



**ACT**  
Government

# **Government response**

to the Review of ACT Health Programs  
- Children and young people and  
responses to Fetal Alcohol Spectrum  
Disorder (FASD) report

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# Introduction

The Government welcomes Report No. 5 of the Health and Community Wellbeing (HCW) Standing Committee: Review of ACT Health Programs — Children and young people and responses to Fetal Alcohol Spectrum Disorder (FASD) (the Inquiry).

FASD is a diagnostic term for the range of physical, cognitive, behavioural and neurodevelopmental abnormalities which can result from maternal drinking during pregnancy.<sup>1</sup>

The developmental period of early life – starting at conception – is a critical window of opportunity when the foundations for optimum health across the lifespan are established. The health of infants and children is critically impacted by the safety, health and wellbeing of mothers, pregnant people and children's families. A positive start in life helps children fully develop and increases the likelihood that they will become healthy and resilient adults.

Parents and caregivers need to feel confident and supported in raising children and should have access to the help and information they need. Providing early support to children and their families is the best way to improve long-term health and wellbeing outcomes.

## ***Best Start for Canberra's Children: The First 1000 Days Strategy***

ACT Health Directorate (ACTHD) and the Community Services Directorate have been working together to develop the *Best Start for Canberra's Children: The First 1000 Days Strategy* (Best Start Strategy), which focusses on the time from conception until a child's second birthday. The first 1000 days are critical because children's brain and body development is critically shaped during this period.

The Best Start Strategy outlines the Government's commitment to support children and their families to improve their long-term health and wellbeing outcomes. The Best Start Strategy will be successful when children and their families:

- are supported to thrive;
- receive the support they need to establish strong foundations in life, and identify and manage any issues early; and
- have access to services that support the diverse needs of children and their families to be healthy and well.

If these foundations are in place, our community should be more equitable, fair, culturally safe, connected, healthy and resilient.

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<sup>1</sup> National Fetal Alcohol Spectrum Disorder Strategic Action Plan, 2018-2028, <https://www.health.gov.au/sites/default/files/national-fasd-strategic-action-plan-2018-2028.pdf>

## ***Healthy Canberra: ACT Preventive Health Plan 2020-2025***

The ACT Government's *Healthy Canberra: ACT Preventive Health Plan 2020-2025* (the Healthy Canberra Plan) sets the foundations for reducing the prevalence of chronic disease and supporting good health across all stages of life. It articulates strategic priorities and areas for government-led action.

The aim of the Healthy Canberra Plan is to support all Canberrans to be healthy and active at every stage of life. The Plan has a prevention focus, which means empowering Canberrans with the knowledge, skills and attitudes to live well; and creating healthier places where we live, work, learn and socialise. Where harms have already occurred or chronic conditions have developed, this means prioritising early detection and intervention to reset pathways and minimise ongoing harm. The five key priority areas of the Healthy Canberra Plan are: supporting children and families, enabling active living, increasing healthy eating, reducing risky behaviours, and promoting healthy ageing.

The harmful use of alcohol is a major contributor to death, disease, crime and violence, social problems, health and emergency service utilisation, and use of police resources. Long-term and regular alcohol consumption is associated with an increased risk of illness, including some cancers and cardiovascular disease. Alcohol consumption during pregnancy can increase the risk of miscarriage, low birth weight, stillbirth or premature birth, and FASD. In 2016, just over one in three women in Australia aged 14-49 drank during pregnancy. While the majority (81 per cent) drank less than once a month, about one in six drank two to four times a month.

Eighty-four per cent of Canberrans drink alcohol at levels considered low risk according to national guidelines – that is, no more than two standard alcoholic drinks on any day. However, some groups continue to drink at harmful levels. In 2019, around 40 per cent of 18 to 24-years-olds in Australia drank at single occasion risky levels (drinking more than 4 standard drinks on one occasion, at least monthly). Approximately 27 per cent of males and 10 per cent of females aged 18-24 drank at lifetime risky levels. However, the age young people first try alcohol has increased from 14.7 years in 2001 to 16.2 in 2019 and increasing numbers of young people are abstaining from alcohol altogether. The ACT Government, through the Healthy Canberra Plan aims to achieve further delays in the average age when young people take their first drink, as well as fewer people drinking at risky levels.

The health of infants and children is critically impacted by the safety, health and wellbeing of mothers, pregnant people and children's families. Children who have a poor start in life are more likely to develop learning, behavioural or emotional problems, which may have far-reaching consequences throughout their lives. These problems impact the whole community in the form of increased social inequality, reduced productivity and high costs associated with entrenched intergenerational disadvantage. While most ACT children are doing well, some are falling behind. The Australian Early Development Census results in 2021 showed the largest recorded number and percentage of ACT children starting school with developmental vulnerabilities. As parents and caregivers have primary responsibility for their child's wellbeing, learning and development, it is important they are supported to give their child the best start in life.

Through the Healthy Canberra Plan, which is being implemented through the First Three Year Action Plan, the Government has outlined strategies to optimise healthy development of children in their first 1,000 days and early childhood. These include a review of best practice evidence on key behaviour factors which

influence healthy development of infants, and identification of opportunities to support prospective and new parents to, in turn, optimise the health of their children.

### ***ACT Health Services Plan 2022-2030***

The ACT Government has recently released the *ACT Health Services Plan 2022-2030* (Health Services Plan), which supports the ACT Government's vision for a public health system in the ACT that is *Accessible, Accountable and Sustainable*.

The Health Services Plan outlines the future design, development and investment in health services funded by the ACT Government. It also sets the ACT Government's priorities for working with Australian Government funded health services, private providers and general practice. It will be the basis for more detailed planning of clinical services for children and adolescents, along with priorities for enabling activities in areas such as infrastructure and the workforce. The Plan will incorporate values such as equity, flexibility, inclusiveness, and person-centred care.

In line with the recommendations from the Inquiry, priority areas identified for planning clinical services for children and adolescents include improving service navigation, access to clinical care, tackling mental health, and enhancing support and continuity of care for children, young people and their families experiencing chronic conditions, particularly those needing interstate specialist care. Other areas identified as priorities for clinical services planning in the future include Alcohol and Other Drugs (AOD) services.

## **The Inquiry**

The Inquiry examined the adequacy, availability, and implementation of the health programs currently in place to support children and young people in the ACT, specifically:

- a) current screening and health assessment programs and processes in the ACT for hearing, vision, speech, motor-skill difficulties, and general health of children and young people;
- b) current preventative programs and associated programs for screening, diagnosis, assessment and treatment in the ACT for FASD;
- c) current programs in the ACT providing services that address the support, treatment and assessment arising from diagnosis of anything requiring treatment in a) and b); and
- d) any other relevant matters.

It also reviewed the implementation of the *National FASD Strategic Action Plan 2018-2028* (FASD Plan) and the *National Action Plan for the Health of Children and Young People 2020-2030* (NHCYP Plan) in the ACT.

The Standing Committee reviewed programs for children and young people (aged 1 to 18 years) that provide screening, developmental support, and health monitoring. It also reviewed preventative plans and responses, and mental and physical health programs, for children and young people.

## Summary of findings and recommendations

The Inquiry emphasised the importance of early intervention, stating that:

All the evidence before the Committee agreed that early intervention is essential in ensuring good health outcomes for children. Delays in diagnosis and treatment can be highly detrimental to the patient, sometimes resulting in lifelong disability.<sup>2</sup>

The Inquiry found that there is a lack of specialist services in the ACT that enable early detection of health problems, particularly FASD, in children. Consequently, these children can miss out on appropriate supports, which can contribute to poorer outcomes for them and their families. It also emphasised the importance of preventing FASD and made several recommendations about awareness raising and supporting pregnant women and people to abstain from alcohol consumption.

The Inquiry also made recommendations to improve the monitoring of implementation of the FASD Plan and the NHCYP Plan in the ACT.

## Response to recommendations

The response to the Inquiry's recommendation is underpinned by the *United Nations Convention on the Rights of People with Disability* (the UN Convention). In line with the UN Convention, the ACT Government develops policies and programs based on the social model of disability. The social model defines disability as a product of the social, systemic and physical barriers that exist in our society. People with disability include those who have long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society. At an individual level, understanding a person's unique experience and the barriers they will encounter is key to providing appropriate interventions and supports.

### Recommendation 1

*The Committee recommends that the ACT Government include its implementation of the 2018-2028 FASD Strategic Action Plan and the 2020 National Action Plan for Health of Children and Young People in annual reports.*

### Noted

The ACT Government has various reporting mechanisms to monitor achievement of the objectives of the FASD Plan.

The ACT Government reports on the implementation of the FASD Plan through the Australian Government's annual reports on progress implementing the *National Drug Strategy – 2017-2026*.

The NHCYP Plan was produced by the Australian Government and was not developed with or endorsed by state and territory governments.

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<sup>2</sup> Standing Committee on Health and Community Wellbeing, *Review of ACT Health Programs - Children and young people and responses to Fetal Alcohol Spectrum Disorder (FASD)*, p. 12

The Australian Government has not requested states and territories report against the NHCYP Plan, which guides Australian Government investment. The ACT Government is implementing a range of initiatives and programs aligning with the NHCYP Plan's five priority areas:

1. improve health equity across populations;
2. empower parents and caregivers to maximise healthy development;
3. tackle mental health and risky behaviours;
4. address chronic conditions and preventive health; and
5. strengthen the workforce.

The ACT Government also contributes to the prevention of FASD through three key initiatives. These initiatives are briefly described below and expanded upon in this response.

1. The Healthy Canberra Plan, which guides ACT Government actions to prevent harm from risky drinking, including increasing public knowledge of the risks of drinking during pregnancy.
2. The Healthy Canberra Grants program, which provides funding opportunities to community organisations to support the objectives of the Healthy Canberra Plan. In 2021-22, \$1.3 million in funding was available to reduce the harms associated with reducing risky behaviours, including alcohol harm prevention (and therefore initiatives relating to FASD prevention were within scope).
3. The Best Start Strategy, which is being co-developed by ACTHD and the Community Services Directorate. This Strategy aims to support children and families during the first 1000 days of a child's life, from conception to the age of two.

## **Recommendation 2**

*The Committee recommends that the ACT Government improve early detection of disability in the ACT, including establishing these services for FASD.*

### **Agreed in principle**

The ACT Government agrees in principle and notes that early detection is important for the provision of appropriate support, which can improve health and wellbeing outcomes for children with FASD and their families. Early detection may also prevent contact with the justice system later in life, noting that people with disability experience a greater level of legal problems than the general population.

Best practice assessment and diagnosis of childhood neuro-developmental disorders and disability is conducted by a multidisciplinary team incorporating a paediatrician, psychologist, and a combination of additional allied health staff, including a speech pathologist, occupational therapist, social worker and physiotherapist.

The 2022-23 Budget includes \$4.806 million to deliver better specialist health services for children and young people. This funding will establish a Neurodevelopment and Behavioural Assessment and Treatment Service as part of the CHS community paediatrics team. This service will be an integrated multidisciplinary paediatric developmental service for the assessment, diagnosis and management of children and young

people with neuro-developmental disorders and disabilities. This service will benefit those with FASD and many others with potential differential diagnoses.

The ACTHD, in collaboration with the Community Services Directorate, is also co-designing the ACT Disability Health Strategy (ACT DHS) with the ACT disability community to ensure better health outcomes for people with disability, their families and carers.

The ACT DHS will build on previous work, including the ACT Council of Social Service 2019 report *Imagining Better – Reflections on access, choice and control in ACT health services for people with disability* and Women's Health Matters' 2022 report *"I have to ask to be included..."*.

To date, a Scoping Paper on the future directions of disability health in the ACT and a Listening Report summarising stakeholder feedback about how best to work with the disability community to co-design the ACT DHS, have been produced as part of the ACT DHS project.

The next phase will deliver a draft Strategy and First Action Plan (FAP) based on the principles of the social model of disability, and the 2022-23 Budget includes \$260,000 to support this work. Development of the ACT DHS and FAP will be informed by the Scoping Paper, the Listening Report and further consultation.

The project is being guided by the ACT DHS Steering Committee (ACT DHS-SC), membership which comprises people with disability, carers of people with disability, service providers, advocacy groups and ACT Government representatives.

Development of the ACT DHS and FAP will consider recommendations from the Inquiry.

### **Recommendation 3**

*The Committee recommends that the ACT Government prioritise recruitment of paediatricians.*

#### **Agreed in principle**

CHS continues to recruit more paediatric specialists to support the ACT and surrounding region. CHS' recruitment activities, underpinned by strategic workforce planning, not only target local candidates but encourage interstate and international qualified applicants.

### **Recommendation 4**

*The Committee recommends that GPs, paediatricians, and non-paediatrician specialists be upskilled to improve outcomes for young people accessing their services.*

#### **Agreed in principle**

The ACT Government acknowledges that appropriate skillsets in general practitioners (GPs), paediatricians and non-paediatrician specialists are necessary for the diagnosis and support of people with FASD. CHS undertakes regular training to continually improve the skillset of all staff caring for young people. This training is available to specialists and GPs through CHS-run seminars and participation in Capital Health Network and ACTHD events.

Consideration will be given to holding refresher education sessions for local GPs on tricky-to-diagnose paediatric presentations, with similar education sessions offered in the past. It is worth noting that GPs attend such education sessions of their own initiative and in their own personal time and so the sessions are well planned to motivate attendance.

## **Recommendation 5**

*The Committee recommends that the ACT Government establish measures to address shortcomings in FASD screening and diagnosis to determine the prevalence of FASD in the ACT.*

## **Noted**

In line with the social model of disability, ACT Government programs relate to the experience of disability in terms of a person's functional and developmental needs to support full and effective participation in society on an equal basis. Though a formal diagnosis is often helpful in the current disability service system to access services, including the National Disability Insurance Scheme (NDIS), it is important to maintain focus on the impact and lived experiences of people with disability. Therefore, focus on identification of a person's functional and developmental needs to enable appropriate interventions and supports is recommended. The functional and developmental impact is prioritised over the identification of the cause of an individual's disability.

The primary focus should be on a person's functional needs. While screening for disability in certain settings, such as the justice system, allows resources to be appropriately focused, functional assessments rather than a diagnosis may more appropriately ensure the right supports are provided. Screening for disability and additional needs on entry to the Alexander Maconochie Centre (AMC) is being considered under the *ACT Corrective Services Disability Action and Inclusion Plan* and the AMC Disability Liaison Officer is working with officers and other staff at the AMC to support them to respond appropriately to detainees with additional needs.

FASD is one of several neurodevelopmental and behavioural conditions with overlapping signs, symptoms, severity and needs, including Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder and developmental trauma. The diagnosis of FASD in and of itself does not determine or guide the treatment or support needs of an individual. Access to treatment, support and assistance for children with FASD or any other neurodevelopmental and behavioural condition should be based on an assessment of the child's clinical needs, functional capacity and abilities, not simply their diagnosis.

As per recommendation 2 above, the 2022-23 Budget supports the establishment of a Neurodevelopment and Behavioural Assessment and Treatment Service as part of CHS community paediatrics. This service will be an integrated multidisciplinary paediatric developmental service for the assessment, diagnosis and management of children and young people with neuro-developmental disorders and disabilities.

Determination of the prevalence of FASD in the ACT requires a population health approach utilising epidemiological expertise such as that of the ANU National Centre for Epidemiology and Population Health.



## **Recommendation 6**

*The Committee recommends that the ACT Government advocate for easier access to NDIS for people with FASD.*

### **Agreed**

The ACT Government agrees that the NDIS should be easily accessible for any person with disability, including people with FASD. The ACT Government will continue to advocate to the Commonwealth Government for all people with disability to have easier access to the NDIS. This includes reducing the reliance on diagnosis in NDIS policies and practice and increasing focus on functional needs.

The ACT Government has also consistently advocated to the Commonwealth for improvements in the NDIS Early Childhood Approach (formerly Early Childhood Early Intervention), which has not lived up to its promise of providing early intervention and support for children with development delay or concerns.

## **Recommendation 7**

*The Committee recommends that the ACT Government implement strategies to increase awareness of FASD amongst health care workers, families and community.*

### **Agreed**

The ACT Government has implemented several strategies to increase awareness of FASD amongst community. The most recent Healthy Canberra Grants round, informed by the Healthy Canberra Plan has given priority to programs which use a population health approach to:

- supporting children and families, with a focus on optimising the healthy development of children during the first 1,000 days of life; and
- reducing risky behaviours with a focus on Sexually Transmissible Infections and Blood Borne Viruses prevention, education, and support.

The Foundation for Alcohol Research and Education (FARE) undertakes appropriate, evidence-based, client-tested messaging designed to reduce the risk of alcohol harm in our communities. The Pregnant Pause campaign was an initiative of FARE and funded through the 2019-20–2021-22 Healthy Canberra Grants funding opportunity. FARE received grant funding of \$181,801 (GST exclusive) and delivered the program between April 2020 and June 2021.

The aim of Pregnant Pause was to raise awareness of the advice that no amount of alcohol is safe for an unborn baby, and to decrease the number of people in the ACT who drink alcohol while pregnant.

Pregnant Pause engaged with Community Heroes – linking with community organisations and businesses, creating a Territory-wide network to support mothers and people, and their families and friends, to have an alcohol-free pregnancy. Pregnant Pause publicly supported FASD Awareness Month in September 2020, sharing NOFASD Australia's "Red Shoes Rock" campaign materials through its social media channels, and updating the campaign branding to include a red theme.

These activities helped raise awareness of risks associated with drinking alcohol during pregnancy in the ACT, as well as highlighting the lived experience of people living with FASD, their parents and carers. Community Heroes were provided with digital assets and messages to raise awareness of FASD and demonstrate their support for the “Red Shoes Rock” campaign.

The “Pregnant Pause – be a hero, take zero” program demonstrated that an online community-based approach to help decrease the number of women in the ACT who drink alcohol while pregnant can be successful and cost effective. The Program reached 721,178 social media users on Pregnant Pause platforms and had 294,000 consumers view videos in medical centres and achieved 9,944 opens from Her Canberra content. It was also seen by 55,155 local mothers and pregnant people through content seeded on the Canberra Mums Facebook page. The website received more than 18,000 visits across the life of the Program.

The ACT Government also implements strategies in healthcare settings. CHS’ Alcohol and Drug Services (ADS) works with women to address their alcohol consumption prior to and during pregnancy. ADS provides information in line with the FASD Plan. Additionally, CHS’ Child Health Targeted Support Service uses the *Australian Guide to the diagnosis of FASD* as a comprehensive assessment tool for paediatric patients.

GPs are aware of FASD and the importance of asking and advising women about how alcohol intake during pregnancy may affect their baby. ACTHD is contributing to an antenatal reference guide for GPs that includes a reminder to ask about alcohol intake at the pre-conception visit and first antenatal visit. It is very important to continue educating the community about FASD.

## **Recommendation 8**

*The Committee recommends that the ACT Government provide more resourcing to the AOD sector that would support them to conduct more community education and awareness campaigns.*

### **Agreed in principle**

As mentioned above, the Healthy Canberra Grants provides periodic funding opportunities to community organisations to conduct community education and awareness to prevent harm from alcohol, including FASD. This funding aligns with the Healthy Canberra Plan’s ‘reducing risky behaviours’ priority area.

ACTHD funds community education and awareness raising activities in relation to AOD. Organisations including the Alcohol Tobacco and Other Drug Association ACT (ATODA), Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) and Directions are funded to contribute to education, awareness and capacity building across the community sector.

ACTHD engages Aboriginal Community Controlled Organisations (ACCOS) to deliver services to improve health outcomes for Aboriginal and Torres Strait Islander people in the ACT. The ACT Government provides funding to both Gugan Gulwan Youth Aboriginal Corporation (Gugan Gulwan) and Winnunga Nimmityjah Aboriginal Health and Community Services (Winnunga) to deliver services to the Aboriginal and Torres Strait Islander communities.

Winnunga and Gudan Gulwan provide services that aim to prevent high-risk alcohol use and harms, such as FASD from alcohol consumption during pregnancy. Gudan Gulwan provides harm reduction, information and education, and support and case management programs. Programs provided by Gudan Gulwan include its Harm Reduction program, which provides information, education and support to young people who are at risk and/or experiencing problematic alcohol, tobacco and other drug use and their families, and the Street Beat Youth Outreach Service, which facilitates information distribution, early diagnosis and support for at-risk young people through night patrols and distribution of information packs.

Winnunga also provides important programs to reduce harm associated with high-risk alcohol use. Winnunga Harm Reduction activities include information and education, support and case management. Winnunga works with Aboriginal and Torres Strait Islander people who are at risk of and/or experiencing problematic alcohol, tobacco and other drug use; their families and the community, to deliver an alcohol, tobacco and other drug treatment and support programs delivered by alcohol and other drug workers with priority given to ACT residents.

ACCOs in the ACT such as Gudan Gulwan and Winnunga also provide important early intervention services. Gudan Gulwan provides counselling and delivers the Early Intervention Mental Health and Wellbeing Service to respond to the high incidences of mental ill health and social and emotional wellbeing problems experienced by at risk Aboriginal and Torres Strait Islander young people in the ACT, through early diagnosis, treatment and advice. Gudan Gulwan also delivers the Arts for Therapy program with the AMC, Bimberi Youth Justice Centre, the Ted Noffs Foundation, Worldview and Clontarf. This program is for Aboriginal and Torres Strait Islander young people receiving treatment for AOD use and/or experiencing mental health issues.

Winnunga is funded by the ACT Government for a variety of health and wellbeing programs, including Primary Health services which include the components of Hearing Health Program for infants and children, and Dental Health Program for youth and adults. Winnunga also provides the Midwifery Access Program for parents, which include both antenatal and postnatal services. The program offers individualised and flexible patient-centred care at the Winnunga clinic, the client's home or other requested locations. The scope of the program includes high risk pregnancies, where a multi-disciplinary approach is required to support clients and provide optimal care.

## **Recommendation 9**

*The Committee recommends that the ACT Government enables more flexibility in their contracts with the AOD sector to provide for AOD in ACT public schools, with particular focus on early secondary years.*

## **Agreed**

Clauses in existing contracts that preclude AOD non-government organisations from engaging with educational settings will be removed as part of Commissioning Health Services in Community (Commissioning) which is currently being undertaken by ACTHD. This will give community organisations move flexibility when engaging with public schools to provide services.

AOD education also occurs in ACT public schools in accordance with the Australian Curriculum. The Health and Physical Education area of the curriculum provides students with opportunities to learn how to access,

evaluate and synthesise information and take positive action to protect, enhance and advocate for their own and others' health, wellbeing and safety.

The Education Directorate provides a range of resources to support delivery of AOD education as part of the delivery of the Australian Curriculum in ACT public schools. This can involve working with community providers to deliver individualised supports for students.

The School Youth Health Nurse program also supports ACT public high schools to adopt a whole school approach to address health and social issues that face young people and their families. School Youth Health Nurses tailor their services to the needs of their school community. The program provides individual consultations (which may include advice and/or referral to health or other services) and health promotion in small groups. Nurses may also support teaching staff to deliver the health and physical education aspects of the curriculum and engage with external organisations to provide subject matter specific support, and education to school communities.

### **Recommendation 10**

*The Committee recommends that the ACT Government ensure continuity of health care for patients across jurisdictions and provide related support for their families.*

### **Agreed**

CHS is establishing a new Paediatric Liaison and Navigation Service to:

- improve the coordination of care and outcomes for children with complex health care needs; and
- support families to navigate the complexities of shared care with interstate hospital and health services.

The service will comprise a multidisciplinary team that will assist children and families to navigate the multiple services involved in their paediatric care. The service will provide child and family centred, integrated and coordinated care. It will work closely with acute and community services, and across health and human services, to reduce the challenges families face when required to access multiple services to ensure the highest quality of care for their child.

There will be a staged implementation of this service with the initial focus on improving the coordination of care for children accessing care in the ACT as inpatients and outpatients as well as specialist paediatric care interstate. This first component involves recruitment of two new roles, a Paediatric Care Navigator and a Paediatric Liaison role.

The Health Care Consumers Association (HCCA) is supporting CHS with the co-design of the Paediatric Liaison and Navigation Service. Lessons learnt from co-designing the Paediatric Liaison and Navigation Service for the ACT will inform the design of an adult navigation service.

Additionally, it is expected that the implementation of the ACT's Digital Health Record, coupled with the existing national My Health Record, will contribute to improved communication between health professionals. These tools will be utilised by GPs and will be accessible to patients to assist in information transfer between services and across jurisdictions.

## Recommendation 11

*The Committee recommends that the ACT Government increase funding to community organisations who provide specialised services for young people and their families.*

### Agreed

Specialist supports for young people with disability are funded by the NDIS, to which the ACT Government provides funding. These supports and services are provided by community organisations, not for profit organisations and businesses. The ACT Government also continues to support individual advocacy for people with disability in the ACT.

It is also important that young people across the ACT can access specialised and mainstream services that are appropriate and responsive to their health and wellbeing needs. ACTHD is currently undertaking commissioning of holistic health services for young people. This process will include a thorough needs assessment and identification of gaps in services experienced by young people and their families. Commissioning in this sector will be shaped and informed by the lived experience and expertise of young people, health professionals and service providers.

Evidence suggests that individuals with FASD are more likely to engage in risk-taking behaviours (including inappropriate sexual behaviour and substance use) which increases the risk for sexually transmissible infection and blood-borne virus transmission and acquisition. As such, improving the provision of health services to decrease the burden of sexually transmissible infections and blood borne viruses through commissioning is likely to improve health and wellbeing outcomes for some individuals with FASD.

The ACT Government has also committed to a complete rebuild of the Ted Noffs and CatholicCare facilities in Watson, which provide youth-specific alcohol and drug treatment and mental health services for young people respectively. Design work has commenced, with a further \$1.998 million provided through the 2022-23 Budget to continue this important project. The 2022-23 Budget also includes ongoing funding for targeted primary health care of young at risk Canberrans delivered at the Junction by Anglicare.

The Government is also ensuring young people and their families can access appropriate, affordable specialised services through the provision of services such as the community-based Early Intervention Service for Eating Disorders (EISED). The EISED promotes help-seeking behaviour and early intervention treatment for people in the early stages of developing an eating disorder and those with an eating disorder of low to moderate severity. The EISED will be delivered through a community organisation, in alignment with the Territory-wide Model of Care for eating disorders.

Additionally, the 2022-23 Budget includes \$22.6 million dollars to deliver a range of mental health projects aimed at supporting children and young people, including a commitment of \$8 million over four years to commission a youth at risk program. The program will address identified system gaps and unmet needs to improve access to youth mental health services. It will deliver a Territory-wide multi-disciplinary response to trauma and coordinated responses to young people at risk of developing enduring mental illness. This will also capture young people with complex needs and comorbidities including drug and alcohol issues.

The ACT Government will continue to analyse demand and supply in the ACT to identify which specialised services have gaps between their service provision and their demand. It is important to note that not all specialised services will require increases to funding and that some services will most appropriately be provided by ACT Government services rather than non-government organisations.

## **Recommendation 12**

*The Committee recommends that the ACT Government provide increased access to affordable mental health support for children and young people in the ACT.*

### **Agreed**

The ACT Government is committed to providing accessible and affordable mental health support for children and young people in the ACT.

The ACT Government has consistently expanded mental health services for children and young people in the ACT over successive Budgets. Building on the \$5.5 million invested through the 2020-21 Budget and \$8.5 million through the 2021-22 Budget, the 2022-23 Budget provides a significant boost in investment with an additional \$22.6 million in children and young people mental health services, including:

- More than \$9 million for the establishment and ongoing operational enhancements to build on ACT child mental health initiatives to improve access to multidisciplinary team care for children, based on the national Kids Head to Health hub model and informed by local co-design.
- More than \$8 million over four years to commission a youth at risk program to address identified system gaps and unmet needs to improve access to youth mental health services. This program will deliver a Territory-wide multi-disciplinary response to trauma and coordinated responses to young people at risk of developing enduring mental illness. The program will be informed by the scoping study that outlines support needs for young people at risk of mental health concerns.
- \$957,000 over four years additional funding from the Commonwealth to match existing ACT funding for the community-based EISED that promotes help-seeking behaviour and early intervention treatment for people in the early stages of developing an eating disorder and those with an eating disorder of low to moderate severity.

In addition, the 2022-23 Budget includes further funding to continue the redevelopment of the Watson Health Precinct as described in the response to Recommendation 11.

As these programs are designed and implemented, they will improve the access to mental health programs for children and young people in the ACT.

## **Recommendation 13**

*The Committee recommends that the ACT Government employs more people with a disability across the ACT public service.*

## **Agreed**

The ACT Government is committed to creating an inclusive and diverse public service, including people with disability. To achieve this commitment, the ACT public service (ACTPS) has clear, measurable diversity employment goals.

Employee data indicate that 2.9 per cent of the ACTPS workforce identify as people with disability, although there is evidence that the real figure is higher. The 2021 Staff Survey indicated 5.4 per cent of respondents identified as people with disability including 5.6 per cent of ACTPS Executives and 4.5 per cent of Senior Officers.

In December 2021, the ACTPS Directors-General agreed to increase employment goals for people with disability from a previous target of 3.1 per cent to 5 per cent by 2026, to improve representation of people with disability across the ACTPS workforce. Further, Key Performance Indicators (KPI) to benchmark employee inclusion have been implemented across the ACTPS. This includes a new KPI requiring that 80 per cent of ACTPS staff feel their workplace is inclusive, as reported in the 2025 ACTPS Staff Survey.

These employment goals and KPIs are set centrally, following ACT Directors-General endorsement and targets are included within the performance plan of each Director-General. Directorates are responsible for implementation of strategies and programs for their unique workforces and in line with their individual Diversity and Inclusion agendas, which can be tailored to the professional career interests of their staff.

Additionally, the ACTPS offers a range of centrally coordinated programs focused on attracting and retaining people with disability through leadership and career development opportunities. In 2021-22 these included: the Vocational Employment Program for People with Disability; ACTPS Neurodiversity Pilot Program; and centrally funded places on the Public Sector Management Program (delivered by Queensland University of Technology).

## **Recommendation 14**

*The Committee recommends that the ACT review and improve the hospital and health care experience and processes for young people and their families, focusing on a family centred care model.*

## **Agreed in principle**

The ACT Health and Wellbeing Integrated Care Working Group (Working Group) has been established to co-design, model, test and shape approaches in the ACT health system to operate as 'one health system' and provide seamless, effective and efficient health care for the ACT community. Members of the working group include representatives from across the ACT health system, key NSW regional partners, NGOs and the Commonwealth Department of Health.

The Working Group will support better integration of care between hospitals, primary care and the community, reducing emergency department presentations and improving patient experience and outcomes. It will do this by overseeing selected projects and activities within the ACT health system that are designing, modelling, testing, shaping and evaluating approaches to integrate care. This includes the CHS-led body of work on potential models to assist in the delivery of integrated care, new infrastructure in the community and a Patient Navigation Service.

CHS' Integrated Care Program is focusing on providing patient-centred care that seamlessly provides the right care, at the right time, in the right place by the most appropriate provider, in partnership with the consumer and their family and carers. The program involves mapping existing examples of integrated care and their potential for expansion or replication, identifying gaps and potential models to assist in the delivery of integrated care in the community and a Patient Navigation Service.

In September 2022 HCCA will commence a project, funded by ACTHD and CHS, exploring consumer perspectives on the components and hallmarks of 'integrated care'. Findings from this project will inform the approach taken by HCCA and CHS to co-design of the Patient Navigation Service.

There is good evidence to indicate that navigation services (for adults, young people and children):

- reduce barriers to surveillance, diagnostic testing and diagnosis;
- improve access to services; and
- improve coordination of services and information for patients.

These outcomes are most pronounced for underserved populations. HCCA anticipates that the scope of the new Patient Navigation Service will be consistent with these principles. Defined criteria for priority chronic conditions, and priority points in the patient journey (for example, better coordination of care and support during hospital discharge) will be defined in the co-design process.