LEGISLATIVE ASSEMBLY FOR
THE AUSTRALIAN CAPITAL TERRITORY

Report on the Inquiry into the

2000/2001 Draft Budget

Report No. 6 of the
Standing Committee on Health
and Community Care

March 2000

Resolution of Appointment

The following general purpose standing committees be established to inquire into and report on matters referred to it by the Assembly or, after the Assembly's endorsement, matters that are considered by the committee to be of concern to the community.

> ... a Standing Committee on Health and Community Care to examine matters related to health and community care policy, planning and purchasing acute, community health and population health services, hospitals and any other related matter.

Legislative Assembly for the ACT, *Minutes of Proceedings*, (1998), No. 2, 28 April 1998, pp 15 and 16, amended 25 November 1999.

Terms of Reference

The ACT Legislative Assembly has resolved that the draft 2000/01 budgets for each department and agency be referred to the relevant general purpose standing committees of the Assembly. The terms of reference for the inquiry are as follows:

That:

(1) the draft 2000-01 Budget for each appropriation unit be referred to the relevant General Purpose Standing Committee, to consider the expenditure proposals, revenue estimates and the capital works program for each portfolio and make recommendations that maintain or improve the operating result;

(2) the draft total Territory financial position be referred to the Standing Committee on Finance and Public Administration (incorporating the Public Accounts Committee);

(3) the relevant draft budget documents be provided by the Treasurer to the President Member of each Standing Committee by 17 January 2000;

(4) the Committees report by 28 March 2000;

(5) if the Assembly is not sitting when the Committees complete their inquiries, the Committee may send their reports to the Speaker or, in the absence of the Speaker, to the Deputy Speaker who is authorised to give directions for its printing, circulation and publication;

(6) the foregoing provisions of this resolution have effect notwithstanding anything contained in the standing orders.

Legislative Assembly for the ACT, *Minutes of Proceedings*, (1999), No. 73, 9 December 1999, pp 677 and 668.

Committee Membership

Mr Bill Wood, MLA (Chairman)

Mr Harold Hird, MLA (Deputy Chair)

Mr Dave Rugendyke, MLA

Secretary of the Committee: Mr David Skinner

Administrative Officer: Mrs Judy Moutia

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SUMMARY OF RECOMMENDATIONS

Recommendation 1

The committee recommends that the Government provide greater detail regarding the program source of funding increases and whether they are Commonwealth or ACT Government expenditure. Further, the committee recommends that in the Health and Community Care portfolio the Government guarantee that existing service quality and service levels will not diminish as a result of changed funding allocations.

Recommendation 2

The committee recommends that the Government clearly identifies and reports on the different health and community care funding allocations and program budgets such as women's health or drug and alcohol and mental health; and that these allocations are related to stated policy frameworks and objectives.

Recommendation 3

The committee recommends that a needs-mapping study is conducted every year prior the development of the budget as a means of providing coherence and improved transparency in the development of government priorities in the health sector.

Recommendation 4

The committee recommends that if future draft budget processes are to be undertaken, that government departments, particularly Treasury and Infrastructure, play a more active role in providing public education about the process and making access to the draft budget papers more widely available.

Recommendation 5

The committee recommends that in future, all departments establish and publicise a contact number with a contact officer to provide portfolio specific responses to queries raised by members of the community about the budget.

Recommendation 6

The committee recommends that in future, additional resources are provided to the committee office to aid committees in their deliberations on the draft budget.

Recommendation 7

The committee recommends that the Government seriously consider and review its budget priorities in light of all the proposals and comments contained within this report.

Recommendation 8

The committee recommends that as a result of an increase in Commonwealth grants a substantial increase in funds be approved for the health and community care portfolio.

Recommendation 9

The committee recommends that if any *other* additional funds are identified prior to the development of the actual budget that they are directed towards the health and community care portfolio.

Recommendation 10

The committee recommends that the Government provide opportunities for the community to discuss and debate the privacy issues surrounding the development of the Patient Identifier Number and Health Information Network initiatives.

Recommendation 11

The committee recommends that the Government facilitate the development of an implementation plan for the shift to non-acute services, with community and consumer involvement, and for the nature of the shift to non-acute services to be made clear to the community immediately.

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The committee recommends that the Government provide opportunities for working in partnerships with community sector service providers to effectively transfer services to the non-acute sector.

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The committee recommends that the Government make data on the quality of acute care services publicly available, including consumer outcomes data, to demonstrate no reductions in the quality of service to the community in the process of gaining efficiencies. This data should be made available on an ongoing basis.

Recommendation 14

The committee recommends that the Government produce and make public performance indicators for the *Whole-of-Territory Strategic Plan for Mental Health*, and that it relates budget initiatives to those indicators.

Recommendation 15

The committee recommends that there be greater clarity in the budget papers with regards to mental health services and an indication of the means by which priorities are determined.

Recommendation 16

The committee recommends that the Government makes the report of the Disability Services Advisory Committee investigation into abuse of people with a disability publicly available for community consultation and that it progresses initiatives to implement the recommendations that arise.

Recommendation 17

The committee recommends that the Government investigate the usefulness and feasibility of establishing a registration board for personal care assistants.

Recommendation 18

The committee recommends that the Government re-direct funding proposed for the supervised injecting room trial to improved community drug education measures.

CHAPTER 1. BACKGROUND

1.1. The genesis of the ACT Legislative Assembly 2000-2001 draft budget process can be found in the 1997/98 Pettit Review, which recommended that the Assembly should play more of a role in the development of the annual budget. Following this review the 1999 Select Committee into Governance report recommended that the Assembly adopt, on a trial basis, the involvement of standing committees in the budget process.

1.2. On 9 December 1999, the Assembly resolved to adopt a draft budget process in which the standing portfolio committees would be required to review the Government's draft budget, considering 'expenditure proposals, revenue estimates and the capital works program for each portfolio and make recommendations that maintain or improve the operating result'[1].

1.3. In keeping with the timetable outlined by the Government, the committee invited submissions from members of the public and interested organisations towards the end of 1999 and received 33 submissions. On 23 February 2000, the committee conducted a public hearing examining community groups and private citizens. A list of these witnesses can be found in Appendix A.

1.3. The committee also conducted a further two public hearings on 28 February and 6 March 2000 taking evidence from the Minister for Health and Community Care and officials from the relevant Government agencies.

Structure of report

1.4. The committee acknowledges that the draft budget process was supported by the Assembly on a trial basis. Because the process was initiated in the form of a trial the committee wishes to make some comments about the effectiveness of the adopted approach in an effort to improve the process should it continue in coming years.

1.5. Following this, the committee had a number of concerns about the manner in which the draft budget process was managed in terms of the inadequate information provided in the budget papers, the tight reporting deadline, the restrictive terms of reference and the committee resourcing needed to undertake the role effectively. These issues are discussed in Chapter 2.

1.6. The committee received a great deal of evidence from a wide range of community groups and private citizens, most proposing that additional funds be allocated to their area of concern. The terms of reference for the committee were quite specific and restricted the committee from making recommendations to allocate funds from other portfolios and also limited the committee from recommending an overall increase in

[1] Legislative Assembly for the ACT, *Minutes of Proceedings*, (1999), No. 73, 9 December 1999, pp 677 and 668.

the health budget. In essence the committee was merely asked to review the priorities contained in the health budget and, if it was so inclined, make recommendations to allocate funds to certain areas, necessarily at the expense of others. The committee was asked to give with one hand and then take with the other.

1.7. The committee encountered difficulty in making recommendations to re-arrange the funding priorities of the government. The draft budget papers contained no rationale for the allocation of funds to particular areas and the manner in which decisions were taken in relation to funding allocations remains ambiguous.

1.8. The committee has decided to include in this report as much comment as possible about unmet need in various areas of the health portfolio as expressed by witnesses. This is explored in Chapter 3.

1.9. The committee wishes to make it absolutely clear that this report in no way endorses or rejects the health budget and the membership of the committee reserve the right to comment on the actual budget when it comes out.

1.9. Instead, this report aims to outline need as expressed by the community and the committee asks the Government to review its priorities based on the information presented. The committee is of the view that the Executive is still responsible for making budget decisions and offers this report as an aid to *its* decision making process. The committee also extends an invitation to the Government to review the actual submissions made to the inquiry as a means of further informing itself on priority areas via non-departmental sources.

CHAPTER 2. THE DRAFT BUDGET PROCESS

Terms of reference

2.1. A number of groups indicated that they found the terms of reference decided by the Assembly to be restrictive and promoted a 'competition based' form of community consultation as the committee was only able to recommend changes that improved or maintained the operating result within the portfolio area of its concern.

2.2. The Youth Coalition of the ACT pointed to this in its submission noting that:

> There has… been cause for concern around the level of input allowed through this process. The message conveyed through Government Department contacts has been that the bottom line must remain the same and that the figures within the papers may be rearranged.
>
> The Youth Coalition believes that this is not the role of a peak body and finds this process divisive and further alienates the community through the promotion of a competition based consultation[2].

2.3. The committee sees that if members of the public and community groups are making submissions that recommend funding in particular areas, the terms of reference almost require that they suggest areas that should be de-funded or have funding reduced. The committee considers that this type of consultation will not achieve the best result for meeting the needs of the community and may in fact cause division and uncertainty. If the draft budget process were to continue in coming years the Government of the day would be wise to revisit the limited scope of the current terms of reference.

2.4. The committee is also concerned about the restriction in the terms of reference which stipulate that committees cannot recommend funding from other portfolios be allocated to other areas. It is the view of the committee that this is an artificial restriction that is not imposed on the Government in its budget deliberations and therefore should not be imposed on committees.

Timetable

2.5. The committee sees that the short timeframe laid down by the Government for community consultation and committee deliberation has not been helpful to those organisations wishing to make representations on the draft budget. Healthcare Consumers noted in its submission that:

> Like many community organisations HCCA is not resourced to be able to respond quickly to such a complex request [providing meaningful comment on the draft].

[2] Submission 9, p 1.

Insufficient information

2.6. There was repeated comment to the committee that the draft budget papers did not contain enough program level detail to allow for meaningful analysis. As ACTCOSS noted in its submission:

> For the last three years ACTCOSS has called for increased transparency in the Budget papers especially in the HACC [Health and Community Care] portfolio in order to be able to determine the program level expenditure. The lack of this information continues to make it difficult to determine the impacts of new initiatives and the real changes in expenditure patterns3.

2.7. The committee considers that more information at the program level should be made available in the draft budget papers to assist groups in analysing where money will and won't be spent. This will give community groups and members of the public an opportunity to advocate alternative funding allocations within *their area* of concern within the health portfolio (based on their assessment of priorities). As it stands, the community is only able to see that money has been allocated but not how or where it will be spent.

2.8. Following this, the committee notes the following principles outlined in the *Minister's Setting the Agenda* document in relation to planning, development and delivery of health and community care services in the ACT:

> The consumer/customer/client should be at the centre of all that the system does: they should be active participants, well informed and empowered in decision-making…
>
> Access to services should be according to need, taking into account issues of equity of access for the most vulnerable in our society…
>
> The quality of the health system should be supported by approaches based in evidence and best practice, be subject to evaluation and be open to peer review[4].

2.9. The committee considers that these are valuable principles and should be at the centre of the Government's thinking in the development of the budget. However, there was minimal information provided about how funding decisions were determined and when questions were put to the Government about the nature of funding decisions the Minister responded that:

> I would love to be able to say that we do an overall assessment of needs and then we allocate the money according to those needs but I think that would naive to say that…
>
> So whilst we try and assess the needs, it is not a matter of taking the money away from others, it is more about trying to say, "Well, when our new money comes in, can we ensure that the initiatives that we are interested in are aimed at the highest possible need" and I have to say that we very carefully considered the initiatives that are set out on page

[3] Submission 15, p 1.

[4] Moore, Michael (1998) 'Setting the Agenda' pp 21-22.

> 35/36 of the first budget paper and we had a lot more suggestions than that in the initial instance and we have to pare it down to the amount of money that we had[5].

2.10. Without some generally accepted and publicly articulated rationale of how funding decisions are made, the committee was in the invidious position of being asked to alter priorities with no objective recourse with which to refute Government assertions that program A is high priority and program B is not.

2.11. On what basis could the committee have been able to question the validity of funding a particular area or how could the committee advocate funding for a program or service without such a framework of analysis? It is the committee's view that the basis upon which funding allocations are made should be as transparent as the allocations themselves.

2.12. ACTCOSS ACT pointed to this in its submission noting that:

> Mainstreaming or "bucketing" of funding in recent years has had a serious impact on services available to the community sector. Funds that were previously earmarked and quarantined for services in areas such as HIV/AIDS or women's health have been absorbed into the central funding pool. This means that… [currently] there is no clear means for the community to relate to policy objectives in these areas to amounts of funds available and the services purchased. It also means that there is decreased transparency in funding decision making. This is due to the lack of clarity about the basis for purchasing decisions and how they relate to policy decision making and community consultation processes[6].

2.13. In the absence of some basic information about the relative need levels in the health sector, the committee can merely express its divergence on issues of policy, applying the personal values of its membership in relation to what programs should or shouldn't get funding. Indeed, it would appear that the Government must find itself in the same position.

2.14. It was put to the committee that a needs-mapping exercise would be useful in the lead up to budget development[7] as a means of establishing priorities based on objective data and not subjective whim. The committee sees value in an exercise of this type.

2.15. The committee makes the following recommendations in relation to increased transparency (recommendations 1 and 2 are drawn from the ACTCOSS submission).

Recommendation 1

The committee recommends that the Government provide greater detail regarding the program source of funding increases and whether they are Commonwealth or ACT Government expenditure. Further, the committee

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[5] Transcript, uncorrected proof, 28 February 2000, pp 16-17.

[6] Submission 15, p 2.

[7] Submission 4, p 2.

recommends that in the Health and Community Care portfolio the Government guarantee that existing service quality and service levels will not diminish as a result of changed funding allocations.

Recommendation 2

The committee recommends that the Government clearly identifies and reports on the different health and community care funding allocations and program budgets such as women's health or drug and alcohol and mental health; and that these allocations are related to stated policy frameworks and objectives.

Recommendation 3

The committee recommends that a needs-mapping study is conducted every year prior the development of the budget as a means of providing coherence and improved transparency in the development of government priorities in the health sector.

Goals in budget papers

2.16. In its submission, the Autism Association of the ACT argued that the budget papers should include more detailed goals and that the necessary funding required to achieve each goal could be included alongside. The Association noted that:

> Not only must appropriate levels of funding be appropriated but the way the funding [is] appropriated is in fact used, in terms of services provided, should be clearly set out in public documents. The Draft Budget Overview contains only a reference to "Disability Services for Children", and a brief explanation to the effect that the funds will be spent on "appropriate and integrated clinical and community services"(p.35). the Draft Agency Budget Estimates contain no additional information. It would foster accountability if, in the final budget, and in the draft and final budget next year and following years, specific goals were announced, such as to remove the waiting list for diagnosis [of children with autism] and to reduce the waiting time to four weeks. In addition, the amount of funds it is anticipated will be required for this exercise should be stated. As the draft budget stands, the community knows there is some sort of appropriation, but not exactly where or how it will be spent[8].

2.17. The committee sees value in this approach and urges the Government to consider the proposal.

Education role for departments

2.18. The committee questions the efficacy of the Government's attempts to provide information and education to the public about the nature of the draft budget process. The committee understands that a very limited number of budget papers were produced in hard copy and that inadequate access to the papers was an issue for some groups.

2.19. In its submission, ACT Shelter noted that:

[8] ibid, p 2.

> … the ACT Government has made the draft budget available to the community through their Web pages. Although this will give many more Canberrans access to the budget process, it must be noted that many smaller community organisations do not have Internet access and it is essential that sufficient hard copies be printed to meet demand. Further if sufficient hard copies of the budget papers are not made available, ACT Shelter consider that the ACT Government is cost shifting to community organisation who will be bear the costs of downloading a hard copy of the papers from the Internet [presumably including printing costs][9].

2.20. However, ACT Shelter did point out that it received a hard copy of the papers.

2.21. The committee notes that the Government provided copies of the budget papers in libraries and shopfronts for public perusal. The Government also publicised a telephone number in treasury for members of the public to request information about the draft budget process. The committee office received many queries about the process as well.

2.22. The committee understands that a number of groups and individuals had portfolio specific questions about the budget, which were probably best handled by the respective departments.

2.23. The committee believes that in future years it is worthy of the Government's consideration to establish and publicise a contact number and contact officer in each department to provide portfolio specific responses to queries from members of the public.

Recommendation 4

The committee recommends that if future draft budget processes are to be undertaken, that government departments, particularly Treasury and Infrastructure, play a more active role in providing public education about the process and making access to the draft budget papers more widely available.

Recommendation 5

The committee recommends that in future, all departments establish and publicise a contact number with a contact officer to provide portfolio specific responses to queries raised by members of the community about the budget.

Committee resourcing

2.24. The committee notes that the draft budget was the result of decisions taken by cabinet based partly on advice derived from hundreds of public servants. Through this process, priorities were established and funding was allocated in line with these priorities.

[9] Submission 6, p 5.

2.25. In stark contrast, the committee made up of three MLAs and a Secretary were invited under this process to second-guess and re-align the Government priorities. While the individual views of the committee's membership may well differ to those of the Government, it was impossible for the committee to undertake serious investigations into unmet need and develop its own framework for prioritisation.

2.26. The committee considers that if the draft budget process is continued in coming years, that additional resourcing is provided to the committee office to improve its capacity to add value.

Recommendation 6

The committee recommends that in future, additional resources are provided to the committee office to aid committees in their deliberations on the draft budget.

CHAPTER 3. ISSUES

3.1. In this chapter the committee has attempted to highlight areas of need as expressed in submissions and the evidence taken in the public hearings. It is apparent to the committee that there is considerable unmet need across the health sector with community groups, service providers and advocacy organisations all calling for more funding.

3.2. A number of submitters made specific funding requests for particular programs or organisations. These are also included below for the Government's consideration.

3.3. The committee understands the finite nature of the health budget and the conditions under which the Government operates. However, the committee considers that many people in the ACT community would see health and community services as being of the highest priority. It is difficult for many consumers of health and community services and people working in the field to see significant sums of money being spent on propping up football teams, redeveloping sports stadiums and subsiding car races when quality of life for many people is becoming unbearable due to severe under-resourcing.

3.4. There is no higher priority in the budget than the areas covered by the health and community care portfolio.

3.5. The committee would be very concerned if other portfolios received additional supplementation in the lead-up to the actual budget without a significant increase in health expenditure.

3.6. This committee has kept its recommendations and comments well within the restricted terms of reference layed down by the Assembly. While the committee is not aware of the recommendations of other committees, this committee would be most disturbed if the Government agreed to recommendations made by other committees that went beyond these terms. In particular, the committee would find it extremely problematic if the Government responded positively to particular committee recommendations that urged specific portfolio expenditure increases in dollar amounts that did not maintain or improve the operating result as identified in the draft budget papers.

3.7. The committee again notes the comments made by the Minister in the public hearing that, 'we had a lot more suggestions [for funding programs] than that in the … [draft budget papers] and we have to pare it down [due] to the amount of money that we had'[10]. This seems to suggest that Cabinet did not respond to range of needs proposed by the Minister. However, as a result of the recent increase in Commonwealth grants to the ACT, to the tune of $21 million, the committee

[10] Transcript, uncorrected proof, 28 February 2000, pp 16-17.

considers that it crucial for the Government to make a significant portion of these funds available for the health and community care sector.

3.8. The committee sees that now that this money is available, the suggestions proposed to Cabinet by the Minister and now being raised by this committee do not need to be quite so 'pared down'.

3.9. The committee urges the Government to rethink its larger priorities at the macro level considering the degree of need in the community for health and community care services and to allocate the requisite funding.

Recommendation 7

The committee recommends that the Government seriously consider and review its budget priorities in light of all the proposals and comments contained within this report.

Recommendation 8

The committee recommends that as a result of an increase in Commonwealth grants a substantial increase in funds be approved for the health and community care portfolio.

Recommendation 9

The committee recommends that if any *other* additional funds are identified prior to the development of the actual budget that they are directed towards the health and community care portfolio.

General portfolio issues

Customer involvement

3.10. In its submission, ACTCOSS advocated the development of improved customer involvement processes, criticising the 'unsatisfactory' approach undertaken in relation to the ACT Drug Strategy and the Disability Services Strategic Plan. ACTCOSS noted that, 'the involvement of consumers in the development of services is central to achieving long term health outcomes'[11].

3.11. ACTCOSS recommended that resources should be allocated to develop and implement a whole-of-department consumer involvement plan, in consultation with consumers and other key stakeholders. The committee considers that this proposal warrants further investigation by the Government.

Community debate on electronic record tracking

3.12. The committee is aware of the development of the Patient Identifier Number and Health Information Network. ACTCOSS noted in its submission that it has concerns

[11] Submission 15, p 5.

about the privacy implications of the implementation of these systems and advocated opportunities for the community to discuss and debate the issues.

3.13.The committee agrees that there is a need for the Government to consult with the community and facilitate debate on these privacy issues.

Recommendation 10

The committee recommends that the Government provide opportunities for the community to discuss and debate the privacy issues surrounding the development of the Patient Identifier Number and Health Information Network initiatives.

Indigenous health strategic plan

3.14. The committee notes evidence provided by ACTCOSS that the lack of strategic planning for Aboriginal and Torres Straight Islander health is a series impediment to improving health outcomes of the ACT's indigenous population[12].

3.15. In its report on *Annual and Financial Reports 1998-1999 for the Department of Health and Community Care and related agencies*, the committee recommended that the Government expedite the Aboriginal and Torres Straight Islander health strategy as a matter of urgency. The committee again urges the Government to progress this planning framework as a priority.

3.16. The committee notes that it, too, will be inquiring into and reporting on the issue of indigenous health over the course of the year.

Effect of the GST

3.17. A number of community groups expressed concern that the effects of the GST on their operations are still largely unknown.

3.18. In its submission, the Belconnen Community Service noted that:

> The budget is silent on the effect of the GST on government grants. Are we to receive the full 10% or not? Since close to 80% of our expenditure is on salaries and salary related costs, we will receive very little if any benefit from the effect of removal of wholesale taxes on purchases. In fact, we expect the GST to increase our costs, because of the administrative workload[13].

3.19. In evidence ACTCOSS noted that:

> There is no actual identification of how the Government is going to pay for the GST in as far as its grants to the community sector in this budget. Sure, there is information in the draft budget about how the Government internally are going to process the GST but there is nothing about how it is going to pay for the GST when it comes to the community

[12] Submission 15, p 6.
[13] Submission 17, p 3.

> sector because the community sector of course have to charge the Government and then remit to the tax office 10 per cent of all its grants.
>
> There is nothing in the budget about that. The Treasurer has made statements about that but in fact he is only referring to how the Government will deal with it, not how it will deal with the GST in relation to the community sector[14].

3.20. The committee understands that the ACT Government is yet to be advised about many aspects of the GST implementation and especially how it will affect community organisations. The committee considers that the ACT Government has role to play in educating the community sector about the implications of the GST when all the details come to light.

3.21. The committee also believes that the ACT Government should ensure that the introduction of a GST does not have a negative impact on the community sector.

Acute services

3.22. The committee received evidence from ACTCOSS that the most significant initiative in the budget is the move from acute to non-acute services. While ACTCOSS supported the move in principle, it called for more transparency about how the funding shift would be implemented, noting that any reductions in acute care services should be identified[15].

3.23. ACTCOSS questioned the lack of consultation with consumers and the community sector about how the change in emphasis should be managed, stating that, 'The involvement of these key stakeholders in this process is central to ensuring … the long term goals of this process are achieved'[16].

3.24. ACTCOSS also raised concerns about the need to ensure that quality of care is maintained in acute services as the Government attempts to find efficiency improvements in the sector. Another area of concern for ACTCOSS was the potential for cost shifting to the community as service provision is devolved to the non-acute sector. ACTCOSS noted that:

> One of the greatest risks involved with the move from acute to non-acute services is that costs that were previously covered by Medicare or public funding are shifted to the ill and their families. These people and their families are often the poorest in the community and have some of the lowest quality of life outcomes[17].

3.25. ACTCOSS noted that nursing support and the costs of medications, dressings and other health related supplies, which have traditionally been borne by the public hospital system, could under the move, be shifted to consumers.

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[14] Transcript, uncorrected proof, 23 February 2000, p 50, Mr Stubbs.
[15] Submission 15, p 3.
[16] ibid, p 3.
[17] ibid, p 4.

3.26. In response to all of these concerns, the committee supports the following series of recommendations proposed by ACTCOSS[18].

Recommendation 11

The committee recommends that the Government facilitate the development of an implementation plan for the shift to non-acute services, with community and consumer involvement, and for the nature of the shift to non-acute services to be made clear to the community immediately.

Recommendation 12

The committee recommends that the Government provide opportunities for working in partnerships with community sector service providers to effectively transfer services to the non-acute sector.

Recommendation 13

The committee recommends that the Government make data on the quality of acute care services publicly available, including consumer outcomes data, to demonstrate no reductions in the quality of service to the community in the process of gaining efficiencies. This data should be made available on an ongoing basis.

Mental Health Services

3.27. Numerous submissions pointed to inadequate funding for mental health services in the ACT. The Mental Health Foundation noted that ACT Government expenditure on mental health is below that of other jurisdictions[19].

3.28. The committee has outlined below areas of need and other concerns that were brought to its attention.

The mental health strategic plan

3.29. The committee received evidence from the ACT Mental Health Provider Network that the *Whole-of-Territory Strategic Plan for Mental Health* is inadequate because it contains no performance measures. In its submission to the committee, the Network argued that:

> One of the major weaknesses we perceive in the Plan was its lack of meaningful performance indicators. Despite our repeated requests, and even after promising it would do so, the Department has thus far failed to measure how effective it has been in meeting the objectives in its plan…
>
> To fail to … [include performance indicators] is to leave open the dreadful possibility that the entire strategic planning process was not only a waste of Departmental resources, but

[18] ibid, p 3.

[19] Submission 23, p 1.

> an enormous drain on the already strained community sector, which put enormous collective effort into consultations over the current Strategic Plan.

3.30. The committee sees great value in providing measures against which the success of the plan can be measured and supports the Network's recommendation in this regard.

Recommendation 14

The committee recommends that the Government produce and make public performance indicators for the *Whole-of-Territory Strategic Plan for Mental Health*, and that it relates budget initiatives to those indicators.

Young people

3.31. The Youth Coalition of the ACT identified serious problems with mental health service provision for young people. Drawing on the Human Rights and Mental Illness report, the Coalition noted the following failings:

- lack of community crisis teams and support services;
- lack of inpatient assessment facilities;
- lack of inpatient beds;
- lack of day treatment programs;
- lack of child and adolescent psychiatrists;
- lack of specialist mental health and allied health workers;
- inequitable distribution of scarce resources;
- deficits in training in child and adolescent mental health;
- shortfalls in suitable adolescent accommodation;
- inadequate funding[20].

3.32. The Coalition argued that these poor levels of service, 'indicate a worrying failure to meet even the basic needs of young people with mental illness problems, but also these services are at such low levels that it is almost impossible to establish priorities for improving service provision'[21].

3.33. The Coalition made the following recommendations:

- That youth service providers, particularly SAAP [Supported Accommodation Assistant Program] service workers, are provided with training by mental health

[20] Submission 9, p 39.
[21] ibid

professionals to deal with the identification and management of a range of mental health problems while a young person is in their care.

- That accommodation options for young people with mental illness problems be pursued using a partnership model involving a community housing agency and adolescent mental health support agency. (*Such a model exists for adults between Havelock Housing Association and Richmond Fellowship*) [22].

3.34. The committee notes that these recommendations are concerned with portfolio areas other than health but an obvious nexus exists and the committee believes that these issues are worthy of cross-portfolio consideration.

Child and Adolescent Health Service

3.35. In its submission, ACTCOSS made the point that the budget proposal to increase funding in the Child and Adolescent Mental Health Service, while welcome, merely returns service delivery levels to those of 1997.

3.36. ACTCOSS also advised the committee that:

> …it is unclear on what basis this funding increase has been prioritised above other needs in the community as it does not relate to Mental Health Services Strategic Plan and other policy documents. This difficulty points to the lack of clarity about mental health expenditure, the need for more clarity in the budget papers about allocations, and the need for the initiative to relate to planning processes that have been undertaken with the Department in good faith by the community[23].

3.37. The committee supports ACTCOSS's call for more transparency in the budget papers and also supports its specific recommendation below.

Recommendation 15

The committee recommends that there be greater clarity in the budget papers with regards to mental health services and an indication of the means by which priorities are determined.

3.38. A private citizen made a submission arguing that the budget for mental health services be increased by $640,000 per year. In the submission he pointed out that:

> To date mental health services for children and adolescents in particular, have been reduced to the level of where CAMHS have to contract out the diagnosis of children with Asperger's disorder to an outside agency. We were told last year that the delay for such diagnosis could be up to 2 years!
>
> This makes it extremely difficult for school staff who have to deal with extremely difficult students who disrupt the learning of the rest of his class…

[22] ibid, p 41
[23] Submission 15, p 6.

> Also, the early detection of psychoses will be made much easier in children if the proposed funding is granted in the budget[24].

3.39. The committee asks the Government to consider the proposed funding increase and investigate and address the issues of delayed diagnosis for Asperger's disorder.

Clubhouse model

3.40. The ACT Mental Health Consumer Network argued that funds should be made available to establish a type psychosocial advancement facility known as a Clubhouse.

3.41. Commenting on the benefits of the Clubhouse model, the Network pointed out that:

> The single most striking feature of the Clubhouse model is its philosophy of self management by its members. Programs are designed specifically to foster the development of its members through activities such as employment and skill sharing[25].

3.42. The organisation noted that clubhouses in other jurisdictions have proved to be highly successful with improved quality of life for members and far fewer hospital admissions reported. These improved health outcomes for clubhouse members were related to significant financial savings for the health care system[26].

3.43. The Network noted that funds must be allocated in the next financial year to get the project off the ground. Approximate costings were forwarded to the committee indicating that in the order of $226,000 would be needed to get the project up and running, with recurrent costs in the order of $210,000 per year[27].

3.44. The committee is of the view that this proposal warrants serious investigation by the Government.

Outreach services for women

3.45. ACT Shelter argued that there was an urgent need to provide increased outreach services for clients living in refuge accommodation. In its submission ACT shelter noted that:

> Women, especially with episodic illness, would greatly benefit from the existence of a service that would provide support workers whom a client could access for information or assistance in dealing with one-off independent living concerns. It is felt that this service could either be auspiced by a current SAAP [Supported Accommodation Assistance Program] service or through the Health and Community Care budget[28].

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[24] Submission 33, p1.
[25] Submission 10, p 1.
[26] ibid, p 1.
[27] Submission 28. p 1.
[28] Submission 6, p 12.

3.46. Toora Single Wimmin's Shelter Inc advised the committee that there is a need for supported accommodation services for women, including young women with mental health issues. Toora noted in its submission that:

> These women are without accommodation options in the ACT. The small amount of resources currently allocated for mixed gender accommodation settings does not meet the need.
>
> Crisis accommodation services are providing much support to people with mental health issues in the ACT. There is very little recognition of this contribution by way of additional resources to these services from the Dept of Health and Community Care[29].

3.47. The committee urges the Government to consider introducing services of the types described.

Free public transport for volunteers

3.48. The Mental Health Foundation ACT Inc. advised the committee that it encourages people with a mental illness to undertake volunteer activities as a means of improving social integration and reducing isolation[30].

3.49. The Foundation advocated a policy of free public transport for these volunteers as the impost of travel fees can be quite significant for people with mental illness who are likely to be impoverished[31].

3.50. In supporting its position, the Foundation note that:

> The Government already provides free parking for volunteers in the Canberra car parks so the principle of transport assistance is accepted to a group who are much better placed to meet their travel costs.
>
> We believe that our proposal would not require a major outlay, would be simple to implement, and would be a statement that these people, despite their illness, are seen to be valued members of the community. Since it would break down social isolation and hence improve mental health, it can be expected to go a long way towards paying for itself in the reduced need for expensive acute treatment services[32].

3.51. The committee sees value in this proposal and given the minimal impact it would appear to have on the budget, the committee urges the Government to investigate how best to implement it.

Mental Health Peak body

3.52. The Mental Health Provider Network argued that there is need for the establishment of a mental health peak body. The Network submitted that:

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[29] Submission 26, p 2.
[30] Submission 23, p 2.
[31] ibid, p 2.
[32] ibid, p 2

> … recurrent funding, notionally of $150,000 per annum, be allocated within the 2000/01 financial year, and recurrent funding for the operation of the peak in subsequent years[33].

3.53. The committee requests that the Government consider this proposal in the knowledge that peak bodies can often bring efficiencies with them in relation to the development of effective public policy.

Community Services

General statements about unmet need in disability and aged care services sector

3.54. The committee received a great deal of evidence that there is considerable unmet need in the disability services sector. This has been pointed to in various committee reports, the most recent being the Standing Committee on Health and Community Care's report into *Respite Care Services in the ACT*. The committee has included below the observations of a number advocacy and support organisations about the extent of need in the community.

ADACAS

3.55. ADACAS (ACT Disability, Aged and Carer Advocacy Service) made the following comments about the unmet needs of people with disabilities and older people in the ACT.

> People with disabilities
>
> - There is a lack of flexible, responsive accommodation support services. Significant funds are provided to the government provider, which are used primarily for group home support. Options and funds for individual community living are minimal.
>
> - There are insufficient resources provided to ensure people do not just "survive" in the community, but have a full and productive life...
>
> - There is a need for development and provision of parenting skills development courses for parents who have [a] disability, including and especially, intellectual disability…
>
> - There is a need for additional resources and programs targeting younger people with disability living in aged care institutions, or [a]waiting placement…
>
> - There is a lack of services for younger children with autism [discussed below]…
>
> - There is a lack of expertise, and appropriately tailored and resourced services to meet the needs of people with psychiatric and/or psychological conditions, arising from physical and sexual abuse, on their release from jail. The support required includes immediate access to appropriate housing and therapy and personal care support...
>
> - There is a lack of services to meet the longer term needs of people who are depressed or otherwise suffering from the results of physical and/or sexual abuse

[33] Submission 31, p 2.

Older people

- There is a need for transport to be provided for people living in aged care institutions to enable them to continue accessing the community… The lack of transport results in many people not attending important meetings eg with GP or their specialist.

- Development of appropriate services, refuges etc for older people escaping domestic and other forms of violence[34].

3.56. The committee suggests that the Government investigates and addresses the concerns raised by ADACAS.

Community Connections

3.57. In its submission, Community Connections argued that unmet need is highlighted by 'lengthy waiting lists for respite, in-home assistance and daytime activities'[35].

3.58. Community Connections further argued that significant unmet need exists for crisis, preventative, developmental and referral services in the disabilities sector, noting that:

> In all categories, determination of funds was difficult, with across the board needs very high. Those people that received individual funding, were also expected to obtain generic services to supplement their packages, while others received a portion of funds for twelve months only. Some people with disabilities are living in family situations that are difficult and intolerable to both parties [carer and care recipient]. In other situations, the carer suffers deteriorating health and the person with the disability has few options of participating in community life in as normal a way possible. Others remain in institutional settings while their main goal to live in community housing with adequate support services continually recedes.
>
> Situations never remain static and those people who were identified with high needs are continuously joined by others whose care arrangements reach a crisis situation and breakdown[36].

3.59. Community Connections were funded by the Government to interview and assess people who applied for individual funding packages. Following the assessment of 80 people only 10 received funding - about one third of the identified need[37].

3.59. Community Connections also argued that there needs to be more certainty for people with individual funding packages, noting that:

> I think families [receiving a funding package] would be very happy if they knew there was an annual allocation and that they had an avenue of assessment or an avenue of

[34] Submission 20, p 9.
[35] Submission 1, p 1.
[36] ibid, p 2.
[37] Transcript, uncorrected proof, 23 February 2000, p 1, Ms field.

> application that when their needs were great they could get that. They knew that they could be met. Families live in a very uncertain system at the moment[38].

3.60. The committee Chairman put the following simple question to Community Connections: 'You have had an increase in need out there. Have you had an increase in funds to match it'? The answer too was simple: 'No'[39].

3.61. The committee advises the Government to investigate and address the issues raided by Community Connections.

The Carers Association of the ACT

3.62. The Carers Association of the ACT noted in its submission that:

> While there has been some growth in the HACC Program, and for disability services, growth is not keeping up with rising demand due to the ageing population, the increased incidence of severe disability, and moves for care in the community rather than institutions. This includes [the] now common practice for early discharge from hospital[40].

3.63. Specifically, the Association advocated:

- A 20% increase in annual funding to the HACC program with 25% of the increase going to improving respite services.
- Improved access to, 'culturally appropriate services by indigenous people, as well as by other people from culturally and linguistically diverse backgrounds…'
- Increased resources for assessing the need of carers.
- '…improved and more carer focused training for direct care workers under national training frameworks for the community care sector, as well as… [better] monitoring of care standards[41].

3.64. The Association also argued that people with severe disabilities and their families are a priority group with a high level of unmet need existing for long-term accommodation options, respite care, post school programs, and services for people with challenging behaviours[42].

3.65. The Association indicated that there is a need to provide additional funds for the Carer Resource Centres for improved information, education training; counselling, referral and follow-up and information technology upgrades.

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[38] ibid, p 10, Ms Field.
[39] ibid, p 11, The Chairman and Ms Field.
[40] Submission 7, p 2.
[41] ibid, p 2.
[42] ibid, p 2.

3.66. As previously identified in the committee's report, *Respite Care Services in the ACT*, the committee again notes comments that young carers deserve special attention and services to meet their needs. The Association suggested that funds are required to print and distribute young carers information kits, '…for use in schools and colleges, by health professionals and other people'[43].

3.67. The committee advises the Government to investigate and address the concerns raised by the Carers Association.

Mrs Ana Moreno

3.68. The committee received evidence from Mrs Ana Moreno about the long and difficult struggle that she and her husband are still having in procuring support services for their son, Carlos. Mrs Moreno was particularly troubled by a recent assessment that showed that Carlos was in genuine need and required additional support but was then told that there were no resources to provide that support. In her submission, Mrs Moreno asked the following pointed question:

> Why did the department send someone to assess my son's needs knowing that they didn't have the necessary funding just to tell us at the end that in spite of the assessor's recommendation there would be no increase in funding[44]?

3.69. Mrs Moreno questioned the how effective the use of funds for assessment are if there are no resources to provide the services. Mrs Moreno noted that:

> …to me that is totally a waste of time, effort and money because if they are so short of money why waste paying somebody to go and make assessment when they very well know since the beginning that the money is no there. It is very silly[45].

3.70. The committee can only agreed with Mrs Moreno's comments and urges the Government to investigate the practice.

Training for staff in disability and aged care services

3.71. ADACAS outlined a number of areas where training for staff working in the disability and aged care services sector needs to be improved. These areas are:

- values based training, eg Social Role Valorisation etc, especially in aged care services;
- roles and responsibilities of staff in respect of duty of care, also including tension between duty of care and dignity of risk;
- knowledge of, and roles and responsibilities of staff in respect of rights and advocacy;

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[43] ibid, p 3.
[44] Submission 18 cited in Transcript, uncorrected proof, 23 February 2000, p 13, Mrs Moreno.
[45] ibid, p 13.

- standards monitoring and the importance of independently obtained, informed consumer feedback;
- skills in supporting people to achieve full community participation and inclusion;
- the development and operation of effective internal consumer complaints processes;
- skills in counselling and management of people with personality behaviour disorders;
- training is urgently required for staff in all services in respect of identifying and responding to abuse. This is especially the case in respect of elder abuse, where there appears to be less of a community awareness about its various forms and expressions[46].

3.72. The committee advises the Government to investigate and address the training issues outlined above.

Advocacy for people with disabilities, older people and their carers

ADACAS

3.73. A comprehensive submission from ADACAS provided estimates about the level of funding needed to keep up with increasing demand for advocacy services. ADACAS provides individual and systems advocacy for people with a disability, older people and their carers.

3.74. The service provided the following details:

- an additional 20 hours per week [for] individual advocacy for older people in the community; $25,000pa
- an additional 10 hours per week [for] systems advocacy for older people in the community: $13,000 pa
- an additional full-time advocate for people with psychiatric disability $55,000 pa
- an additional full-time advocate for people with other disabilities: $55,000 pa; and
- an additional full-time advocate for systems advocacy for people with a disability: $55,000 [these are salary costs only and do not include administrative support][47].

3.75. ADACAS argued that the absence of effective advocacy inevitably leads to substandard support and care services and that this can result in increased costs to the community[48]. ADACAS noted that:

> The resources deficit results in systemic matters being left unattended to, with resources focussed on individual people in crisis situations. The lack of adequate systems advocacy

[46] Submission 20, p 10.
[47] Submission 20, p 4.
[48] ibid, p 4.

> means many more people are fated to suffer the same crisis situation, and often without access to individual advocacy[49].

3.76. The committee considers that these funding recommendations warrant further investigation by the Government.

Advocacy ACTion

3.77. In its submission, Advocacy ACTion noted its support for the ADACAS submission. Advocacy ACTion noted that it is the only agency wholly funded to provide systems advocacy in the ACT[50]. The organisation argued it requires additional funds to keep pace with the increasing demand that it is experiencing. The organisation noted that:

> The extremely limited funding provided has always made the task of providing advocacy across all the areas required, challenging. The number of voluntary hours contributed to Advocacy ACTion on a regular basis by members of the management committee, family members and volunteer workers are a major part of the reason it is able to continue to operate and meet the high standards which have always been expected and achieved. Additional funding is desperately needed to meet the increasing demand for systemic advocacy.
>
> … The Strategic Plan for Disability Services in the ACT (1999) cites as a performance outcome that 'appropriate advocacy is available for people with disabilities if and when it is required". Appropriate advocacy relies upon adequate funding, and as such this area of unmet need must be seen as a priority[51].

3.78. The committee asks the Government to consider the need for more funds to be allocated to advocacy.

Early Intervention

3.79. Advocacy Action argued that early intervention for children with disabilities is one of the most effective ways of applying funds for disability services. The organisation argued that:

> The evidence is overwhelming that for most children with disabilities the best intervention is the earliest one. Children who have access to appropriate and extensive early intervention strategies in the most appropriate setting, which is usually the most inclusive one, have a far greater opportunity of decreasing the negative affects [sic] of the disability than those who receive no intervention at all, or intermittent and inconsequential intervention.
>
> It is reported that there are waiting lists of several months for certain early childhood services. What these waiting lists reveal is an unmet need which, if addressed at this critical early stage, could in fact be the most cost effective use of the dollar[52].

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[49] ibid, p 4.
[50] Submission 30, p 2.
[51] ibid, p 2.
[52] ibid, p 3.

3.80. The committee sees value in early intervention as both a cost-effective and pro-active approach to meeting the needs of people with disabilities.

Abuse of people with a disability.

3.81. ADACAS informed the committee that over one year ago the Minister received a report from the Disability Services Advisory Committee relating to its investigation into abuse of people with a disability. ADACAS further noted that no action has been taken on the report and that the Minister has failed to make the report publicly available[53].

3.82. The committee supports ADACAS's view that the report should be made available for public consultation and that action is taken to implement recommendations following the consultation[54].

Recommendation 16

The committee recommends that the Government makes the report of the Disability Services Advisory Committee investigation into abuse of people with a disability publicly available for community consultation and that it progresses initiatives to implement the recommendations that arise.

Casualisation of the support service workforce

3.83. ADACAS advised the committee that there has been a significant increase in the use of casual staff in the agency support service. ADACAS noted that this can have several implications for the quality of care delivered including:

- people being employed when they have criminal records for sexual assault (for example the recent experience in a nursing home, where it is alleged the agency was aware of the conviction, but contracted the employee anyway);

- difficulties in group houses managed by ACT Community Care, Disability Programs, including;

- inconsistent management and control;
- poor delivery of support programs, especially behavioural management programs;
- low morale in staff;
- confusion and depression in residents;
- overuse of medications as a response to challenging behaviour or difficult behaviour;
- incorrect administration of medication.

3.84. ADACAS advocated the establishment of a registration board to regulate the employment of personal care assistants, similar to that already in place for nurses. The committee considers that this proposal warrants further investigation by the Government.

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[53] ibid, p 5.
[54] ibid, p 5.

Recommendation 17

The committee recommends that the Government investigate the usefulness and feasibility of establishing a registration board for personal care assistants.

Co-payments criteria

3.85. In its submission, ACTCOSS expressed concern about the increase in consumer co-payments for community health services. ACTCOSS described the flat rate co-payments as indiscriminate and regressive and proposed that a criteria for co-payments should be established that would allow the community to examine the types of services and the rates at which co-payments should be charged[55].

3.86. The committee supports the development of co-payments criteria.

Handyhelp ACT funding

3.87. Handyhelp provides home and yard maintenance services for people with disabilities, frail people and aged persons to help ensure their safety. In its submission, Handyhelp provided the committee with a statement of need in relation to increased demand for its services.

3.88. Handyhelp outlined the following projected increases in demand and estimates for the funding that would be required to meet those demands:

1. Mowing

Based on an anticipated increase of 50 clients (estimate based on projected ageing of population and applications not proceed by Handyhelp this year)	$20,000 recurrent

2. Yard work/Rubbish removal

Capital expenditure for equipment	$7,500 non-recurrent
Estimated costs to use CSO gang labour (Based on costs of CSO supervisor cross-funded by departments)	$4350 recurrent

3. Modification

Based on projected ageing of population (Includes $24, 000 to address the existing deficit on this program based on the 1998/99 deficit of $23,912)[56]	$40,000 recurrent

3.89. Handyhelp's detailed submission provides additional information about its operations and the rationale for its statement of need. The committee urges the Government to consider the organisation's claims.

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[55] ibid, p 5.

[56] Submission 19, p 2.

ACT Down Syndrome Association funding

3.90. The ACT Down Syndrome Association was formed in 1987 by interested parents to provide support and information to families with a member who has Down Syndrome.

3.91. The committee was advised that the Association delivers a wide range of community services including parent support when a child is born with Down Syndrome, speech camps, lobbying and advocacy and also produces a newsletter. Since the inception of the Association, funding for its services has come from donations, fundraising and membership subscriptions[57].

3.92. The Association argued in its submission that the administrative expenses incurred for the management of the organisation are becoming a significant drain on its financial resources. Following this the Association argued that:

> It is felt that our association provides considerable assistance to the community at large in its efforts to assist families and people with Down Syndrome and thus considers that there is a substantial saving for the public purse as a result there of. Therefore, the association is of the view that in recognition of this…[fact], annual financial assistance from the government is long overdue[58].

3.93. The committee notes that the Association provided details of its estimated office expenditure for 2000/2001, which totalled $18,430. The committee advises the Government to consider the proposed funding allocation and is happy to make the details of the organisation's estimates available.

National Brain Injury Foundation funding

13.94. The National Brain Injury Foundation (NBIF) was established in the 1980s to provide support and assistance to people living with brain injuries. The submission provided by the Foundation seeks funding for the payment of the salary and on-costs of its administrator. The Foundation argued that it is finding increasing demand for its services and that payment of an administrator is becoming a factor in the organisation's capacity to meet that demand. The foundation noted that:

> … the almost total funding of the administrative position… [from fundraising] sources is a cause for great concern and increasingly imperils all of the Foundation's operations. Whilst a large amount of volunteer assistance is provided without cost to the NBIF (certainly in the order of many hundreds of person-hours per year), it would soon become impractical to maintain anything approaching the present level of operation, lest alone expand it in response to the increasing number of calls for assistance that we receive in the absence of professional administration[59].

3.95. The Foundation advised the committee that the current administrative person, the executive officer, is employed at $41,137 per annum with approximately $4, 500

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[57] Submission 2, p 1.
[58] ibid, p 2.
[59] Submission 13, p 2.

for superannuation, leave loading and workers' compensation insurance[60]. The committee advises the Government to consider the Foundation's proposal.

Alzheimers Association funding

3.96. The committee was asked to review the Alzheimers Association submission to the Respite Care Inquiry in light of the draft budget.

3.97. In particular the Alzheimers Association expressed the difficulty it faces in continuing its work without government funding. Currently the organisation operates on a totally voluntary basis with no Government financial assistance for administration and other costs.

3.98. The committee noted in its report on *Respite Care Services in the ACT* that:

> … every other Alzheimers Association across Australia receives core funding through the Home and Community Care (HACC) program. The ACT Association is the only organisation of its type not to receive this core funding for basic infrastructure and payment for an Executive Director. The Alzheimers Association ACT operates on a totally voluntary basis.
>
> The committee sees that the job of providing effective advocacy on behalf of people with dementia and their families, especially about the need for dementia-specific respite, is made more difficult by the lack of funding for this body. The committee notes the high quality of the association's activity[61].

3.99. The committee urges the Government to consider the provision of funds for the Alzheimers Association.

Autism funding

3.100. The Autism Association of the ACT expressed major concerns about the lack of availability of diagnostic services for young people with Autism Spectrum Disorders (ASD). The Association argued that accurate and timely diagnoses are extremely important as they are a prerequisite for obtaining access to services provided by the Department of Education[62].

3.101. However, the Association noted that in October 1999 there was a delay of over six months for access to diagnosis and as at January 2000 the waiting list was twelve months[63]. This, it was argued, has meant that the only recourse for parents of child with ASD is to seek private diagnosis at costs that, 'start at $300 and which can exceed $1,000; or they can travel to Sydney and pay much more'[64].

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[60] ibid, p 2.
[61] Standing Committee on Health and Community Care, (2000) 'Respite Care Services in the ACT' p 44.
[62] Submission 4, p 1.
[63] ibid, p 1.
[64] ibid, p 1.

3.102. The Association was critical of the Department of Health and Community Care for not making representations to the Executive for emergency funding supplementation when access to the diagnostic services became so limited. The Association argued that as a result, children with ASD are being deprived of access to therapy services[65].

3.103. Another issue that was of great concern to the Association was the recent reduction in Fabric Square services to children with ASD, which provide therapy support in home and classroom settings. The Association argued that this service was essential for children with ASD as, 'early intervention provides children with developmental disabilities, such as ASD… , with the best chance of developing their potential'[66]. Following this, the Association urged that the unilateral actions of Fabric should be reversed'[67].

3.104. The Association also raised the following issues:

- The need for greater transparency about who does and doesn't receive funding/services – the Association noted that information should be included in the budget papers about, 'the numbers of children and older people eligible for special health services, and the number who received appropriate health services, the nature of those services and those who missed out'.

- The development of a bi-annual appropriations system – the Association noted that, 'Health and Education [portfolios should] be permitted to make application[s] for additional funding from the Assembly, at 6 month intervals, approval subject to inquiry by relevant committees, to address emerging needs'.

- The establishment of a task force to, 'inquire and make recommendations on specific changes that could assist the integration and co-ordination of service delivery, especially between departments and the development of inter-agency co-operation and service delivery'.

- The enactment of legislation that outlines a process for identifying need and service provision to meet needs as well as providing measures for a, 'speedy dispute resolution process'[68].

3.105. The committee considers that these proposals are worthy of further consideration and advises the Government to investigate their usefulness and feasibility.

[65] ibid, p 1.
[66] ibid, p 2.
[67] ibid, p 2.
[68] ibid, p 2.

Diabetes funding

3.106. In its submission, Diabetes Australia ACT expressed major concerns about the inadequate level of resourcing for services for people with diabetes.

3.107. The organisation noted that during 1997 there was an increase of 16.7% in the number of people diagnosed with diabetes in the ACT. In 1998, the increase was 17.1% and during 1999, 12%[69].

3.108. The organisation argued that the ACT Government has not recognised the increase in demand, noting that the Board of Management of Diabetes Australia ACT considers that, 'the Government has be indirectly responsible for a *reduction* in the level of service'[70].

3.109. Particular concerns outlined in the submission were the lack of diabetes specialists to adequately service the ACT population and the lack of allied health professional such as podiatrists.

3.110. The organisation noted that:

> The effect of the Government's current strategy is that it does not adequately support people with diabetes and results in significant direct costs to the public hospital system by way of an increase in the number of people who develop diabetes complications including heart disease, renal failure and lower limb amputation. The development of such complications also increases the social and economic costs to both the individual concerned and the ACT generally[71].

3.111. The organisation advised the committee that it would be making a detailed submission to the Government, recommending an increase in the level of funding for all diabetes services. The committee urges the Government to carefully consider the claims of Diabetes Australia in light of the significant increase in demand.

Generalist counselling

3.112. The Youth Coalition of the ACT advised the committee that there is a need to improve access for young people to general counselling services. The Coalition noted that:

> This need has been repeatedly demonstrated in a range of community consultations. Currently a young person is likely to wait in excess of 6 weeks to see a generalist counsellor at a community centre. These wait times mean that many young people do not access the help they require when they need it, and may only be captured by health care professionals if their ongoing problem result[s] in a major crisis[72].

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[69] Submission 24, p 1.
[70] ibid, p 1.
[71] ibid, p 2.
[72] Submission 9, p 37.

3.113. The Coalition recommended that Healthpact funding should be provided for improving access to general counselling services[73]. The committee asks the Government to examine and address this problem.

Men's health services

3.114. Murringu Canberra Inc. advised the committee that there is a need to establish a 'Men's Centre' by co-locating existing men's services where possible[74]

3.115. Murringu argued that, 'As men see that there is an organisation responsible for meeting their needs, their willingness to participate in improving their health and wellbeing (and as a result that of their partners and families) will increase'[75].

3.116. Murringu further noted that:

> … we recognise the value of diverse approaches and are not suggesting that services be combined to form a single organisation. It is the development of a "Men's Centre' where a range of services and support for men of all ages can be found that we are recommending. We do see the possibility of such a centre providing significant savings of overheads from economies of scale.
>
> As well as providing a centre for various men's support services to be co-located, such a centre needs to be able to provide a range of services. These services include information and referral to other services such as health providers, information on men's health and wellbeing, crisis counselling, and the identification of unmet needs and other emerging issues[76].

3.117. The committee considers that the Government should investigate the usefulness and feasibility of establishing a Men's Health Centre of the kind described.

Canberra Blind Society

3.118. A submission from the Canberra Blind Society expressed its gratitude for previous government assistance in the current financial year, noting that, 'the grant has made it possible for Canberra Blind Society to continue in existence when it would otherwise have had to face up to winding up'[77].

3.119. However, the Society expressed a need for an increase in funding from $20,000 to $30,000 in the 2000-20001 financial year. The Society claimed that:

> The core need that the requested funding will help to meet is the continuation of our outreach program. This includes producing our monthly newsletter, home visitation, counselling, referral services, and communication, social and recreational activities, particularly for older clients[78].

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[73] ibid, p 38.
[74] Submission 9.5, p 4.
[75] ibid, p 4.
[76] ibid, p 4.
[77] Submission 22, p 1.
[78] ibid, p 1.

3.120. In addition to these activities, the Society also indicated that it wished to expand its training services.

3.121. The Society also raised the issue that funding may be required to assist it in relocating to new premises when the replacement building for the Griffin Centre is built[79]. The committee advises the Government to consider the Society's funding proposal.

Health promotion on community Radio

3.122. Community Radio 2XX made a submission to the committee outlining what it called inadequacies in the health portfolio in relation to health promotion. The radio station noted the following concerns:

1. The inadequate provision for promoting public health on Community Radio 2XX.

2. The total lack of provision for funding the provision of health information and Healthpact sponsored events to the Aboriginal and Torres Strait Islander community through their weekly programs on 2XX.

3. The total lack of provision for promoting matters of public health in non English languages through 2XX's ethnic community language broadcasts.

4. The lack of provision to involve Canberra's only permanently licensed broadbased community licensee in the Healthy Cities project.

5. The inability or refusal of the Health department to recognise by financial support that a healthy community has a wide range of community activities including a broadly based community radio which involves all the aspects of our community in its operation.

3.123. The committee asks the Government to consider the issues raised by Community Radio 2XX.

Ronald McDonald House

3.124. The Health Care Consumers' Association of the ACT questioned the appropriateness of building the Ronald McDonald hostel facility. The Association noted in its submission that:

> … it is necessary to mention the one-off allocation of $1.1 million for development of a hostel for families of children outside the ACT who must travel here to receive treatment. Whilst the provision of such facilities is of great benefit to such families, it is not clear that such expenditure is the responsibility of the ACT community, and whether other priorities for expenditure may have emerged had the process which led to the proposal's adoption been more open.

[79] ibid, p 2.

3.125. The committee considers that there might be a role for the NSW Government to contribute to the development of this facility and urges the ACT Government to investigate this possibility.

Technical Aid to the Disabled (ACT) funding

3.126. Technical Aid to the Disabled ACT (TADACT) is a voluntary organisation aimed at helping people with disabilities to live a more comfortable and independent lifestyle by making custom-built aids which are often not generally available[80]. The organisation has a three-year contract with the ACT Department of Health and Community Care.

3.127. TADACT advised the committee that in an effort to improve service delivery by allocating additional staff hours, it had experienced a budget deficit of $15,000. The organisation advocated government assistance to meet this deficit in the form of a contract price increase. The organisation noted that:

> The full-time employment of the Technical Coordinator [where the additional staff hours were allocated] has been largely instrumental in creating an annual budget deficit of approximately $15,000….
>
> TADACT is actively involved in fund-raising and accepts the expectation that its should do so. However, in the highly competitive environment of generating public support, experience indicates that fund-raising and donations are not guaranteed sources of income[81].

3.128. The committee asks that the Government consider TADACT's proposal. The committee is happy to make details provided by the organisation available to the Government.

Drug and Alcohol Services

Issues raised in Assisting Drug Dependents Incorporated submission

Hepatitis A and B vaccinations

3.129. In its submission, Assisting Drug Dependents Incorporated (ADDInc) noted that its proposal to provide free Hepatitis A and B vaccinations has been under consideration by the ACT Department of Health and Community Care for almost two years but that no action has resulted[82]. ADDInc noted that:

> It appears the proposal became caught up in a scenario involving many more people and thus more expense but in the meantime nothing has been done. New waves of young drug users access Late Night DRIC (Drug Referral and Information Centre) over time. Our

[80] Submission 29, p 1.
[81] ibid, p 2.
[82] Submission 5, p 2.

> community is missing valuable opportunities to reduce the harm from these infections and thus in the longer term to reduce health costs[83].

Methadone at Calvary

3.130. The committee received evidence from ADDInc indicating that it is currently logistically difficult for people to access methadone treatment whilst they are detoxifying at Arcadia House (located on the grounds of Calvary Hospital). In its submission, ADDInc pointed out that:

> At present … [accessing methadone] is logistically impossible because the clients need to pick up methadone from The Canberra Hospital in Woden. Arcadia House is located in the grounds of Calvary Hospital in Bruce. Indications are that Calvary Hospital would be pleased to cooperate with the dispensing of methadone to this group, however we have made no progress in this area for several years, although it is budget neutral[84].

3.131. The Minister indicated that the proposal had merit but that it was still under consideration. The Minister assured the committee that the Government would respond soon[85]. The committee also sees value in the proposal and urges the Government to support it.

Counselling services

3.132. ADDInc provided evidence that its telephone-counselling load for parents and siblings of drug users is under increasing pressure, with many calls coming in after business hours. The organisation advocated the establishment of an out-of-hours service which would see a duty counsellor being available after hours on two nights per week and on Saturday mornings. ADDInc also suggested an education program for parents involving public seminars[86].

Information and education

3.133. ADDInc recommended the allocation of $15, 000 every year to be spent on ‘well-researched and presented information materials’ for its client group[87].

Staff training

3.134. ADDInc noted the following in its submission in relation to staff development:

> Several agencies in the alcohol and other drugs sector offer quality training and development opportunities. However, the capacity of services such as ADDInc to release staff to attend this training is severely limited. We cannot afford to replace staff while

[83] ibid, p 2.
[84] ibid, p 2.
[85] Transcript, uncorrected proof, 28 February 2000, p 5, Mr Moore.
[86] Submission 5, p 2.
[87] ibid, p 2.

> they are attending training, because we are then, in effect, paying twice for the same number of hours worked'[88].

Alternative sentencing options

3.135. ADDInc noted that significant pressure is being placed on its staff as a result of the agency being asked to, 'escort clients from the courts to detox, and from detox to rehab, with no recompense for the staffing or travel costs involved'[89].

3.136. The committee sees that it might be appropriate for the Department of Justice and Community Safety to provide funds to assist with any cost borne in relation to work undertaken in this area.

3.137. The committee urges the Government to examine and address all the other issues raised by ADDInc outlined above.

Drug and alcohol education in schools

3.138. The Youth Coalition of the ACT advised the committee that funding should be directed towards community based drug and alcohol workers to provide education on drug and alcohol issues in high schools and colleges. The Coalition argued that current drug education programs, '…appear to be provided in an ad-hoc manner and quality is patchy'[90].

3.139. The organisation further noted that:

> Drug education programs should move towards identifying and discussing the wide variety of drugs available, the impact of mixing substances and the strategies used to reduce harm. Educational institutions are not require[d] to provide drug education as outlined in the Drug Education Framework. The Youth Coalition believes this needs urgent attention from the ACT Government[91].

3.140. The committee asks the Government to consider the issues raised by the Youth Coalition.

Women and drugs

3.141. A submission from Toora, Single Wimmin's Shelter Inc. raised concerns about the lack of services in some areas of the drug program.

3.142. Toora outlined the following areas of need:

- The provision of a supervised withdrawal service (detoxification) for women and their accompanying children. There are a number of ACT reports which provide conclusive evidence of need however again the ACT government has not allocated funds for this important service.

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[88] ibid, p 3.
[89] ibid, p 3.
[90] Submission 9, p 38.
[91] ibid, p 38.

- There is no funded Benzodiazepine service in the ACT despite the high incidence of dependency especially amongst older women, women from culturally and linguistically diverse backgrounds and an increase in prescribing to young women.

- The loss of the "sobering Up Shelter" funds and the lack of an appropriate sobering up facility.
  Governmental representatives have indicated that the watch house is fulfilling this function. There are two major concerns here:

  a) That the watch house is an inappropriate venue for sobering up especially for women. Recently a client sustained a broken leg after spending a night at the watch house when intoxicated.
  b) Watch house staff appear to be unaware of the watch house's sobering up function[92]!

3.143. The committee advises the Government to investigate these areas of need and consider the allocation of funds for the establishment of the proposed services.

Supervised injecting rooms

3.144. The majority of the committee expressed concerns about the allocation of $725,000 in each of the next two financial years for the establishment of a Supervised Injecting Place (SIP) trial. Mr Rugendyke and Mr Hird were of the view that these funds would be better spent in providing improved drug education in the community.

3.145. Accordingly, the committee makes the following recommendation:

Recommendation 18

The committee recommends that the Government re-direct funding proposed for the supervised injecting room trial to improved community drug education measures.

3.146. Mr Wood dissented from the majority view, arguing that it is important to evaluate the outcomes of the trial in order to develop innovative and effective strategies for dealing with the complex array of issues surrounding the drug problem in Canberra.

Bill Wood MLA

Chairman

[92] Submission 26, p 2.

APPENDIX A: LIST OF SUBMISSIONS

1. Community Connections
2. ACT Down Syndrome Association Inc.
3. Mr Karmenu Attard
4. Autism Association of the ACT Inc.
5. Assisting Drug Dependents Inc.
6. ACT Shelter
7. Carers Association of the ACT Inc.
8. Council on the Ageing (ACT)
9. Youth Coalition of the ACT Inc.

9.5. Murringu Canberra Inc.

10. ACT Mental Health Consumer Network Inc.
11. Ms Kelly Jones on behalf of Quirkpaper
12. Centacare
13. National Brain Injury Foundation
14. Community Radio 2XX FM Inc.
15. ACT Council of Social Services
16. ACT Mental Health Provider Network
17. Belconnen Community Service Inc.
18. Mrs Ana Moreno
19. Handyhelp ACT Inc.
20. ACT Disability, Aged and Carer Advocacy Service
21. Volunteering ACT
22. Canberra Blind Society
23. Mental Health Foundation ACT Inc.

24. Diabetes Australia
25. Canberra Blind Society
26. Toora
27. Healthcare Consumers Association ACT Inc.
28. ACT Mental Healthy Consumer Network Inc.
29. Technical Aid to the Disabled (ACT)
30. Advocacy ACTion
31. ACT Mental Health Provider Network
32. Alzheimers Association ACT Inc.
33. Mr Matt Stewart

APPENDIX B: WITNESSES BEFORE THE COMMITTEE

23 February 2000

1. Community Connections
2. Mrs Ana Moreno
3. Healthcare Consumers ACT
4. Assisting Drug Dependents Inc
5. ACROD
6. ACTCOSS
7. ACT Mental Health Consumers Network Inc.
8. Disability Advocacy Network ACT
9. Mental Heath Provider Network
10. Autism Association
11. Council on the Ageing ACT

28 February and 6 March 2000

1. ACT Government