insurances and those kinds of things
161. There is *Street to Home* program. They are working with people who are sleeping rough—going up to them and having a bit of a chat in terms of their circumstances. The workers are working with them on what we can do in terms of providing them with connection to emergency accommodation. Obviously, we have emergency and crisis accommodation. That includes a range of services. You might have heard of our refuges such as Beryl Women's refuge, Doris's refuge or Toora. We have MacKillop House, which is one of the new services that I spoke about, which is providing emergency accommodation to women without children and women with children.
162. ***Client Service Visits*** - The home visits that we were able to do, rather than client service visits, were to check on people who we were concerned about or where there was significant community disruption in play. There were very limited visits and on approval from senior directors.

163. From October we were out on the field in force and prioritised particular houses that we had not been to for a while or had not been seen yet because they were new tenancies. Our aim was to get as close to a kind pro-rata amount of client services for the year, which we achieved.
164. Paramount during lockdown was protecting the safety of both staff and clients. Like many services delivered across the community, different operational modes are employed to make sure that safety of everybody affected was preserved.
165. Client service visits are one type of interaction. It is a particular interaction which is looking at the property once a year and checking how things are going for the client. There are other interactions that we have throughout the year, particularly for more vulnerable clients.
166. **Quality Assurance for Housing** – Government is examining ways to improve the way government engage on responsible maintenance. Previous work that we have done looked at choice based letting and providing some digital capability around there as well. Some activities are focused around our model social landlord framework. And that focuses on empowering our clients and being at the centre of those decisions that are being made and providing consistency of decision making. Those elements—and providing a very key focus on them, to give the right outcomes for clients—will allow those activities to occur within there, as well.
167. There is a range of work in relation to that. The budget announcement does speak to that. In the February budget it was announced that we would have ongoing funding for a range of new services that have been important and useful through the latest lockdown. Additional funding provided to OneLink to provide emergency accommodation for people that were unable to stay safely at home. There has been a significant increase in use of those funds over the lockdown period. We know that some of those tools are working.
168. **AMC detainees and access to housing** - Specifically, tenants who do not have any remaining family or residents in the house that they were in, because that tenancy would just continue otherwise. For tenants who have a period of incarceration of six months or longer, we have begun, in the last year, to have two intensive practitioners working with staff and incarcerated tenants within AMC to try and engage them—firstly, to see if they are able to give up their tenancy so we can get it back into circulation and also to maintain the asset
169. **Covid Accommodation since August 2021 Lockdown** - Since 16 August, OneLink has accommodated more than 180 individuals and households. So that is a significant demand, and it is expected during a pandemic. That accommodation was what OneLink was actually funded for. So, whilst there is a challenge in terms of exit points, that accommodation fund, which was funded last year, was certainly timely in this lockdown.

170. The Rough Sleeper Working Group consists of the Early Morning Centre, Street to Home, St Vinnie de Paul, CatholicCare with Axial, and, of course, OneLink. They have a very good idea because they have been meeting together and ensuring that they are wrapping around all the clients. They are not just providing a service at the Early Morning Centre but have a line of sight as to who else is actually reaching out.
171. ***Homeless engagement of services*** - complexities that relate to homelessness the housing component is one part. The reason we really engage with these specialist providers is to provide the alternative support arrangements that need to be in place. Significant mental health issues—particularly when we look at rough sleepers—and alcohol and drug dependencies, and other aspects that relate to it are important. The number is really there to identify what the complexity is and where whole-of-government responses are needed to provide greater support to those that are looking to achieve that independent aspect. The community housing providers play a significant role there, but we do play a role to bring those other supports in.
172. ***Digital services to the homeless*** - Part of the work with the business improvement is also ensuring that our back-end processes have been streamlined and that we are able to be very predictive and consistent in how we respond to our clients. Part of the early work—and mentioned previously—is choice-based letting. That has been a digital service that allowed clients to look at housing, get photos, get more information, and get an identification of those houses. They can view it before they actually go there, as well. So, again, it is looking at providing early information. We had great success from that.
173. We are conscious as to the limitations and barriers for service. Many of our cohort do not have mobile phones, as an example, and they are very concerned about engaging with government online. So, we ensure that our services can be done in a digital way or by any other mechanism, such as email, phone calls, or in person through our central access point.

## COMMITTEE COMMENT

174. Committee Comment set out.

## Recommendation 14

175. **The Committee recommends that the ACT Government ensure that AMC detainees are not disadvantaged during parole hearings through providing a guarantee of housing either through Justice Housing or Housing ACT.**

## MATTERS RAISED BY THE COMMITTEE WITH MINISTER STEPHEN-SMITH <sup>12</sup>

### OUTPUTS CONSIDERED –

176. In the budget it notes you are funding acute streaming within the emergency department. Can you explain to me what this is likely to look like and how it is going to differ from normal triaging?
177. Can you provide an overview of the significant increases in health funding made in this budget.
178. All state and territory health ministers, both Labor and Liberal, have written to the Commonwealth government regarding the health funding that has been provided to the states and territories. Can you explain to the committee why that letter was written and what the implications are for states and territories.
179. Why were strategic and financial review recommendations made back in 2006 that the ACT adopt a 6.2 per cent funding envelope for health services
180. I understand that this budget invests in ongoing essential infrastructure at the Calvary Public Hospital in Bruce, totalling about \$20 million over three years. Is the facility at Bruce owned by the ACT government, and what are the arrangements under which Calvary is funded, particularly when it comes to these infrastructure upgrades of buildings?
181. Was your commitment in January this year a commitment to reach 70 per cent on the four-hour target or 70 per cent on all ED presentations being seen within clinically recommended time frames
182. Noting the improvement to nursing ratios in our hospital; why is this an important reform and how will it be delivered?
183. Clarify how much of the \$973 million of funding proposed to be provided to the ACT local health hospital network will be provided to Calvary in 2021-22?
184. The Health Care Consumers Association on the budget where they called on the Health Directorate to establish a health sustainability team to examine the impacts of climate change on health and health care. This is particularly relevant for people in Brindabella, who

---

<sup>12</sup> HCW, *Proof Committee Hansard*, 21 October 2021, pp. 77-122.

were victims of the bushfires, and the smoke that came from that. What is the government's position on the interrelationship between climate change and health care, and the establishment of such a body?

185. Government promised a nurse-led walk-in centre for Coombs. When will that be delivered?
186. Can you provide an update on the planning for the south Tuggeranong walk-in centre?
187. There are currently three different vaccine mandates either in place or in the pipeline, those being hospital staff, disability workers and aged-care community-based workers, and primary school teachers and those who support them in after-school care. Can you please take the committee through the exact process for the determination of the decision on making these mandates?
188. I have had correspondence from local LGBTIQ+ organisations that have raised serious concerns with me about the veracity of the methodology and the outcomes proposed in the LGBTIQ+ health scoping study. I understand that this budget funds the implementation plan of that scoping study, but if the study itself is being questioned by some of the key stakeholders, how will you ensure that the implementation plan is rigorous and has community buy-in and support?
189. Will there be some assurances that those consultants will have specialist expertise around LGBTIQ+ health?
190. Has the ACT commissioned or received any modelling along the lines of the Doherty modelling relating to COVID in the ACT?
191. It is noted the pill testing pilot has been funded for six months in this budget. Specifically, what is it the government would need to see as a result of that trial in order to ensure continuity of the program into the forward years.
192. in relation to the \$50 million allocated to be spent on introducing new nurses over the next four years, what portion of that is for wards and beds, and will it actually achieve the appropriate staff-patient ratio?
193. Can you inform the committee about the new model of patient navigation that you are seeking to implement.
194. How much money has been allocated in this budget for quit smoking programs?
195. Can you explain how the duration that a COVID-19 patient stays in ICU in hospital has evolved over the duration of the pandemic, as treatments, no doubt, have improved? have

to learn to manage the risk of COVID-19? And at what point will that actually start to really come into effect?

196. Can the Committee have an update on the development of the next ACT drug strategy action plan? What is the actual work that needs to be undertaken? Is there formal consultation with stakeholders? Is there community consultation? What is the process that we will be going through?.
197. Can the Committee understand how the funding allocation for the Watson health precinct redevelopment has been modelled and whether the \$803,000 that has been allocated will be enough for the design and redevelopment of three facilities; Ted Noffs, Catholic Care and the brand new Aboriginal and Torres Strait Islander residential rehab centre. Are involved.
198. What consultation is happening with both Winnunga and the two organisations currently on the site, Ted Noffs and Catholic Care? Not just on the redevelopment of that site but any risks or opportunities that might present in the future redevelopment of those three facilities being co-located in such a way?
199. What information do you have on how you are using devices known as medihoods?
200. How are walk-in centre presentations progressing and whether or not we are meeting our targets?
201. Can the Committee have an update on the culture review recommendations? How many have been implemented and how many do you expect to have completed by the end of this calendar year?

## RESPONSES TO THE COMMITTEE BY MINISTER STEPHEN-SMITH AND OFFICIALS

202. **Acute case streaming** - There are a number of aspects to the budget initiative. Really, what we are attempting to do—and there has been a lot of design work that has been in flight for a while, being led by our Clinical Director and the two deputy directors in the department—is redefine the role of the emergency department as the emerging front door to the broader health service and attempt to stream, in a much more efficient way, patients coming into the service.
203. A simple explanation is: if the patient presents, there are a series of diagnostic workup decisions that can be made and all of them can be made in the emergency department. Some of them can be made quite rapidly in the emergency department with our experienced emergency consultants and they can determine that yes, a patient will need to be admitted; they need acute-level care; and so, they will be admitted. Then it becomes a

decision: do the following-on diagnostic decisions actually get made within the department or is it more efficient to actually move those patients into our facility where some of that work can be done?

204. **Current year funding – increase** – there was a rise to more than \$2.1 billion in 2021-22. That represents an increase of almost \$130 million or 6½ per cent on the 2020-21 outcome. Recurrent funding for new initiatives is almost \$180 million, and \$690 million over four years... A couple of things have led to this increase in funding. We have compared the last four years to the coming four years. There is a \$1½ billion difference between those two four-year periods. This is a re-examination of the health funding envelope for the entire portfolio of health, including mental health, and having a look at the indexation arrangements for funding under what is described as the health funding envelope or the new health funding model, and then of course funding some really significant election commitments that ACT Labor and the Greens took to the election
205. **Commonwealth- state funding** - There are multiple things that are driving some of these cost pressures and we think that the commonwealth has a role in addressing. One of those is to help us reduce the number of long-stay patients who are waiting for an NDIS package or an aged care bed or place. Clearly that is a commonwealth responsibility. Both NDIS, in terms of policy and accountability and rollout, is a commonwealth responsibility, and aged care is fully a commonwealth responsibility.
206. **6.2 per cent funding envelope** - Over more recent years, that funding envelope indexation rate was set at 4.15 per cent to try to address some of the inefficiency in the system, to try to encourage more efficiency, and in recognition of the really rapid growth in some previous years that simply could not be sustained at that level in an ongoing way when revenue was not growing at anything like that rate. That 4.15 per cent was also a challenge for the health system, particularly given the demand pressures that I just talked about earlier.
207. The model is very detailed work between the ACT Health Directorate and Treasury, with the support of Canberra Health Services to really understand the nuts and bolts, is essentially, for future years, a funding indexation level of around 5.1 per cent. To be clear, there is a single envelope but the make-up of it took into account the increased demand for frontline health services and so set an indexation level of around 5.4 per cent for those sorts of frontline service elements. To do that we have considered the things that fit within the definition of the local hospital network.
208. **Calvary hospital expenditure** - The car park at Calvary hospital is actually owned by the ACT government and we will be making some further upgrades to that car park throughout this year and next. There are also some sterilising upgrades that will be made, and they are actually spread across LHS, and we will be actually facilitating that through CHS to upgrade the sterilisation activities. An ICT component is also held within there.



209. It depends on where we are doing the activities, but predominantly any capital funding paid to a building, even Winnunga, is funded through a territorial grant for their facilities.
210. **Improvement in Nursing Ratios** - I think it is important to clarify that we are talking about general wards, not some of our highly specialised wards, which are yet to determine the accurate ratios. On the work that our team have been doing at CHS, in conjunction with the Chief Nurse we are looking at needing to increase our FTE by around about 50—we are still clarifying the exact numbers—noting that it will be fluid, because our patient numbers are dynamic as well. We have strategies in place already to start to gradually increase our recruitment levels so that we are ready to go when the ratios become live. the nurses and midwives will be across Calvary as well as CHS. The budget measure funds up to 90 additional nurses across the two public health facilities and a small implementation team that will actually oversee the introduction of the ratios and monitor how it is going.
211. The public health area of the directorate has a very strong focus on the broad health of the community. Unfortunately, it would be fair to say that the Chief Health Officer has been very focused on COVID for the last 18 months. In a more general sense, she would lead a lot of our public health that is looking at exactly those impacts. The health protection services monitor air quality and look at things like thunderstorm asthma and follow through on the impact of the smoke from the bushfire season
212. **Health and Climate Change** - As the minister said, we are also doing a lot of work on how we can better integrate care for people with chronic conditions. In doing that, we will be working with Capital Health Network so that what we do links in with what the Commonwealth does. The most common complaint is that the Commonwealth and the state are not working together and that, for the person, it is a very fragmented system of support.
213. **Nurse-led Walk-in Centre for Coombs** - Health Directorate has worked closely with the administrator and stayed in touch with the administrator through that process. We were very pleased when the administrator was able to announce, on 21 September, that Palm Healthcare would be taking over the clinic in Coombs. The directorate has been working in negotiations with Palm around whether they would be willing to partner with us in the same way that the National Health Co-op was going to, to establish the walk-in health centre in Coombs.
214. **Vaccine mandate** - you through the considerations that I take, and that the Health Directorate takes, alongside some of the discussions that chief health officers are involved in at the Australian Health Protection Principal Committee. Overall, mandatory public health directions are a challenging decision to make. We do take a lot of considerations on board. COVID has definitely posed for us difficulty and a scale of a problem that we have never seen before.

Certainly, whenever we are thinking about this, I think about the objective or the intention of what we are trying to achieve. Overarching that has been to protect the lives and health of the Canberra community. The aim of that has been to limit the spread and the impact on individuals. Every decision that we make needs to align with that, and acknowledge the risk—

215. The issue with our education settings is that under-12-year-olds are the one cohort that we cannot give vaccines to at the moment. As we know, the incidence or the prevalence of severe disease in children is expected to be less, and that is what we have certainly seen internationally and in other areas of Australia. If enough kids get transmission of the sickness, we will see sickness. limit it to the settings where under 12s were. You will notice that I did not include those high school settings, only those settings with the under 12s. We have seen quite a few outbreaks in our early childhood centres. Victoria at the moment is still seeing outbreaks in their vulnerable under-12 groups. This is only a short-term, temporary measure
216. **LGBTIQA+ health scoping study** - scoping study drew significantly on previous work that had been done in the territory, both by government and by stakeholders, on LGBTIQA+-related health issues. It included that literature view. It included consultation with stakeholders. That consultation was necessarily limited because it occurred during the earlier stages of the pandemic, and it was very difficult to get people in a room in the way that we had wanted to. But there was consultation with stakeholders. I cannot quite remember what it was called; there was a steering group of sorts, comprising stakeholders.
217. The report was worked up with that steering group. I think the steering group had a couple of opportunities to review and provide input into that report. As the minister said, the report is near final at the moment. directorate will be going through a procurement process shortly to engage consultants to develop the implementation plan and also to work, as was mentioned in the budget, with stakeholders to co-design the gender clinic. And the third part is to start to drive forward some of the recommendations from the scoping study.
218. **Doherty modelling in the ACT** - What is known as CHECC has led some work around both trying to replicate the Doherty modelling as much as we can but also having another look at the national and international evidence and experience to see how much we can understand what we expect to happen in terms of ACT and surrounding New South Wales cases and then the impact on our hospital system. I might give Mr Pfeffer the floor to talk about some of the assumptions that have been made in that and some of the outcomes.
219. One thing I will say—and we do caveat the use of models—is that they are just mathematical representations of a series of inputs and assumptions. So, they will run until the model completes its assumptions around who will get the virus and how that will be transmitted and at what rate. It is always important to then benchmark that back to what is the real-life experience that is occurring around the country and around the world to try and guide some of your planning activities.

220. Canberra Health Services, through the Clinical Health Emergency Control Centre, has led the work on doing a couple of different types of modelling for us. You might be aware that Doherty has done some jurisdictional modelling. But for the ACT that did not necessarily take into account the impact of regional New South Wales and the fact that we have a tertiary referral hospital. Also, there are some constraints around the Doherty modelling in that it only looked at 70 per cent and 80 per cent vaccination rates and we are clearly heading for a much higher vaccination rate than that, for people 12 and over
221. ***Pill-testing pilot*** - the funding that has been allocated in the budget will support a six-month pilot program in a central testing site, a fixed site, in the entertainment precinct. But the site itself is yet to be identified. So that six-month period will allow the pilot to operate for long enough for us to be able to get some reasonable data about uptake and impact. We have also funded separately, through the research innovation fund grants program, a researcher at ANU to undertake some work alongside that to develop an evaluation model of care
222. Measuring success comes down to It is a process where people are actively engaged when they come into the service. We have seen it with the pill testing policy at festivals, where we are engaging with people coming in and getting them to understand the actual drug that has been identified, what are the downsides of it and what are the implications for them if they consume those drugs. So, there is very much a learning opportunity. But it is also about how many people are seeking access to this service and what are the outcomes we are proposing that we are actually seeing. It is about saving lives and it is about reducing the harm.
223. ***Nursing numbers for 21-22*** - The funding that is unallocated out of that growth sits in what is called the health central provision. And it is somewhere in the budget papers—I just do not have the right page in front of me—that actually specifies what the health central provision is. Each year the health minister and the mental health minister bring forward budget bids that are then offset against the funding that Treasury has already set aside for growth in the health system over future years.
224. ***Patient navigation*** - Health Care Consumers Association looked at models in other jurisdictions to determine what we could do to implement a patient navigation service in the ACT. They recommended specifically that it should be a standalone service that is recognised across the health system and that brings together the navigators so that they are working not as individual, isolated units but within a framework and supported. We have not got an exact model for that at this point in time, but this funding delivers the opportunity to develop and co-design that model and bring together those teams of navigators to work together, with the very first one being the paediatric liaison and navigation service.
225. ***Drug Strategy Action Plan*** - The next drug strategy action plan is starting to be pulled together now. We anticipate that over the next six to eight months we will have a new final

draft for government to consider. As you would appreciate, there is quite a lot going on in the drug and alcohol space at the moment, and we are trying to understand all those issues.

226. We are also looking at an evaluation of the current plan that is in place and making sure that we have done all the things that we indicated that we could. It has obviously had an impact on some of the deliverables. Certainly, some of the work that we have done, like the joint funding for Capital Health Network and the John James Foundation to set up a mobile primary health clinic, has been important.
227. The work we did on the feasibility study for the medically supervised injecting study has been important, as well as the work that we are doing with Aboriginal and Torres Strait Islanders in the resi rehab space, working with Winnunga around models of care. There is actually quite a bit happening in the background. The fixed pill-testing site and looking at what we do more broadly about reducing harm within the community is some of the work that will inform the next drug strategy action plan.
228. Over the next few months, we have the inquiry coming down which will guide some of the work that will inform the next plan itself. We are now in October, and I anticipate that over the next six months we will have some further consultation. I know that the sector is very keen and is talking to us on a regular basis about that work. There are the treatment areas as well that are being challenged by the sort of work that we are doing at the moment.
229. **Watson Health Precinct** - \$200,000 out of the COVID stimulus to do some work on the Watson precinct and some master planning. We thought the block in Watson was a really lovely place to deliver health services. It is at the base of Mount Majura. It is a really lovely place for people to go to heal and get the treatment that they need. But the building probably does not communicate the worthiness of the people—that the people who are there are worthy of getting their lives back on track and turning their lives around. We did the work with the stimulus funding that we had to master plan the site. It is a really big site, and it is not utilised very well, so we undertook work to look at what else we could fit on there. We thought it was a really lovely site as well for an Aboriginal and Torres Strait Islander residential rehab facility. Winnunga, when we took them there, also thought it was a really lovely site.
230. We are not planning on co-locating the three services. We are planning on subdividing the block and having a separate entrance to the Aboriginal and Torres Strait Islander residential rehab, so they would be like a next-door neighbour. The distance between the services is about 100 metres, so it is a long way away. As we go through the design processes over the coming 12 months, I think Catholic Care in particular will be very reassured about how the site will come together and be developed
231. **Medihoods** - medihood is effectively like a little negative pressure environment that sits on top of the patient's bed, with the patient in the bed. It has a plastic cover and air is extracted out through a small extraction fan, through a HEPA filter. It provides an

environment that reduces the amount of viral load that is dispersed in the particular room... It was an invention that came from a collaboration between a Victorian-based university—I cannot remember the exact one—and clinical professionals in Victoria. I think it is called the McMonty medihood. We have taken receipt of 18 of them at this point.

232.       ***Walk-in centre targets*** - through the lockdown, that presentations across the walk-in centres have decreased. They are on their way back up. We have also seen, now that we have managed to return the Weston Creek Community Health Centre to the Weston Creek Walk-in Centre, that those numbers are now starting to come up as well. I can provide you with the exact numbers if you would like them. It is probably better that I take that on notice, though, than read out a whole stack of numbers now.

233.       There are a range of measures that we look at to evaluate the walk-in centres, one of which is the number of people that are redirected to emergency departments. That helps tell us that we have got our marketing right so that we have the right people turning up. Obviously, we do not want people turning up to a walk-in centre if they are critically unwell and should not have gone to the walk-in centre. It is rare that we would need to call an ambulance to redirect somebody from a walk-in centre to the emergency department. We are comfortable that we have got that marketing right. That is one aspect.

234.       We also do consumer satisfaction with the walk-in centres. That is very positive. We look at the trends in presentations and the types of things people are presenting with. What we are noticing over time is that there are starting to be more and more acute presentations to the walk-in centres—things like fractures, for example—as opposed to colds and coughs. It is allowing the walk-in centres to practise more of their full scope, which is very encouraging. The other thing that we can take from that is that they are presentations that would otherwise have had to go to the emergency department if we did not have the walk-in centres available for them.

235.       ***Culture Review Recommendations*** - from the papers from the 29 June meeting of the 92 implementation actions across the 20 recommendations, at that time 58 of those actions had been completed, 32 were on track and two were identified as either being delayed or at risk of delay. Since that time, of course, two more actions have been completed. The remainder continue to be monitored. I am aware, from just recently looking at some papers for the next culture reform oversight group meeting, that we are now looking at delays—from memory, an additional about four or five. We are now looking at six or seven individual actions, not recommendations, out of those 92, that are experiencing some level of delay.

236.       Since that time two more actions have been completed. The remainder continue to be monitored. I am aware, from just recently looking at some papers for the next culture reform oversight group meeting, that we are now looking at delays—from memory, an additional about four or five. We are now looking at six or seven individual actions, not recommendations, out of those 92, that are experiencing some level of delay.

237. The response to the COVID 19 outbreak has drawn a lot of staff from roles that might have been specifically related to responding to the culture review into the frontline or administrative support roles, like logistics or resourcing, for what has been a very large response to the COVID-19 outbreak

## **Recommendation 15**

238. The Committee recommends the ACT Government develop a health workforce strategy and provide an update before the end of Financial Year 2021-2022.

## **Recommendation 16**

239. The Committee recommends that the ACT Government publicly release the human rights compatibility statement on vaccination requirements for all health directions as recommended by the ACT Human Rights Commission.

## **Recommendation 17**

240. The Committee recommends that the ACT Government investigate and report on the viability of providing risk-based streaming, such as seniors streaming, in Emergency Departments.

## **Recommendation 18**

241. The Committee recommends that the ACT Government fund a dedicated team of policy experts within ACT Health to address the intersection of climate change and health.

## **Recommendation 19**

242. The Committee recommends that the ACT Government should ensure that any external consultants commissioned to implement the recommendations of the LGBTIQ+ scoping study demonstrate connection to the LGBTIQ+ community and the service sector that surrounds it.

## 5 FAMILIES AND COMMUNITY SERVICES

### HEARING – 25 OCTOBER 2021

243. On 25 October 2021, the Committee conducted hearings with the Minister for Families and community Services, Minister Rachel Stephen-Smith MLA.
244. The Areas of inquiry the responsibility of the Minister are all within in the Community Services portfolio and directorate responsibility and are the following outputs:
- Inclusion and Participation
  - Strategic Policy
  - Quality, Complaints and Regulation
  - 2.3 Child and Youth Protection Services
245. The transcript for the hearing is at:
- <https://www.hansard.act.gov.au/hansard/2021/comms/hcw08.pdf>

### MATTERS RAISED BY THE COMMITTEE

246. What is the increase in cost of a working with vulnerable people card registration, and what was the rationale and explanation for the increase.
247. One of the three stated initiatives for the 2020-21 budget is the delivery of a defined model of external merits revenue. Has the model been completed and been completed and what is the timing for its delivery?
248. What is a typical time frame for implementing external reviews of decisions for protection of children decisions?
249. The review of decisions in relation to children protection matters has waited five years and there appears nothing to support people within our community looking for an external review process to challenge decisions made by CYPS. How much is it costing to have the panel, or the consultant group design a model of how the external merits review will be done?
250. what work is underway to develop the next iteration of A Step Up for Our Kids? This iteration of the strategy is from 2022 to 2032. What consultation with the community will occur in that period?
251. There is a lot of value for government in the existence of community advisory councils for a range of different groups with different, competing challenges that need to be

brought to the forefront of government's attention. Has there been any specific budgeting to better remunerate the people that sit on these bodies; \ particularly advisory councils that exist in the children and youth space?

252. In terms of review, what work is done to ensure if the stipend or remuneration that we have provided is appropriate to those giving their time; particularly work done to identify those people who may have expertise but choose not to be a part of these advisory councils? What is done to ascertain why people with expertise may not share it?
253. There are at least two foster families who have reportedly either threatened to or have quit: fostering for the ACT. How many other families are experiencing this type of concern and anguish and are considering leaving the ACT fostering system?
254. A concern is online comment that experienced foster carers that the current system is disrespectful and worse, has retraumatised children by poorly managing transitions.
255. So, it appears they are being disrespected and children being placed in their care are retraumatised by poorly managed transitions. How can you fix a problem of ensuring children transitioning from one foster carer to another are not being retraumatised, but being rehabilitated?
256. How many transitions have happened in the last two years where a slow process of transitioning takes place to ensure all parties involved understand what the circumstances are and understand the long-term goal rather than just a quick and abrupt process overnight or over 24 hours or 48 hours?
257. The community services sector appears to suffer from job insecurity, as a broad issue; I have seen in recent times in CSD itself a range of positions being advertised which are temporary. What is CSD doing to reduce job insecurity in its own workforce?
258. So, how many positions currently advertised, and, of those positions, how many are advertised as permanent, ongoing positions and how many of our contract positions.
259. A budget priority 2021-22 is to deliver A Step Up for Our Kids. Kinship carers at ACT Together earlier this year raised numerous concerns, including lack of help accessing services.



## RESPONSES PROVIDED BY MINISTER STEPHEN-SMITH AND OFFICIALS

### MERIT REVIEW OF CHILD PROTECTION DECISIONS

260. There has been some delay for the external merits of child protection decisions, the government did go out and attempt to procure a new provider, a consultant, for this piece of work. Unfortunately, the provider that we selected lost a number of the consultants.
261. It was one of the universities who had put up the tender for the review, but the people within the university who were going to deliver the piece of work resigned from the university. However, that did mean that the tender was not able to be followed through. We have re-gone through the process, the procurement process, and we are now expecting a new set of consultants to start work in November.

### A STEP UP FOR OUR KIDS.

262. A Step Up for Our Kids. That strategy has been in place for five-plus years now. In developing the next strategy, we have taken time to really understand the evidence base to inform the next stage of reform. The team in CSD Directorate and internal governance groups, as well as with key partners across the ACT government has looked at the evidence base.
263. The evidence base comprises three important things. Based on five-plus years now of data, the 2015 strategy in 2015 update progress against the strategy regularly.
264. As a first stage, staff who worked within the system were consulted as well as funded providers, and young people to find out their experience of the system. The he same set of questions were asked including what has gone well under the strategy and where are the areas that need focus on, and what is your advice going forward? This first engagement was released as a listening report, which is on the Your Say web platform.
265. As a second stage of engagement activities, the issue of intersectionality and looking at diverse communities, what out of home care means for people with diverse experiences, and how they can best be supported. This is now complete and continued during COVID. That stage 2 listening report is now being finalised, and that will also be uploaded to the Your Say web platform.
266. That staged examination has been around engaging with key stakeholders. That is now being brought together and looking at what that evidence is what that stage of reform needs to comprise. There is also a longer horizon that recognises complex reform.

267. Reform in out of home care and the systems around it and the multiple stakeholders does take time. Going back to our question of what had worked well, it was reported that the strategy was on point in terms of the reform agenda, and that good things were achieved; notable differences occurred in key areas. It is timely to be progressing the reform agenda now.
268. In any one year, there will be at least one, and often two, jurisdictions around Australia that are undergoing a review of their child protection systems. Also, academic work in this space and experience—the evidence base that is developed from practice,—continues to evolve. So, underpinning this 10-year strategy there will certainly be a series of action plans that will reflect the evolution and the evidence as it goes through, but with an overarching set of principles that will not need to be revisited
269. One of the things that has very clearly occurred over the last five years is a stabilisation in the number of children and young people in care, and a reduction in the number of children and young people entering care, compared to that previous period, where there is a rapid increase. There is a more effective intensive supports and wraparound support for families to keep their children safe at home. That is evidenced by the numbers and by the experience of the families.
270. So, stakeholders—our non-government partners, our staff, and children and young people—are important. As noted there have been some good things and there have been some things that have not worked so well. That result is reflected in the first listening report, and it will continue to be reflected in other material.

#### ADVISORY BODIES

271. The accountability is to consider each and every advisory council, reform committee or initiative group that is being put in place to support the work that is being undertaken and to understand the level of involvement, input and decision-making to the minister, the DG, or other significant stakeholders. In addition, it is important to and to decide based on publicly available information from the Remuneration Tribunal or other community participation payments so that we can consistently apply that set of rules to how the terms of reference are established and what they contain within them for each group.
272. It is one of those things constantly centred on policy. Is there equity between different groups? Are we sufficiently remunerating people? We ask this question often about people with lived experience, who often come to help us understand that lived experience. Often, they are not particularly well-remunerated for that; yet it is one of the most valuable things to hear from people.

## FOSTER CARERS AND KINSHIP CARERS

273. Foster carers and kinship carers are the absolute backbone of the out of home care system. The system would not function without them. Understanding their experiences is vital. There is often legitimate feedback that carers do not believe that they are sufficiently heard and listened to in a way that reflects their expertise with the child or children that they care for. Sometimes there are issues around expectations and a mismatch of a carer's expectations with the way that the system works from a legal perspective, or the decisions that are often very difficult that our caseworkers and senior managers need to make about what is going to be in the best interests of a child or young person long term which others involved in that child's life may not think are in their immediate interests. It is a very difficult balance.
274. Specifically, there is a necessity to be conscious and aware whenever we hear these things, and we take all that feedback on board. One of the things important in the next phase of *A Step Up for Our Kids* is to really understand. There is a trauma-informed system and there is which is an expression "trauma-competent". It is not enough to be trauma-informed; it is to be trauma-competent.
275. Whilst that is often used only in relation to children and young people, and sometimes in relation to their birth families, understanding that, often, birth parents have experienced significant trauma in their own lives. It is important to do better in understanding that carers also experience significant trauma and vicarious trauma in the system. So being trauma-competent is not just about understanding children and young people and working with carers to ensure that they can support children and young people who have experienced trauma. It is also about recognising both the direct and vicarious trauma that carers themselves have experienced.
276. In looking at the way we recruit and support and train for carers upfront is a really good way to be able to get some agreements in place and understand what is needed for that carer family in that situation with that child; and having an opportunity then to look at putting in place plans that relate to that child in that care arrangement and making sure that we complete the ongoing training and support that is required to meet the individual needs of children in placements, rather than a child coming into a placement not receiving an individualised focus on their needs and then having to pick that up as you go and having ongoing meetings rather than upfront meetings.
277. There is also a need to continue to have a look at the ongoing development that carers need as well. Like staff in a system, carers in a system also need the ongoing support and development and access to training, particularly if they are having different children coming and going through their home and being able to then focus on other arrangements that might need to be put in place. A child with a disability will require a different set of training and support than, say, a child that has other trauma behaviours and things like that.

278. In terms of supports that are in place already, some of the supports include trauma or trauma-informed care to vulnerable children and young people; therapeutic assessment to ensure that carers are provided with appropriate information and support as soon as possible following the placement of a child; support through dedicated carer support workers who are independent of the child and young person's caseworker, and that is provided by ACT Together; family and individual counselling to kinship carers, which is provided by ACT Together; and then we also have Carers ACT. Carers ACT delivers an independent kinship and foster care advocacy support service that provides independent support and advice to assist carers and assist to resolve issues.
279. In addition, there is a carer wellbeing joint committee, which was previously the carer wellbeing subcommittee. That is an important forum to hear the voice of carers and issues that they bring forward and an opportunity for ACT Together, other agencies and CYPS to look at those issues. CYPS has, of course, looked very closely at supporting carers during the COVID context, and the carers can reach out for supports as they need them.
280. There is no-one in this system who would not understand that sometimes a placement change can create additional trauma. That is why there will be the involvement of the Australian Childhood Foundation, for example, in supporting those transitions to ensure that the trauma impact of a transition from one care placement to another or, indeed, to return to their biological family, is managed as best it can be with the least trauma possible.
281. I think we all recognise that it can, and it would be a traumatic experience for young people, for children and young people. But there is sometimes a view that it is also then in the child's or young person's long-term best interest for that transition to occur. What people then seek to do is to have all the adults involved to the greatest extent possible to support that child or young person to transition in a way that is going to result in the least trauma.
282. Temporary staffing measures have been used particularly over the last period during COVID, as we have had to move staff around to meet changing priorities. For example, we have a number of staff who are currently working in the Department of Health around the public health response to COVID. We have seconded people to various places, and we have had to take people off their normal jobs to do things like bolster our resources in things like food relief, for example. That has meant we have had to do some temporary staffing measures across the board to make sure that we have still got people to fill those jobs.

## CSD STAFFING

283. There is a tendency to have project funding on the policy side that is susceptible to number fluctuation. A lot of the other funding around things like for CYPS, for example, it is not so much that it is subject to ongoing business cases. An increase in staffing for that area tends to be ongoing funding.

284. There has been quite a lot of staff turn, turnover, and acting positions. That has historically meant that we have then had short-term positions to backfill. That is one of the things that is now being addressed in line with the secure work policy, recognising that possibility, and aiming to create more permanency in those positions.

## **Recommendation 20**

285. The Committee recommends that the new iteration of *A Step Up for Our Kids* specifically address concerns raised by foster and kinship carers.

## **Recommendation 21**

286. The Committee recommends that the ACT Government fund implementation of the carers' strategy with emphasis on respite care.

## 6 HOUSE AND SUBURBAN DEVELOPMENT; PREVENTION OF DOMESTIC AND FAMILY VIOLENCE – HEARING - 29 OCTOBER 2021

287. On 29 October 2021, the Committee conducted hearings with Yvette Berry MLA, Minister for Housing and Suburban Development and Minister for the Prevention of Domestic and Family Violence.

288. The areas of inquiry the responsibility of Minister Berry as Minister for Housing and Suburban Development are in the Community Services portfolio and directorate responsibility as Housing ACT and are the following outputs:

- HACT 1.1 Social housing Services
- CSD 1.4 Quality complaints and Regulation
- The Areas of inquiry the responsibility of Minister Berry as Minister for the Prevention of Domestic and Family Violence are in the Community Services portfolio and directorate responsibility and are the following outputs::
- CSD 1.5 – Safer Families

289. The Hansard for the hearing is at:  
<https://www.hansard.act.gov.au/hansard/2021/comms/hcw09.pdf>

## MATTERS RAISED BY THE COMMITTEE

### HOUSING AND SUBURBAN DEVELOPMENT

290. The parliamentary and governing agreement signed between ACT Labor and the ACT Greens commits to an additional 400 brand-new public housing dwellings over the course of this term of government. what investments are being made in this budget to advance this?

291. Of the 400 houses referred to above, how many are currently under construction, and how many have been assigned to a builder where a builder has won a tender and is waiting for construction to commence?

292. There is currently a development directly adjacent to the north Wanniasa shops. Are you able to provide a specific update on that development?

293. Does the figure for new dwellings delivered against the 400 include new dwellings for the Common Ground in Dickson, or are they counted separately? Are they included in the 400?
294. To what extent does the additional \$80 million capital works figure mentioned in various documents help the achievement of the extra 400 dwellings?
295. In the agreement with the Greens, it says the government will strive to deliver an additional 600 affordable housing dwellings by 2025-26. Is that target in addition to the 400 or is the 400 figure that we are discussing here within that figure of 600?
296. Earlier this year, the *Canberra Times* reported that the government will invest \$80 million in public housing, and within your budget papers it states that the money listed there will go to new works, growing and renewing public housing, and securing high-quality public housing. Can you explain the \$80 million increase in the budget for repairs when \$20 million of that was underspent in the budget for 2020-21?
297. Why has it taken so long to address and provide funding for the ongoing years for maintenance issues affecting ACT public housing
298. If the \$80 million is not entirely for repair work, what is the expected net increase in the public housing stock from this \$80 million. That is what is listed as part of the spend in the budget figure.
299. An update on Common Ground Dickson – is it close to being finalised?
300. In 2020, in answer to a question on notice, when asked how many work orders were completed within 20 calendar days, the response was only 43 per cent. It was 6,829 out of the 12,000-odd. The latest figure is an increase from 43 per cent to 94 per cent. Are you able to explain why there is such an improvement? Has the methodology for calculating these figures changed.
301. What is Housing ACT's policy for when properties are intended to go on the market at some point as a part of the renewal; how long they can remain vacant for; or what the policy is around their vacancy before they go to market; and, more broadly, what work is done to inform the community that that might be the intention
302. The figure of 110 properties currently on the list of either being sold or redeveloped; is there a split of how many are intended to be sold throughout the course of the next financial year and those which are being redeveloped?

#### PREVENTION OF DOMESTIC AND FAMILY VIOLENCE.

303. In relation to strengthening our DV responses in the Aboriginal and Torres Strait Islander communities specifically, I note that there have been funds set aside in this budget

to scope and design this response. Can you tell me specifically how First Nations communities are involved in the development of the response?

304. How much of the Levy will be going to crucial service providers, like Toora Women, Doris Women's Refuge and EveryMan? How much of Levy money will actually go to them to deliver the crucial services that they offer for people experiencing domestic violence?
305. How much of the levy funding is going towards supporting children who are victims of domestic violence, particularly in women's refuges? It has been stated that Toora Women's Refuge has roughly 80 kids that they see on an annual basis who are victims of domestic violence
306. How much of the levy funding is going towards supporting children who are victims of domestic violence, particularly in women's refuges? Is it true that Toora Women's Refuge has roughly 80 kids that they see on an annual basis who are victims of domestic violence
307. Job listings from the Office of the Coordinator-General for Family Safety are shown as temporary positions but are also listed as four-year temporary positions. How does a position like this align with the government's commitment to provide secure employment?
308. In relation to Room4Change program, the budget has adjustments have been made in relation to this program, with the government stating that there is a cessation of extending the Room4Change program as part of the safer families package. What funding package has this program been moved to?
309. Is there any crisis accommodation for men fleeing domestic violence; in particular men who are victims of domestic violence.
310. How many men contact the DVCS for support—not only for crisis accommodation, but also for support because they are victims of domestic violence?

## RESPONSES PROVIDED BY MINISTER BERRY AND OFFICIALS

### HOUSING AND SUBURBAN DEVELOPMENT

311. Current funding is a six-year investment—\$171 million from the budget over the six years, and \$500 million equity investment from Housing ACT, the public trading entity. This year, there is a capital investment of approximately \$20 million, bringing the total investment for 2021-22 to \$171 million, made up of \$18.56 million in capital injections and \$152 million self-funding.
312. At the moment there are approximately 750 works in progress, and by the end of this financial year it will be over 800. That is inclusive of those with architects in the design



phase right through to DA. Next steps are procurement, tender evaluation and award contracts for construction. There are presently 116 that will be delivered this year, there will be over 400 with our builders this financial year under contract, and 800 by the end of this financial year as a total of work in progress, including design phase, with the architects.

313. The 400 dwellings are for new public housing. The 600 is for more affordable options around housing for more affordable rentals across the ACT. The government has been looking at a range of initiatives to deliver affordable rentals in the ACT to deliver that 600, taking into account that complex and challenging issues that need to be overcome.

314. This year, with the injection of \$80 million over the three years, we will be addressing previous works from last year. During COVID we had a heightened number of work orders and vacants, plus substantial capital upgrades, more DV safety, and disability modifications as well.

315. In the budget bid, it was for a mix of both capital and repairs work, and it has been listed as capital. We are currently in the process, through the minister's office, of providing the instrument to be able to change that so we have the 70-30 split. The majority, two-thirds of that \$80 million, will be going to capital upgrades, including major upgrades as well as the items that I have listed before. The rest of it will go to general repairs, including the backlog of repairs from last year.

316. The 40 units at Common Ground, which is a \$26 million construction started in October 2020. The actual structure was completed in August 2021. We are now doing the internal fit-out to that. With the delays through COVID, we lost time on materials, particularly in the lifts, and also on staff—roofing contractors and painting contractors. It has gone out to re-tender.

317. The performance management system by which the total health of the maintenance contract for ACT housing is managed is the same. Our monthly reporting against those KPIs to which we report up to the minister's office on a quarterly basis has not changed.

318. There are multiple reasons why, on any given day, there might be vacant properties. because they are part of the growth and renewal program. People move house; tenants move interstate; there is transferring between public housing properties for safety reasons, including relating to domestic and gender violence, or when a tenant passes away

319. You will see that occupancy rate change when we are in the midst of a renewal program. The previous task force had a rate of around 96 per cent. It then ticked up, in between programs, to 97 per cent. It is now tracking at 96 per cent, with some fluctuation because every day tenants move, and so stock goes through the various vacant processes, whether it is for routine upgrade, for routine maintenance or major upgrade

320. The program targets forecast for 2021-22 is 116 constructions delivered out of that 809 works in progress; acquiring 69 properties from the market; selling 150 properties; relocating 156 tenants; and demolishing 91. Sales are 150, and 91 demolitions for redevelopment.

## PREVENTION OF DOMESTIC AND FAMILY VIOLENCE

321. In relation to the consultation that has taken place, the Domestic Violence Prevention Council has an Aboriginal and Torres Strait Islander reference group. That reference group is leading the community response in partnership with government, to respond to and seek further action on the issues facing Aboriginal and Torres Strait Islander people in relation to domestic and family violence.
322. Government has been informed of the four priorities from the report that the Aboriginal and Torres Strait Islander community has identified as wishing the government to look at first. However, they have asked that this wait until the consultation report is delivered to government. It was expected that it would have been delivered by now; however, the recent lockdown has again delayed that report.
323. In relation to the frontline services, there are a number of those who will be supported by the levy. The way that the levy works is that the increase in the levy is not exactly allocated against a specific item. Going through some of the items that will be funded out of the levy include increased funding for the Domestic Violence Crisis Service and the Canberra Rape Crisis Centre, in addition to the annual baseline funding that they already receive from ACT government.
324. There is Levy money for the family safety action pilot, which is a collaborative response to those experiencing domestic and family violence. There is money for Room4Change, which is run out of the Domestic Violence Crisis Service, which is a response to perpetrators through a behaviour change program. There is funding for DVCS, the Domestic Violence Crisis Service, to embed two workers with children and young people in CYPS, and there is also money in the health justice partnership, which is to continue the partnerships, which puts lawyers into health and justice settings
325. In relation to the frontline services, there are a number of those who will be supported by the levy. The way that the levy works is that the increase in the levy is not exactly allocated against a specific item. Going through some of the items that will be funded out of the levy, there is increased funding for the Domestic Violence Crisis Service and the Canberra Rape Crisis Centre, in addition to the annual baseline funding that they already receive from ACT government.
326. In relation to young people, YouthCo has been worked with to design and pilot new ways to improve the knowledge and capability of youth workers to respond to domestic and family violence. In order to have safe and appropriate conversations, youth workers, who are

often the people actually communicating with our youth and who are experiencing domestic and family violence, really need some training to build their capability to respond.

327. Through the COVID-19 domestic violence national partnership agreement between the ACT government and the Commonwealth, funding has been allocated to Relationships Australia, which is piloting a program called Watch Your Back, which provides group support to young people.

328. : While the budget papers show that the *Room4Change* program is funded until 2023, that is because it is waiting until the evaluation is complete. The evaluation of *Room4Change* was published this week. It is intended the program will be continued, subject, obviously, to that evaluation. Appendix H in the future safer families levy part and where that might be used specifically says that it may be used to support the extension of the *Room4Change* program and other perpetrator programs.

329. There have been two recent positions in family safety which have been advertised for up to four years, with the possibility of extension or permanency. In relation to those positions, if there is the budget to make those people permanent, will take place. If it can happen throughout the wider ACT government system, we would obviously do that.

## Recommendation 22

330. **The Committee recommends that the ACT Government articulate in the Budget the amount of money from the family safety Levy going to frontline services and the amount being used by government policy responses.**

## Recommendation 23

331. **The Committee recommends that the ACT Government fund specialist trauma counselling services for children in women's refuges.**

## 7 CONCLUSION

332. The Committee makes **23** recommendations in this report.
333. The Committee would like to thank Ministers and all directorate and agency staff for their time and cooperation during the inquiry process.

Johnathan Davis MLA

Committee Chair

12 November 2021



## APPENDIX A - WITNESSES

### 15 OCTOBER 2021

**Bavinton, Mr Tim**, Executive Director, Sexual Health and Family Planning ACT Inc

**Campbell, Dr Emma**, Chief Executive Officer,  
ACT Council of Social Service

**Cox, Ms Darlene**, Executive Director, Health Care Consumers Association

**Moore, C**, Member, Executive Committee, Health Care Consumers Association

**Wallace, Mr Craig**, Head of Policy, ACT Council of Social Service

**Williams, Dr Bianca**, Senior Community Assistance Support Program Development and Policy Officer,  
ACT Council of Social Service

### 20 OCTOBER 2021

**Davidson, Ms Emma**, Assistant Minister for Seniors, Veterans, Families and Community Services,  
Minister for Disability, Minister for Justice Health and Minister for Mental Health

#### **Canberra Health Services**

Peffer, Mr Dave, Interim Chief Executive Officer

Mooney, Mr Colm, Acting Deputy Chief Executive Officer

Rea, Ms Katrina, Acting Executive Director, Adult Acute Mental Health Services Central  
Management, Mental Health, Justice Health and Alcohol and Drug Services

Riordan, Dr Denise, Acting Director of Clinical Services, Mental Health, Justice Health and Alcohol  
and Drug Services

Ogden, Mr Paul, Chief Financial Officer, Finance and Business Intelligence

#### **ACT Health**

Cross, Ms Rebecca, Director-General

Culhane, Mr Michael, Executive Group Manager, Policy Partnerships and Programs

Lopa, Ms Liz, Deputy Director-General

Moore, Dr Elizabeth, Coordinator-General Mental Health, Office for Mental Health and Wellbeing

Garrett, Ms Cheryl, Executive Branch Manager, Mental Health Policy

21 OCTOBER 2021

**Davidson, Ms Emma**, Assistant Minister for Seniors, Veterans, Families and Community Services,  
Minister for Disability, Minister for Justice Health and Minister for Mental Health

**Community Services Directorate**

Rule, Ms Catherine, Director-General

Sabellico, Ms Anne-Maree, Deputy Director-General

Wood, Ms Jo, Deputy Director-General (COVID Response)

Pappas, Ms Helen, Executive Group Manager, Children, Youth and Families

Brendas, Ms Tina, Executive Branch Manager; Bimberi Residential Services; Child and Youth  
Protective Services; Children, Youth and Families

Evans, Ms Jacinta, Executive Group Manager, Strategic Policy

Murray, Ms Christine, Executive Group Manager, Inclusion and Participation

Summerrell, Mrs Jessica, Executive Branch Manager, Social and Community Inclusion, Inclusion  
and Participation

---

**Vassarotti, Ms Rebecca**, Minister for the Environment, Minister for Heritage, Minister for  
Homelessness and Housing Services and Minister for Sustainable Building and Construction

**Community Services Directorate**

Rule, Ms Catherine, Director-General

Aigner, Mr Geoff, Executive Branch Manager, Client Services Branch, Housing ACT

Nielsen, Mr Shane, Executive Branch Manager, Policy and Business Transformation Branch,  
Housing ACT

Gilding, Ms Louise, Executive Branch Manager, Housing ACT

---

**Stephen-Smith, Ms Rachel**, Minister for Aboriginal and Torres Strait Islander Affairs, Minister for  
Families and Community Services and Minister for Health

**Canberra Health Services**

Peffer, Mr Dave, Interim Chief Executive Officer

Mooney, Mr Colm, Acting Deputy Chief Executive Officer

Coatsworth, Dr Nicholas, Chief Operating Officer, Medicine

O'Neill, Ms Cathie, Chief Operating Officer

#### **ACT Health**

Cross, Ms Rebecca, Director-General

Lopa, Ms Liz, Executive Group Manager, Strategic Infrastructure

Chambers, Ms Kate, Chief Finance Officer, Strategic Finance Branch

Coleman, Dr Kerry, Chief Health Officer, Public Health, Protection and Regulation Division

Culhane, Mr Michael, Executive Group Manager, Policy, Partnerships and Programs

George, Ms Jacinta, Executive Group Manager, Policy, Health System Planning and Evaluation Division

Philp, Mr Alan, Executive Group Manager, Preventive and Population Health Division

## 25 OCTOBER 2021

**Stephen-Smith, Ms Rachel**, Minister for Aboriginal and Torres Strait Islander Affairs, Minister for Families and Community Services and Minister for Health

#### **Community Services Directorate**

Rule, Ms Catherine, Director-General

Wood, Ms Jo, Deputy Director-General (COVID Response)

Sabellico, Ms Anne-Maree, Deputy Director-General

Saballa, Ms Melanie, Executive Branch Manager, Children, Youth and Families

Evans, Ms Jacinta, Executive Group Manager, Strategic Policy



29 OCTOBER 2021

**Berry, Ms Yvette**, Deputy Chief Minister, Minister for Early Childhood Development, Minister for Education and Youth Affairs, Minister for Housing and Suburban Development, Minister for the Prevention of Domestic and Family Violence, Minister for Sport and Recreation and Minister for Women

**Community Services Directorate**

Gilding, Ms Louise, Executive Group Manager, Housing ACT

Loft, Ms Catherine, Executive Branch Manager, Infrastructure and Contracts

Nielsen, Mr Shane, Executive Branch Manager, Policy and Business Transformation

Windeyer, Ms Kirsty, Coordinator-General for Family Safety

Wood, Ms Jo, Deputy Director-General, COVID Response

## APPENDIX B – QUESTIONS TAKEN ON NOTICE/ QUESTIONS ON NOTICE

Questions taken on Notice 20 October 2021

No.	Hearing date	Asked by	Directorate/ Portfolio	Subject	Answer date
1	20.10.21	Davis	CHS	In relation to review of the progress of the quit smoking program at AMC, could an update of the interim report be provided?	02.11.21
2	20.10.21	Jones	CHS	What is the time frame for addressing working arrangements and staffing spacing at Hume Centre?	03.11.21
3	20.10.21	Jones	CHS/JACS	Can you prove the last 2 years' data and statistics on length of stay and long presentations?	
4	20.10.21	Braddock	CHS	What is the Justice Health position on any needle exchange program at AMC?	
5	20.10.21	Milligan	CHS	How much has the Justice Health program received in 2021-22? How much has that differed from last year?	

No.	Hearing date	Asked by	Directorate/ Portfolio	Subject	Answer date
6	20.10.21	Davis	ACTHD	In relation to Winnunga Nmmtyjah services at AMC; the current budget shows \$2,314,000 for the current year, but no funds for forward years. Can you clarify whether that is additional COVID related funding for the current year, or is there some other explanation?	03.11.21
24	20.10.21	Jones	CHS	Minister is to provide data about reduction in emergency presentations as a result of PACER	
30	20.10.21	Jones	CHS	Where we are up to in those internal governmental processes in relation to the recent death at the secure mental health unit, Dhulwa including what has been achieved and what is yet to be achieved?	03.11.21
32	20.10.21	Milligan	Mental Health	EEYA Committee - Report 9, Report on Inquiry into Youth Mental Health in the ACT in August 2020	09.11.21

Questions taken on Notice 21 October 2021

No.	Hearing date	Asked by	Directorate/ Portfolio	Subject	Answer date
7	21.10.21	Jones	ACTHD	NDIS numbers versus aged care referrals	
8	21.10.21	Milligan	ACTHD	Commonwealth funding flow figures	
9	21.10.21	Jones	CHS	Transfer numbers in maternity - for both hospitals	
10	21.10.21	Pettersson	ACTHD	What is improvement of people's access to food and the businesses, including numbers involved?	02.11.21
11	21.10.21	Jones	ACTHD	Numbers and results of Doherty modelling - or ACT equivalent - as discussed	09.11.21
12	21.10.21	Davis	ACTHD	In relation to cessation of smoking program - numbers which show progress of program	01.11.21
13	21.10.21	Jones	ACTHD	On subject of Culture Review, what is current Position on each of its recommendations	03.11.21
14	21.10.21	Jones	ACTHD	a - How many of the Review recommendations have been implemented? When will this be completed? Which recommendations have been delayed and what has happened to them?	03.11.21

No.	Hearing date	Asked by	Directorate/ Portfolio	Subject	Answer date
15	21.10.21	Jones	ACTHD	b - Is commensurate data being collected to allow comparison with the original report to show change in experience and behaviours by staff?	03.11.21
16	21.10.21	Jones	CHS	What are the results of pulse surveys?	
17	21.10.21	Jones	ACTHD	Will the dashboard be able to be compared with original data?	03.11.21
18	21.10.21	Parton	Housing	How many applications were received in the greatest need category and allocated within 90 days and how many are expected in the next financial year	
19	21.10.21	Pettersson	CHS	What are the numbers of presentations at walk-n centres? Are the targets being met?	04.11.21

Questions taken on Notice 25 October 2021

No.	Hearing date	Asked by	Directorate/ Portfolio	Subject	Answer date
20	25.10.21	Davis	Families and Community Services	Can you advise the rationale and explanation for the increase in cost of the Working with Vulnerable People card?	02.11.21

No.	Hearing date	Asked by	Directorate/ Portfolio	Subject	Answer date
21	25.10.21	Kikkert	Families and Community Services	How will the consultants engaged on the Merits Review develop the model to be used? How much will that that process cost?	
22	25.10.21	Davis	Families and Community Services	Is it appropriate in the current situation where remuneration rates are decided on case-by-case and whether such decisions should be made at Directorate level or by the Remuneration Tribunal?	02.11.21
23	25.10.21	Davis	Families and Community Services	How many positions are currently advertised as available within CSD? Of those positions, how many are advertised as permanent ongoing positions and how many are contract positions? How many are office-based and how many are in service delivery roles?	
31	25.10.21	Jones	Mental Health	Committees attended by Chief Psychiatrist and Co-ordinator-General	03.11.21

Questions taken on Notice 29 October 2021

No.	Hearing date	Asked by	Directorate/ Portfolio	Subject	Answer date
25	29.10.21	Davis	CSD	There is currently a development that has had those nice purple signs on it for a little while now, directly adjacent to the North Wanniasa shops. Are you able to provide a specific update on that development?	05.11.21
26	29.10.21	Parton	CSD	So we have gone from 43 per cent to 94 per cent [of work orders completed]. Are you able to explain why there is such an astronomical improvement? Has the methodology for calculating these figures changed?	02.11.21
27	29.10.21	Kikkert	CSD	Would it be okay if you let us know how many men have been offered crisis accommodation?	
28	29.10.21	Kikkert	CSD	Thank you. Could you also take on notice how many men contact the DVCS for support? Not only for crisis accommodation, but also for support because they are victims of domestic violence.	

No.	Hearing date	Asked by	Directorate/ Portfolio	Subject	Answer date
29	29.10.21	Kikkert	CSDf	How many victims, male victims of domestic violence, who have wanted access to One Link to support them in their crisis?	

Questions on Notice 20 October 2021

No.	Hearing date	Asked by	Directorate/ Portfolio	Subject	Answer date
1	20.10.21	Clay	Justice Health	Justice Health gender impact analysis	09.11.21
2	20.10.21	Clay	Mental Health	Mental Health gender impact analysis	09.11.21
8	20.10.21	Kikkert	Justice Health	Hospitalisation Procedures	
9	20.10.21	Kikkert	Justice Health	Justice Health Funding	10.11.21
10	20.10.21	Kikkert	Justice Health	Justice Health Injury Assessment	
11	20.10.21	Kikkert	Justice Health	Justice Health Premises	
12	20.10.21	Kikkert	Justice Health	Mental Healthcare at the AMC	
13	20.10.21	Kikkert	Justice Health	Nurse Employment at the AMC	
14	20.10.21	Kikkert	Justice Health (QON Redirected to JACS for answer)	Quarantine Measures for Detainees	(QON Redirected to JACS for answer)
15	20.10.21	Kikkert	Justice Health	Vaccination at the AMC	
16	20.10.21	Kikkert	Justice Health	Winnunga Patients	



Questions on Notice 21 October 2021

No.	Hearing date	Asked by	Directorate/ Portfolio	Subject	Answer date
3	21.10.21	Clay	Health	Health Gender	
4	21.10.21	Clay	CSD - Homelessness and Housing Services	Homelessness Gender	
5	21.10.21	Kikkert	CSD - Seniors, Veterans, Families, and Community Services	Community Support Package	
6	21.10.21	Kikkert	CSD - Seniors, Veterans, Families, and Community Services	Food Security, Canberra Relief Network	04.11.21
7	21.10.21	Kikkert	CSD - Seniors, Veterans, Families, and Community Services	Food Security, OzHarvest	
17	21.10.21	Parton	CSD - Homelessness and Housing Services	Greatest need allocation	05.11.21
18	21.10.21	Davis	Health	Commissioning Roadmap	07.11.21
19	21.10.21	Davis	Health	Disability Health Strategy	
20	21.10.21	Davis	Health	Homebirth Trial	
21	21.10.21	Davis	Health	ACT Drug Strategy Action Plan	03.11.21

No.	Hearing date	Asked by	Directorate/ Portfolio	Subject	Answer date
22	21.10.21	Davis	Health	AOD Services	03.11.21
23	21.10.21	Jones	Health	Calvary Staff Furloughed	09.11.21
24	21.10.21	Jones	Health	Cross Border Health Receipts	03.11.21
25	21.10.21	Jones	Health	Health Funding Envelope	07.11.21
26	21.10.21	Jones	Health	National Partnership on COVID-19 Public Health Response	09.11.21
27	21.10.21	Jones	Mental Health	Mental Health Co-ordinator-General	09.11.21
28	21.10.21	Jones	Health	Ligature Points	
29	21.10.21	Kikkert	CSD - Seniors, Veterans, Families, and Community Services	Bimberi Youth Justice Centre	
30	21.10.21	Kikkert	CSD - Seniors, Veterans, Families, and Community Services	Functional Family Therapy - Youth Justice	
31	21.10.21	Kikkert	CSD - Seniors, Veterans, Families, and Community Services	Raising the minimum age of criminal responsibility	
32	21.10.21	Kikkert	CSD - Seniors, Veterans, Families, and Community Services	Recidivism and Casement Management of those on community-based orders	

No.	Hearing date	Asked by	Directorate/ Portfolio	Subject	Answer date
33	21.10.21	Kikkert	CSD - Seniors, Veterans, Families, and Community Services	Residential Youth Justice Property	
34	21.10.21	Kikkert	CSD - Seniors, Veterans, Families, and Community Services	Youth Justice Costs	

Questions on Notice 25 October 2021

No.	Hearing date	Asked by	Directorate/ Portfolio	Subject	Answer date
35	25.10.21	Clay	CSD - Seniors, Veterans, Families, and Community Services	Families and Community Services Gender	
42	25.10.21	Kikkert	CSD - Families and Community Services	Building CYPS Capacity	
43	25.10.21	Kikkert	CSD - Families and Community Services	Community Services Sector Sustainability Review	
44	25.10.21	Kikkert	CSD - Families and Community Services	CYPS New Initiatives	
45	25.10.21	Kikkert	CSD - Families and Community Services	CYPS Quality Insurance and Improvement Initiative	

No.	Hearing date	Asked by	Directorate/ Portfolio	Subject	Answer date
46	25.10.21	Kikkert	CSD - Families and Community Services	External Merits Review for Child Protection Decisions	
47	25.10.21	Kikkert	CSD - Families and Community Services	Foster and Kinship Carers	
48	25.10.21	Kikkert	CSD - Families and Community Services	Modernising the Children and Young People Act	
49	25.10.21	Kikkert	CSD - Families and Community Services	More Support for Out of Home Care	
50	25.10.21	Kikkert	CSD - Families and Community Services	Permanency Placements	
51	25.10.21	Kikkert	CSD - Families and Community Services	Reforming A Step Up for Our Kids	
52	25.10.21	Kikkert	CSD - Families and Community Services	Safe and Connected Youth	
53	25.10.21	Kikkert	CSD - Families and Community Services	Supporting smarter working in the new ACT Government office projects	
54	25.10.21	Kikkert	CSD - Families and Community Services	Strategic Policy New Initiatives	
55	25.10.21	Kikkert	CSD - Families and Community Services	Therapeutic Care Court	

Questions on Notice 29 October 2021

No.	Hearing date	Asked by	Directorate/ Portfolio	Subject	Answer date
36	29.10.21	Parton	CSD - Housing and Suburban	80 million allocation	
37	29.10.21	Parton	CSD - Housing and Suburban	Average cost per dwelling	
38	29.10.21	Parton	CSD - Housing and Suburban	Common Ground	
39	29.10.21	Parton	CSD - Housing and Suburban	Housing Strategy	
40	29.10.21	Parton	CSD - Housing and Suburban	Property increase expectation	
41	29.10.21	Parton	CSD - Housing and Suburban	Property Sale Prices	
56	29.10.21	Kikkert	CSD - Prevention of Domestic and Family Violence	Health Justice Partnership	
57	29.10.21	Kikkert	CSD - Prevention of Domestic and Family Violence	Women's Safety	
58	29.10.21	Kikkert	CSD - Prevention of Domestic and Family Violence	ATSI Reference Group consulting report	
59	29.10.21	Kikkert	CSD - Prevention of Domestic and Family Violence	Domestic and family violence risk assessment model	
60	29.10.21	Kikkert	CSD - Prevention of Domestic and Family Violence	DV Response Training	

No.	Hearing date	Asked by	Directorate/ Portfolio	Subject	Answer date
61	29.10.21	Kikkert	CSD - Prevention of Domestic and Family Violence	Family Violence Safety Action Pilot	
62	29.10.21	Kikkert	CSD - Prevention of Domestic and Family Violence	Funding for counselling services	
63	29.10.21	Kikkert	CSD - Prevention of Domestic and Family Violence	Levy increase consultations	
64	29.10.21	Kikkert	CSD - Prevention of Domestic and Family Violence	Male victims of domestic violence statistics	
65	29.10.21	Kikkert	CSD - Prevention of Domestic and Family Violence	Now You Have Head Us	
66	29.10.21	Kikkert	CSD - Prevention of Domestic and Family Violence	Room4Change program	
67	29.10.21	Kikkert	CSD - Prevention of Domestic and Family Violence	Room4Change program	
68	29.10.21	Kikkert	CSD - Prevention of Domestic and Family Violence	Watch Your Back pilot program	