

ANNUAL AND FINANCIAL REPORTS 2019-2020;
APPROPRIATION BILL 2020-2021 AND APPROPRIATION
(OFFICE OF THE LEGISLATIVE ASSEMBLY) BILL 2020-2021

STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING

APRIL 2021

REPORT 1

THE COMMITTEE

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James Milligan MLA – from 30 March 2021

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RESOLUTION OF APPOINTMENT

The ACT Legislative Assembly appointed the Standing Committee on Health and Community Wellbeing (HCW Committee) on 2 December 2020.¹

Specifically, the resolution appointing the HCW Committee provides that:

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

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

¹ ACT Legislative Assembly, Minutes of Proceedings No. 2, pp. 17-21.

MATTERS BEFORE THE COMMITTEE

ANNUAL AND FINANCIAL REPORTS – 2019-2020

Calendar and financial year annual and financial reports stand referred to the relevant standing committee for inquiry and report by 31 March 2021 being the year after the presentation of the reports to the Assembly pursuant to the *Annual Reports (Government Agencies) Act 2004*.

At its meeting on Thursday, 11 February 2021, the Assembly resolved to amend this requirement by omitting "report by 31 March 2021" from the applicable part of the Resolution of Appointment and substitute "report by 9 April 2021"²

APPROPRIATION BILL 2020-2021 AND APPROPRIATIONS (OFFICE OF THE LEGISLATIVE ASSEMBLY) BILL 2020-2021

The Committee is required by the applicable part of the Resolution of Appointment to examine the expenditure proposals contained in the main appropriation bills for the Territory for 2020-2021 and any revenue estimates proposed by the Government in the annual budget and prepare a report to the Assembly within 60 days of the presentation of the budget bills, i.e., by 9 April 2021.³

Accordingly, both reports are contained in a single report document.

² ACT Legislative Assembly, Minutes of Proceedings No. 6, 11 February 2021, p. 72.

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RECOMMENDATIONS

RECOMMENDATION 1

- 3.14** The Committee recommends that data on sexual health services be provided in the next annual report. Included in this information should be results of consultations with clients on how services are provided, and the level of satisfaction recorded by clients.

RECOMMENDATION 2

- 3.27** That ACT Health continue to utilise and improve best practice social media and other community communication media to ensure that the community become used to consulting appropriate Apps and online information to assess availability of the appropriate service for treatment – including emergency – needs.

RECOMMENDATION 3

- 3.41** That, in response to this report, that ACT Health continue to provide 6 monthly updated information of junior doctors' recorded feedback and experience.

RECOMMENDATION 4

- 3.42** That the ACT Government continue to expand ACT public health facilities.

RECOMMENDATION 5

- 3.43** That the ACT Government continue to implement the Occupational Violence Strategy and seek further ways to reduce occupational violence.

RECOMMENDATION 6

- 3.44** That the ACT Government continue to address and rectify the elective surgery waitlist that has occurred as a result of suspension of surgery due to COVID-19.

RECOMMENDATION 7

- 3.45** That the ACT Government build more walk-in health centres across Canberra.

RECOMMENDATION 8

- 3.46** That the ACT Government explore and report on the provision of an imaging service at a northside walk-in centre.

RECOMMENDATION 9

- 4.12** The Committee recommends that the current review of the present external merits review arrangements in ACT Child Protection Matters be proceeded with

and concluded as soon as possible, and that the results of that review and proposals for change and improvement be made available to the Assembly.

RECOMMENDATION 10

- 4.19 That CSD ensure that an open tender process is used for providing continuation of the Safe and Connected Youth program.

RECOMMENDATION 11

- 4.20 That CSD develop clearer guidelines for the conduct of contracting to better balance stability and certainty with allowing opportunity for new providers to qualify for contracts.

RECOMMENDATION 12

- 4.21 That CSD develop a mechanism which will allow new providers to express an interest in government contracts.

RECOMMENDATION 13

- 4.22 That ACT Health inquire and determine the rates of occupational pressures, particularly including abuse, experienced by junior Aboriginal and Torres Strait Islander doctors in the ACT and propose a solution to any unsatisfactory situation.

RECOMMENDATION 14

- 4.23 That CSD consider ways of improving the accuracy and timeliness of communications with families who are involved in adoption processes.

RECOMMENDATION 15

- 4.24 That the Government ensure an open tender process is used for the letting of contracts to providers of out-of-home care providers.

RECOMMENDATION 16

- 4.25 That CSD provide access to Family Group Conferencing for families.

RECOMMENDATION 17

- 5.10 The Committee recommends that the development of the Youth Navigation Portal continue as advised during the Committee's inquiry, and that other formal advice on the Portal progress, uptake and usage. Be provided to the Assembly and in the Annual Report.

RECOMMENDATION 18

- 5.11 That the ACT Government act urgently to address the wait times experienced by Canberrans seeking to access mental health services.

RECOMMENDATION 19

- 5.12** That the ACT Government, as a matter of urgency, recruit a sufficient number of psychologists, psychiatrists, and other mental health professionals to ensure that the ACT mental health delivery system is fully staffed.

RECOMMENDATION 20

- 5.13** That the ACT Government increase and facilitate availability of ACT-based local educational opportunities, including scholarships, to practitioners in all mental health.

RECOMMENDATION 21

- 5.14** That the ACT Government outline what further services it can and will add to address long wait times for access to mental health services.

RECOMMENDATION 22

- 5.15** That the ACT Government continue to provide updates to the Legislative Assembly on the Position Statement on Eating Disorders.

RECOMMENDATION 23

- 6.11** The Committee recommends that the ACT Government continue its renewal program for public housing stocks.

RECOMMENDATION 24

- 6.12** The Committee recommends that the ACT Government investigate further sites for the accommodation of Common Ground.

RECOMMENDATION 25

- 6.13** The Committee recommends that the ACT Government reassess its present rental rebate policy to ensure that it is compliant with the ACT Government's Union Encouragement Policy.

RECOMMENDATION 26

- 7.9** The Committee recommends that, when provided in future publication of such spending, information on the breakdown of expenditure from the Domestic Violence Levy be provided not only as a global spend from the Fund, but as a detailed breakdown of the allocation of funds.

RECOMMENDATION 27

- 7.13** That part of the family safety levy should fund special children's counsellors to support children who are victims of domestic violence.

RECOMMENDATION 28

- 7.14 That the Legislative Assembly be given quarterly updates on how many new ACT Government employees receive Tier 1 or Tier 2 training.**

RECOMMENDATION 29

- 7.15 That evaluation for the Room4Change program be provided as public information.**

RECOMMENDATION 30

- 7.16 That the Legislative Assembly be provided with quarterly updates on the ACT Government's progress into the implementation of the Fourth Action Plan.**

RECOMMENDATION 31

- 7.17 That the Legislative Assembly be provided with quarterly updates on the Family Safety Hub's activities such as trials, evaluations, innovations, and consultations.**

RECOMMENDATION 32

- 7.18 That the Legislative Assembly be provided with quarterly updates on the progress of implementation of recommendations from the "Report on Inquiry into Domestic and Family Violence – Policy Approaches and Responses.**

RECOMMENDATION 33

- 9.5 That CSD review its current approach to case management with the aim of better supporting youth transitioning from Bimberi including youth on community-based orders.**

RECOMMENDATION 34

- 9.6 That CSD ascertain reasons why young Aboriginal and Torres Strait Islanders on community-based justice orders are not successfully completing the conditions of those orders and ensure that provision be made for appropriate and culturally sensitive alternatives.**

RECOMMENDATION 35

- 9.7 That CSD to adjust the operational arrangements and operating framework of Narrabundah House to better meet the needs and expectations of the Aboriginal and Torres Strait Islander community.**

1 INTRODUCTION

ANNUAL REPORTS 2019-20

- 1.1 On 9 February 2021, the 2019–20 annual and financial reports of government agencies were referred to the relevant standing committees of the ACT Legislative Assembly.⁴
- 1.2 The annual and financial reports for 2019–20 referred to the Standing Committee on Health and Community Wellbeing (the Committee) were:
 - ACT Health Directorate⁵
 - Canberra Health Services⁶; and
 - Community Services Directorate⁷.
- 1.3 Matters considered by the Committee during this inquiry, by output reference and as allocated to Minister, are set out in the detailed Hearing programs the Committee held +on 26 February and 3 March 2021, and which are in **Appendix B**.

INQUIRY ON ANNUAL REPORTS AND FINANCIAL STATEMENTS – 2019-20

- 1.4 The Committee held public hearings on 26 February 2021 and 3 March 2021
- 1.5 At these hearings the Committee heard from Ministers and accompanying directorate and agency officers.⁴ Witnesses who appeared before the Committee are listed at Appendix A.
- 1.6 Full details of the Committee’s hearings are at Appendix B

APPROPRIATIONS BILLS 2020-21

- 1.7 As noted in Chapter 1, the Standing Committee to was required by the Resolution establishing Committees to examine the expenditure proposals contained in the appropriation bills for the Territory for 2020-21 and any revenue estimates proposed by the Government in the annual budget and prepare a report to the Assembly within 60 days of the presentation of the budget

⁴ ACT Legislative Assembly, *Minutes of Proceedings*, No. .

⁵ ACT Government, ACT Health, Annual Report 2019-20, <https://www.health.act.gov.au/sites/default/files/2020-12/ACT%20Health%20Directorate%20Annual%20Report%202019-20%20Accessible.pdf>

⁶ ACT Government, Canberra Health Service, Annual Report 2019-20, <https://www.health.act.gov.au/sites/default/files/2020-12/CHS%20Annual%20Report%202019-20%20-%20Accessible.pdf>

⁷ ACT Government, Community Services Directorate, Annual Report 2019-20, ACT Government, Canberra Health Service, Annual Report 2019-20, <https://www.health.act.gov.au/sites/default/files/2020-12/CHS%20Annual%20Report%202019-20%20-%20Accessible.pdf>

bills. The Appropriation Bills for 2020-21 were for the first time, presented immediately after the commencement of the new Assembly, on 9 February 2021.

- 1.8 The date of presentation of the Appropriation Bills accordingly requires the Committee to report on those parts and provisions of the Bills which are relevant to the Standing Committee's areas of responsibility by 9 April 2021.

INQUIRY ON APPROPRIATIONS

- 1.9 In conjunction with its hearings on annual reports for 2019-20 as described above in this chapter, the Committee held public hearings on the Appropriations Bills on 26 February 2021 and 3 March 2021
- 1.10 As noted, at these hearings the Committee heard from Ministers and accompanying directorate and agency officers.^{4F8} Witnesses who appeared before the Committee are listed at Appendix A.

QUESTIONS TAKEN ON NOTICE(QTONs) AND QUESTIONS ON NOTICE (QONs)

QTONs

- 1.11 As is normal practice for inquiries on Annual reports and Appropriations, the Committee received questions taken on notice by Ministers and officials at the Committee's hearings (QTONs)
- 1.12 At the Committee's two hearings, QTONs were accepted for response, with answers provided after the hearing. **A schedule of all QTONs appears in Appendix C. Answers to all QTONs are on the Committee website at <https://www.parliament.act.gov.au/parliamentary-business/in-committees/committees/hcw/inquiries-into-annual-and-financial-reports-20192020-and-act-budget-20202021>**

QONs

- 1.13 In addition to QTONs, questions on notice (QONs) were submitted by members following hearings.
- 1.14 **A schedule of all QONs appears in Appendix D. Answers to all QONs are on the Committee website at <https://www.parliament.act.gov.au/parliamentary-business/in->**

⁸ Transcripts for these public hearings are available from the ACT Legislative Assembly website at:

[committees/committees/hcw/inquiries-into-annual-and-financial-reports-20192020-and-act-budget-20202021](#)

- 1.15 The Committee thanks Ministers and officials from directorates, and agencies for providing responses to its these questions answers and material provided with answers provided the Committee with a more complete and up-to-date view and understanding of the issues arising from the reports and Budget statements considered by the Committee , and of a range of matters that arose during the inquiry.

HANSARD TRANSCRIPT OF HEARINGS

- 1.16 The transcripts of the two public hearings are available on the Legislative Assembly website at: <http://www.hansard.act.gov.au/hansard/2021/comms/hcw01.pdf> and <http://www.hansard.act.gov.au/hansard/2021/comms/hcw02.pdf>

COMMITTEE REPORT

- 1.17 The Committee's report takes a usual form for an Assembly report on the matters before the Committee in this inquiry, of an analysis and discussion of the matters subject of inquiry and questioning in the public hearings on 26 February and 3 March 2021, and as provided in answer to questions asked by Members.
- 1.18 Each of the Portfolio and Output area – as identified in annual reports and the Budget Papers issued for the Appropriations 2020-21 and referred to the Committee - are the subject of a chapter of this Report. Any recommendations by the Committee are shown at the appropriate point in the Committee's discussion.
- 1.19 In addition, each chapter provides an analysis of Questions asked in the area of activity covered by the discussion and provides – where the Committee considered necessary - Committee observations and recommendations on matters dealt with in the report.
- 1.20 The Chapters of the report are as follows
- Chapter 1 – Introduction
 - Chapter 2 - Examination of Annual Reports and Financial Statements and Appropriations Bills concurrently
 - Chapter 3 – Health and Canberra Health Services
 - Chapter 4 – Families and Community Services
 - Chapter 5 – Justice Health and Mental Health
 - Chapter 6 – Housing and suburban Development

Chapter 7 – Prevention of Domestic and Family Violence

Chapter 8 – Homelessness and Housing Services

Chapter 9 – Seniors, Veterans, Families and Community Services

ACKNOWLEDGEMENTS

- 1.21 The Committee thanks the five ACT Government Ministers and accompanying directorate and agency officers and statutory officers who assisted the Committee during its inquiry by appearing before it to give evidence and/or providing considerable additional information in reply to QToNs and QoNs.

2 EXAMINATION OF ANNUAL REPORTS AND APPROPRIATIONS BILLS CONCURRENTLY

INTRODUCTION

- 2.1 This report from the Standing Committee (and from other standing committees of the Assembly) is a 'first' for the ACT Assembly, which results from the unprecedented governance and administration imperatives placed on ACT Government - as with other jurisdictions – by the COVID-19 Coronavirus Pandemic which occurred in 2020.

Notwithstanding the significantly different circumstances from the usual requirements presented to the Assembly, a central continuing obligation remains on the Assembly and its committees: to oversee and ensure an appropriate and desirable level of accountability of the Executive to the Legislative Assembly and the community for all activities and particularly the annual appropriations being sought.

The Standing Committee does note, however, that this referral process is quite unusual as appropriations fall outside the conventional and required period of coverage, and annual reports largely cover a period ending 30 June 2020 in which almost six months was affected by an element of suspension due to COVID-19.

Accordingly, the committee's examination proceeded as a concurrent examination of both areas of Executive activity subject to advice and answers which reflected a period of uncertainty.

REPORTING ARRANGEMENTS – ANNUAL REPORTS 2019-20

- 2.2 Annual and financial reports are prepared by all ACT Government reporting entities in accordance with the following legislation:

Annual Reports (Government Agencies) Act 2004 (AR Act)

Annual Report Direction

Financial Management Act 1996

Details and links to Annual Reports for all ACT entities required to prepare and publish reports are at https://www.cmtedd.act.gov.au/open_government/report/annual_reports

- 2.3 The Annual Report directions setting out arrangements for 2019-20 annual reports for 2019-20 were:

The Annual Reports Act contains specific provisions about tabling and presenting annual reports in an election year. If the 15-week period coincides with all or part of the pre-election period for a general election of members of the Assembly, the responsible minister must present the report to the Legislative Assembly on the

second sitting day after the election is held. For the 2019-20 reporting period, the 15-week period will coincide with the pre-election period, which commences on 11 September 2020 and ends when the result of the election is declared.

As matters eventuated, annual reports considered by Standing Committees were tabled in the Assembly on 9 February 2021.

APPROPRIATIONS BILLS – 2020-21

Appropriation Bills for 2020-21 were presented by the Treasurer to appropriate money for the purposes of the Territory for the financial year beginning 1 July 2020, and other purposes on 9 February 2021⁹.

With the Bills, the Treasurer (inter alia) presented the following papers:

Budget Statement C—ACT Health Directorate | Canberra Health Services | ACT Local Hospital Network.¹⁰

Budget Statement G—Community Services Directorate | Housing ACT¹¹.

2.4 In the Committee's report, references are accordingly made to Budget Statement C and Budget Statement G.

The Committee has considered and inquired into matters raised by the Appropriation Bill and specifically by Budget Statements C and G as matters covered by the Committee's obligation to undertake such scrutiny pursuant to the resolution of Appointment of Committees.

The Committee notes that these appropriations, while for Financial Year 2020-21, were not presented in the usual manner for ACT financial management due to the COVID-19 emergency arrangements and the 2020 general election in October 2020.

⁹ ACT Legislative Assembly, Minutes of Proceedings, No. 4, 9 February 2021 – p. 54.
https://www.parliament.act.gov.au/_data/assets/pdf_file/0005/1700087/MoP004F.pdf

¹⁰ Driving Canberra's Recovery, ACT Budget, Budget Statement C, Budget, ACT Health Directorate, Canberra Health Services, ACT Local Hospital Network. https://apps.treasury.act.gov.au/_data/assets/pdf_file/0004/1698934/2020-21-Budget-Statements-C.pdf

¹¹ Driving Canberra's Recovery, ACT Budget, Budget Statement G, Budget, Community Services Directorate; Housing ACT. https://apps.treasury.act.gov.au/_data/assets/pdf_file/0010/1698940/2020-21-Budget-Statements-G.pdf

3 ACT HEALTH AND CANBERRA HEALTH SERVICES

INTRODUCTION

3.1 Budget Paper C states and overall picture for ACT health responsibilities as provided in annual reports and Budget documents that:

3.2 The Directorate's key functions are:

- providing strategic leadership, policy advice, and oversight of the public health system.
- leading engagement and negotiation with other jurisdictions on health funding agreements and national policy initiatives.
- administering the ACT Government's legislative program on health matters.
- engaging with the Directorate's partners and stakeholders to ensure health outcomes and impacts are considered in whole-of-government policy and health services planning.
- supporting and enabling clinical excellence, safe high-quality care, and research across the public health system.
- delivering a range of health prevention, promotion, and protection services.
- implementing innovative digital technologies across the public health system and supporting Information and Communication Technology (ICT) solutions that enable person-centred care and making it easier for clinicians to do their work.
- conducting public health system planning and evaluation for sustainable services, workforce and infrastructure that supports effective resource allocation, innovation, and safe high-quality care.
- commissioning value-based care that improves health outcomes; and
- monitoring and evaluating public health system performance to ensure it meets community expectations and performance criteria.¹²

¹² Budget Statement C, p,3

MATTERS DISCUSSED AT HEARING

3.3 The Committee heard evidence from the Minister for Health and from Health and Directorate officials on the following matters on 26 February 2021:

- Current emergency department rapid assessment process¹³
- The Geriatric Rapid Acute Care (GRACE) program¹⁴
- Reported closure of discharge lounge, Canberra Hospital¹⁵
- Current Occupational Violence Strategy (AR)¹⁶
- Responses to PTSD affecting frontline personnel¹⁷
- Funding and expenditure for Canberra Sexual Health Centre¹⁸
- Incidence of Sexual Health services provided at walk-in/drop-in centres¹⁹
- Delivery of possible PACER services in sexual assaults²⁰
- Comparison on data on ACT funding and Report on Government Services (ROGS) data²¹
- Effect of COVID-19 on elective surgeries²²
- Results and application of LGBTQIA+ health scoping study (AR)²³
- Hospital Hydrotherapy pool facility²⁴
- Support provided to Winnunga during COVID-19 period to support and protect ATSI people in Canberra²⁵
- Timing on drug and alcohol rehabilitation service for ATSI people and funding (AR)²⁶
- Disparity between health statistics for ACT ATSI people compared with other parts of Australia²⁷
- Plans for ACT Health STI testing at festivals this year²⁸
- ACT Junior Doctors' – survey and results²⁹

¹³ 26 February 2021, *Proof Hansard*, pp. 2-3

¹⁴ 26 February 2021, *Proof Hansard*, p.-3

¹⁵ 26 February 2021, *Proof Hansard*, pp. 2-3

¹⁶ 26 February 2021, *Proof Hansard*, pp. 7-9

¹⁷ 26 February 2021, *Proof Hansard*, pp. 9-11

¹⁸ 26 February 2021, *Proof Hansard*, pp. 11-12

¹⁹ 26 February 2021, *Proof Hansard*, pp. 12-13

²⁰ 26 February 2021, *Proof Hansard*, pp. 13 - 14

²¹ 26 February 2021, *Proof Hansard*, pp. 15 - 18

²² 26 February 2021, *Proof Hansard*, pp. 18 - 20

²³ 26 February 2021, *Proof Hansard*, pp. 20-22

²⁴ 26 February 2021, *Proof Hansard*, pp. 22 - 25

²⁵ 26 February 2021, *Proof Hansard*, pp. 25 - 26

²⁶ 26 February 2021, *Proof Hansard*, pp. 26 - 27

²⁷ 26 February 2021, *Proof Hansard*, pp. 27 - 29

²⁸ 26 February 2021, *Proof Hansard*, pp. 29 - 31

²⁹ 26 February 2021, *Proof Hansard*, pp.31-33

- ACT Junior Doctors – effect of COVID-19 on training³⁰
- Retention of Junior Doctors in ACT Health³¹
- Work on better integration of health care in the ACT³²
- Effect of COVID-19 on cancer screening rates, particularly breast screening for women (AR)³³
- Effect of COVID-19 on cancer treatment programs³⁴
- Emergency Department waiting times – reference Productivity Commission report³⁵
- Scope of practice capability at walk-in centres³⁶
- Budget references to alcohol and drug services and community contacts³⁷
- Promotion of employment opportunities for junior doctors³⁸
- Cross-border arrangements for the support and payment for acute care cases³⁹
- Northside Opioid Treatment Service⁴⁰
- Timing of completion of building expansion of Centenary Hospital for Women and Children (AR)⁴¹
- Drug Strategy Action Advisory Group and action plan for 2018-21 (AR)⁴²

QUESTIONS

- 3.4** QToNs and QoNs which were asked as a result of the Committee's inquiry are at **Appendices C and D**.

COMMITTEE OBSERVATIONS AND COMMENT

- 3.5** The Committee makes the following observations and comment on a number of issues which were subject of inquiry:

³⁰ 26 February 2021, *Proof Hansard*, pp. 33 - 34

³¹ 26 February 2021, *Proof Hansard*, pp. 34-36

³² 26 February 2021, *Proof Hansard*, pp. 36 - 37

³³ 26 February 2021, *Proof Hansard*, pp. 37 - 39

³⁴ 26 February 2021, *Proof Hansard*, pp. 39 -40

³⁵ 26 February 2021, *Proof Hansard*, pp. 40 -42

³⁶ 26 February 2021, *Proof Hansard*, pp. 42 -43

³⁷ 26 February 2021, *Proof Hansard*, pp. 43 - 44 -

³⁸ 26 February 2021, *Proof Hansard*, pp. 44 - 46

³⁹ 26 February 2021, *Proof Hansard*, pp. 46 - 48

⁴⁰ 26 February 2021, *Proof Hansard*, pp. 48 -49

⁴¹ 26 February 2021, *Proof Hansard*, pp. 49 - 52

⁴² 26 February 2021, *Proof Hansard*, pp. 52 - -

GENERAL OBSERVATION

- 3.6 The Standing Committee notes that, as anticipated and as recorded in the material before the Committee and as a result of hearings, programs and activities were subject – more than other directorates – to the unprecedented effects of COVID-19 imperatives and emergency arrangements.
- 3.7 The Committee has made observations on several areas and has made recommendations which have focussed on reporting, accountability for often truncated program delivery, and significantly different appropriations structure and forecasting than in the past.
- 3.8 The Committee also comments specifically on the following:

FUNDING AND ACCESS - CANBERRA SEXUAL HEALTH CENTRE

- 3.9 Questions were asked at hearings on the funding of the Canberra Sexual Health Centre. The principal question raised was asked by the Committee Chair:
- Do you know if the Sexual Health Centre collects data on demographics of the patients in terms of where they come from? I have had it put to me by a number of constituents that the location being physically in Woden is becoming a barrier, particularly for a number of northside patients, to access that specialist service. I am interested to know if that anecdotal evidence is borne out through the data you collect.⁴³
- 3.10 The Committee also raised approaches to sexual health which may have the result of reducing the level of specialist expertise in treatment . In response, and in response to issues raised by the Committee relating to sexual health services being provided at walk-in centres and - in the future – at new facilities at Canberra hospital The Committee was advised that:
- We are looking at different models across the board, what is the demand and need, how do we meet that, what is the model of care, is it best to have it all in one location with that specialist and everyone come to that or is it better to do different categories of care and then spread it out? At this point we have not made any decisions about moving sexual health services out into the walk-in centres, but it is something for us to consider in the light of our clinical services plan.⁴⁴
- 3.11 The Committee notes this advice, and general planning statements regarding sexual Health treatment made during hearings, particularly in relation to the current limitation on drop-in centres:
- ...(that) a lack of the drop-in service has limited the access of a couple of at-risk groups who would use the sexual health clinic perhaps more than others—young people, sexuality, and gender diverse people—and that that could subsequently have an effect

⁴³ 26 February 2021, *Proof Hansard*, p.11.

⁴⁴ 26 February 2021, *Proof Hansard*, p.12,

long term on their health care. What work, if any, is being done to reopen the drop-in services—even for a short time—and expand their hours to catch-up, for lack of a better way of putting it?⁴⁵

3.12 Additional advice received by the Committee was that:

We are looking at all our services where we have had to make changes due to COVID, to try and understand the impact of that and what we might need to do to reboot, or get the services back online, particularly parts of services. We have always had the service open right through COVID but using a different way to deliver the services. We certainly will work with our sexual health team in terms of what that might look like; but we are still in COVID. We are still screening people. We are still very careful about how many people come onto our site because we are one of the most vulnerable populations and we really need to still keep all our staff and all our patients safe as much as possible.⁴⁶

3.13 The Committee considers the current and future running and successful results for clients of the Sexual health Centre needs to be monitored and reported in some detail in the future, particularly considering continuing COVID-19 arrangements and possible new arrangements with the new hospital. In addition, access is of primary importance, and needs continuing monitoring.

Recommendation 1

3.14 The Committee recommends that data on sexual health services be provided in the next annual report. Included in this information should be results of consultations with clients on how services are provided, and the level of satisfaction recorded by clients.

LGBTQIA+ HEALTH SCOPING STUDY (AR)

3.15 The Committee was advised details of the LGBTQIA+ Health Scoping Study:

The scoping studies were intended to identify how, in essence, we can make the health system better attuned to meet the needs of LGBTQIA+ folk. In terms of the process, it was a little disrupted by COVID but the key elements of it were a literature review, the survey that was open to all Canberrans and promoted through various channels as well, and a few workshops. We did not have the opportunity to run all the workshops we wanted to because of COVID interrupting that process.

In terms of the scope of the study, I do not think anything was precluded from the scope of the study. It encompassed the full LGBTQIA+ spectrum; it encompassed

⁴⁵ 26 February 2021, *Transcript of Evidence*, p. 12.

⁴⁶ 26 February 2021, *Transcript of Evidence*, pp. 12 - 13

mental health, physical health, access to health, barriers to access to health, what people felt was missing from the health system in Canberra and, of course, in some instances what people thought was working really well in the health system in Canberra. It encompassed all that.⁴⁷

- 3.16 The Committee particularly sought advice on how members of the Intersex community were involved in the study.

- 3.17 The Minister advised the Committee that

A Gender Agenda have been very strongly advocating in terms of ensuring that intersex people's needs are well represented. They obviously have a range of people within their advocacy. They have also been talking to their members, who identify as intersex, about their views and needs and representing that up.

In addition to the focus group, there has been ongoing conversation with key stakeholders, including A Gender Agenda, to identify some of those gaps that might have come out because of the restrictions in the consultation around COVID and what we can do to ensure that we address those.⁴⁸

- 3.18 The Committee notes the Minister has undertaken to publish the report of the Scoping Study. The Committee welcomes that course.

SEXUALLY TRANSMITTED INFECTION (STI) TESTING

- 3.19 The Committee, in following up a recommendation from its 2020 report on Annual Reports, asked , whether ACT Health intended conducting a program of STI testing at festivals this year?⁴⁹

- 3.20 The Committee was advised that, considering COVID restrictions on large gatherings such as festivals and the broader need to take precautions to ascertain and limit STIs through testing and prevention, that:

What we have noticed over many years is that STIs, sexually transmitted infections, are increasing in our young people. Young people are where we need to be focusing, regardless of sex, gender and other aspects. Music festivals is one of the places in which they all congregate but there are other places. That is one of the reasons we have been looking at walk-in centres as an opportunity to expand that testing, as that is a drop-in kind of place.

⁴⁷ 26 February 2021, *Transcript of Evidence*, p. 20.

⁴⁸ 26 February 2021, *Transcript of Evidence*, pp. 20-21.

⁴⁹ 26 February 2021, *Transcript of Evidence*, pp. 29-30.

Screening is a really easy “pee in a jar” kind of prospect, so the baseline sexual testing is actually really easy. So I am not sure that we need a specific, unique sexual health testing clinic itself.⁵⁰

- 3.21 The Committee notes this advice from ACT Health, and comments that it will be an important aspect of the conduct of Festivals etc. in the ACT post COVID for STI testing and other testing to be conducted in the manner trialled successfully.

RESPONSES TO ACT EMERGENCY DEPARTMENT WAITING TIMES

- 3.22 The Committee drew attention at its hearing to responses to waiting times at ACT Emergency Departments and that The Productivity Commission report on Health Services shows that the ACT’s emergency department waiting times are the longest in the country and performance across several categories has deteriorated in recent years.

- 3.23 The Committee noted that

On 23 February this year, Canberra Health Services issued a reminder on Facebook that the ED should be for genuinely urgent matters only and that Canberra Hospital’s ED was under pressure.⁵¹

- 3.24 Discussion with the Minister and officials focussed on how advice to the community by APP and other communication has allowed persons seeking information on best -option emergency attention. In discussion with the Committee the Minister noted that:

On those days when we particularly want to get the message out to people about their alternative options, we also contact mainstream media. You will often hear on the radio news, for example, that Canberra Health Services is just reminding people: “We’re having a busy day. Can you please think of an alternative if you don’t need to come to the emergency department at this particular time?”

We also have the ACT Health app. We are continually looking at ways to better promote the availability of the app and encourage people to download it so that people can get real-time information about the waiting times both at Canberra Hospital and Calvary, as well as across the walk-in centres. The app also includes information about what can be treated at a walk-in centre. It is a useful source of information for people. Of course, the app also does the COVID screening for people who are turning up to Canberra Health Services or any of our other health services across the city.

- 3.25 The Committee observes, as has been noted in the past, that Emergency Departments (and centres treating walk-in cases requiring urgency) are busy places often under great pressure.

⁵⁰ 26 February 2021, *Transcript of Evidence*, p. 30

⁵¹ 26 February 2021, *Transcript of Evidence*, pp. 40-42

Any initiatives which can be taken to 'even out' and spread the load of treatment by utilising social media and other means to get a best result by way of public information should be encouraged.

3.26 The Committee makes the following recommendation:

Recommendation 2

3.27 That ACT Health continue to utilise and improve best practice social media and other community communication media to ensure that the community become used to consulting appropriate Apps and online information to assess availability of the appropriate service for treatment – including emergency – needs.

CONDITIONS FOR ACT JUNIOR DOCTORS

3.28 A particular concern in the ACT and other jurisdictions are the pressures imposed on junior doctors who are engaged in very demanding workload and professional development.

3.29 A summary of findings of a survey of junior doctors was considered by the Committee at hearings. Matters in the survey were:

A recent medical training survey by the Medical Board of Australia found that junior doctors are overworked, underpaid and also bullied. One in five survey respondents had personally experienced bullying, harassment or discrimination in their workplace. Another 15 per cent had witnessed it. Junior Aboriginal or Torres Strait Islander doctors reported higher levels of abuse. Half reported that senior medical staff, their own supervisors, were apparently responsible. Seventy-eight per cent did not report the incident they witnessed, unfortunately.⁵²

3.30 In response, and to identify the situation facing ACT junior doctors, the Committee was advised:

This is a critically important survey for junior medical staff around Australia. The specifics that you outlined, Mrs Kikkert, are of significant interest to me and the health services as employers and in our desire to become an employer of choice for junior medical staff around Australia.

I would like to address the issue of bullying and harassment first. In terms of specifically addressing that, prior to the release of the medical training survey, I conducted a workshop myself with a junior medical officers' forum, where I sought their opinion on bullying and harassment in the workplace and the sorts of things that we could do to address that. The feedback I got included developing a formal

⁵² See - <https://www.medicaltrainingsurvey.gov.au/>; 26 February 2021, Transcript of Evidence, pp. 31-33.

mentoring program, which we actually already have within the organisation. About 65 junior staff participate in that.

There was also substantial interest in the Speaking Up for Safety program, which is best described as a graded assertiveness program that is run by the Cognitive Institute, which is a well-known healthcare improvement institute. That will provide a common language for all staff in Canberra Health Services, including junior doctors, to be able to raise patient safety issues in a way that is far less likely to engender any sort of feedback that might be perceived as bullying and harassment. That is going to be a key centrepiece of our cultural reform this year in Canberra Health Services.⁵³

- 3.31 An aspect of particular concern in junior doctor workload is very long hours. The Committee was advised:

Specifically, to address the heavy workloads, I have asked my staff in the medical training and rostering unit to provide monthly reports to me on workload, including any trainee who has exceeded 100 hours—I believe the threshold is 100 hours; I might have to take that on notice—per fortnight of work; and I have issued a direction that no junior medical officer in their first or second postgraduate year is to exceed more than three rostered overtime shifts in a fortnight period.⁵⁴

- 3.32 Other matters including the organisation of shifts and the difficulty in ensuring the training of junior doctors is also addressed were considered.

- 3.33 The Committee observes that these matters cause concern amongst the junior doctor group, administrators, and others in health administration as well as the community. There is a view that junior doctors should expect often excessive workloads and the associated pressure, as that is how the profession has always been trained.

- 3.34 The Committee does not accept that view and does note the steps being taken in the ACT to address the issues.

CROSS-BORDER TREATMENT AND FUNDING ARRANGEMENTS – ACT-NSW

- 3.35 There are arrangements in place in the ACT to provide for the payment by other jurisdictions (particularly NSW) for health services provided in the ACT. The question arose at the Committee's hearing as to whether and how the ACT is compensated at the national efficient price or at the cost of delivering the services, and the time frame for the repayment of that money.

- 3.36 The Committee was advised that:

⁵³ 26 February 2021, *Transcript of Evidence*, p. 31

⁵⁴ 26 February 2021, *Transcript of Evidence*, p. 33-34.

The funding comes through our state pool accounts through the national health reform agreement. For New South Wales, as to the actual break-up of that quantum of the \$200,000...

Also, we have cross-border expenses, of course. Those are measured on an annual basis. We calculate, through the National Health Funding Body, reconciliations about how many interstate patients we have treated and how many ACT residents have been treated interstate. We provision the New South Wales proportion monthly. We are transacting monthly provisions through our financial statements and back through to our providers to obviously recognise the services that they have delivered to our visiting residents. We also reconcile that every year in arrears. We are currently reconciling 2019-20, and that will be determined in March 2021.⁵⁵

- 3.37 The Committee has no specific comment to make on this area, except to note that it remains a significant item of expenditure, and of responsibility for ACT Health.

DRUG STRATEGY ACTION ADVISORY GROUP – PLAN FOR 2018-21

- 3.38 The Committee asked for update advice on how the Drug Strategy Action Advisory Group has evaluated the ACT Drug Action Plan 2018-21. (*The ACT Drug Strategy Action Plan 2018-2021 (the Action Plan) outlines ACT Government priorities to address and minimise harms from alcohol, tobacco, illicit drugs and non-medical use of pharmaceuticals in the territory. The Action Plan aligns to the framework provided by the National Drug Strategy 2017-2026 and describes the territory's priorities and activities to be progressed within the context of national action*)⁵⁶

- 3.39 The Committee sought advice on whether and how a new Drug Action Policy would be developed Given it would be part of the National Drug Strategy 2017-2026), given the current policy is due to expire. The Minister advised the Committee:

There are some differences in the way that we approach this with the forward-leaning approach we take to harm minimisation compared to some other jurisdictions, including the commonwealth. That is probably fair to say. But I would have some reluctance around establishing a new strategy for the sake of establishing a new strategy because I think the principles around harm minimisation are clear across the national strategy and the existing action plan.

What is more important to me is what are we doing rather than let's have another round of 18 months of consultation to think about setting a set of principles that will end up being exactly the same principles that we have already identified and are already identifying actions against.⁵⁷

⁵⁵ 26 February 2021, *Transcript of Evidence*, p. 47

⁵⁶ See: <https://www.health.act.gov.au/about-our-health-system/population-health/act-drug-strategy-action-plan>

⁵⁷ 26 February 2021, *Transcript of Evidence*, pp. 52-54

- 3.40 The Committee observes that the development of a successor Plan to the current ACT Plan is a matter of considerable importance. The Committee looks forward to the Assembly being informed of the next step in this process in the near future and expects that the matters will be addressed in the next ACT Health Directorate annual report.

COMMITTEE RECOMMENDATIONS

Recommendation 3

- 3.41 That, in response to this report, that ACT Health continue to provide 6 monthly updated information of junior doctors' recorded feedback and experience.

Recommendation 4

- 3.42 That the ACT Government continue to expand ACT public health facilities.

Recommendation 5

- 3.43 That the ACT Government continue to implement the Occupational Violence Strategy and seek further ways to reduce occupational violence.

Recommendation 6

- 3.44 That the ACT Government continue to address and rectify the elective surgery waitlist that has occurred as a result of suspension of surgery due to COVID-19.

Recommendation 7

- 3.45 That the ACT Government build more walk-in health centres across Canberra.

Recommendation 8

- 3.46 That the ACT Government explore and report on the provision of an imaging service at a northside walk-in centre.

4 FAMILIES AND COMMUNITY SERVICES

- 4.1 The Committee heard from the Minister for Families and Community Services and Directorate officials on 26 February 2021.
- 4.2 The purpose of the hearing was to discuss the relevant parts of the annual report for 2019-20 of the Community Services Directorate (CSD) and the relevant outputs and associated material in Budget Statement G.
- 4.3 For the Standing Committee these were Outputs 1.1, 1.3, 1.4 and 2.3 from the Budget and outputs 2.1, 2.3, 2.4 and 3.3 from the CSD annual report

MATTERS DISCUSSED AT HEARING

- 4.4 During the hearing, the following matters were discussed.⁵⁸ (AR) indicates a matter raised from the Annual Report:
- External merits review – Child Protection Services⁵⁹
 - Children and Young People Commissioner advice on Child Protection and external merits review; tender process⁶⁰
 - Inclusion and Participation; implementation of a union encouragement policy⁶¹
 - Proportion of children exiting care with no more than two placements in care; reasons for decrease (AR)⁶²
 - Children exiting care; care plan details⁶³
 - Enduring Parental responsibility and adoptions; latest data (AR)⁶⁴
 - Current situation - test case on 2020 amendments to the Adoption Act⁶⁵
 - Safe and Connected youth and ‘Ruby’s’⁶⁶
 - Directorate contract details provided in the annual report (AR)⁶⁷
 - Data and experience of tendering in contract arrangements⁶⁸

⁵⁸ (AR) indicates a matter raised from the Annual Report.

⁵⁹ 26 February 2021, *Proof Hansard*, pp. 55 - 58

⁶⁰ 26 February 2021, *Proof Hansard*, pp. 58 - 59

⁶¹ 26 February 2021, *Proof Hansard*, pp. 59 - 60

⁶² 26 February 2021, *Proof Hansard*, pp. 60 - 63

⁶³ 26 February 2021, *Proof Hansard*, pp. 63 - 65

⁶⁴ 26 February 2021, *Proof Hansard*, p. 65

⁶⁵ 26 February 2021, *Proof Hansard*, pp. 65 - 69

⁶⁶ 26 February 2021, *Proof Hansard*, pp. 69 - 74

⁶⁷ 26 February 2021, *Proof Hansard*, pp. 74 - 77

⁶⁸ 26 February 2021, *Proof Hansard*, p. 54,

QUESTIONS

- 4.5 QToNs and QoNs which were asked as a result of the Committee's inquiry **are at Appendices C and D.**

COMMITTEE OBSERVATIONS AND COMMENT

- 4.6 The Committee makes the following observations and comment on a number of issues which were subject of inquiry:

EXTERNAL MERITS REVIEW – CHILD PROTECTION SERVICE

- 4.7 External merits review and the import of such reviews for child protection was a major matter examined by the Committee. One of the budget priorities for 2020-21 is stated to be to strengthen oversight in Child and Youth Protection Services. The Minister provided updated information to the Committee on actions undertaken to ensure child protection decisions are subject to external merits review?

.....we held an online forum with a number of stakeholders, with both Victorian and Queensland representatives, last year, prior to the election, to talk about both the findings of the discussion paper and that process we went through to think about what a model for external merits review might look like and to hear from other jurisdictions about their experiences with external merits review with a range of stakeholders, including the Human Rights Commission, legal advocates et cetera. Subsequent to that there was another forum which I think took place during the caretaker period—certainly I did not participate in it—to talk through the lessons learned from that.⁶⁹

- 4.8 Directorate advice, complementing the Minister's comments, was:

A number of key things came out. One is that the capacity to engage appropriately from first contact is really important in being able to manage a more restorative approach to casework and casework decisions going forward and including people throughout that process. Another was looking at how we make sure people have a level of advocacy and support outside of either the internal review participants or to support them in the external review process. All of that needed to come together to provide a unified approach.⁷⁰

and

.....we have been running a consultation process external to our directorate but also internal with our staff about how we can reset the mechanisms and the way case managers and team leaders and operations managers engage in a request for a review of a decision. That is about how you initially make a good decision and how you

⁶⁹ 26 February 2021, *Proof Hansard*, p.55.

⁷⁰ 26 February 2021, *Proof Hansard*, pp. 55-56.

communicate that decision so that people understand clearly—and sometimes you have to do that multiple times and with different people—and then how do you work with people who are not satisfied with the initial decision to get their voices heard through other mechanisms, independent of the people that made the decision.

We have talked at hearings before about the almost hundreds of decisions caseworkers make every day with families, and it is not possible to have all of those reviewed and reviewed and reviewed. There are consequences for children and young people when that happens but also for families. We need to review the key ones, where there is the controversy and where there is always the complexity—things like contact, placement options, outcomes of appraisals, for example.⁷¹

- 4.9 The Committee sought further detail on how and on what timetable the changes proposed would be expected. external merits review.

....we have had a number of consultative processes to examine models. The tender process is around the examination of models that exist in jurisdictions in Australia, the identification of which aspects of them would be applicable in the ACT and customising the proposed model for the ACT.

It is around making sure that it takes into account our own jurisdiction's legislation with respect to the Childrens Court and our Children and Young People Act; making sure that the model that is proposed would actually work in the ACT from a legal perspective, in sync with the internal processes that Helen mentioned earlier; and making sure that whatever is proposed is really effective and does not have the issues that Victoria and other areas have identified with their existing processes.⁷²

- 4.10 The Committee was advised that, to better achieve an outcome of greatest use to the ACT, that a review (to be conducted by a review panel selected after tender) would be carried out during the current calendar year.⁷³
- 4.11 The Committee has a long-standing concern over this matter. The Committee anticipates that the review process can result in a solution which can be supported (subject to a desirable level of further consultation) by all stakeholders and achieve a result which can be implemented as a replacement for the current approach to reviews.

⁷¹ 26 February 2021, *Transcript of Evidence*, pp, 56-57.

⁷² 26 February 2021, *Transcript of Evidence*, p. 58.

⁷³ 26 February 2021, *Transcript of Evidence*, p. 59.

Recommendation 9

- 4.12 The Committee recommends that the current review of the present external merits review arrangements in ACT Child Protection Matters be proceeded with and concluded as soon as possible, and that the results of that review and proposals for change and improvement be made available to the Assembly.**

ADOPTION ISSUES – SITUATION ARISING FROM 2020 AMENDMENTS TO THE ADOPTION ACT

- 4.13 The Committee sought details during hearings on matter raised by advice that ACT adoption matters need to be temporarily withdrawn from the adoption review. The Committee sought advice as to whether current uncertainty regarding a new legislative basis for adoption matters was currently before the Courts.

- 4.14 In this regard, the Minister advised the Committee:

The way that legislation and court processes work is that when you change legislation that provides guidance to the court. The first time that is tested in court will indicate how the court is going to interpret that legislation. We have a small number of adoption matters on foot in the Supreme Court at the moment, but one of those in particular will test the Supreme Court's interpretation of the legislative changes that were made by the Assembly in September last year.

There is work being done by CYPS and the legal representatives of the ACT government to work with the Supreme Court to help them to interpret the legislation in the way the Legislative Assembly intended it to be interpreted. So, there is effectively a test case currently before the Supreme Court that will determine whether the Supreme Court is going to interpret that legislation in the way that we intended, which is what we hope is going to happen.⁷⁴

- 4.15 The Minister additionally advised the committee:

In the past—this is one of the reasons that we moved to change the legislation, apart from other policy feedback—there have been instances where the directorate, and the director-general and the legal representatives, have proposed and supported the dispensation of parental consent and made that argument in the court and the judge has not supported or agreed with the directorate's position. That is a very difficult situation for families to then find themselves in.

I absolutely recognise that this is incredibly frustrating for families who are in a permanency process and who are waiting for decision-making. It is really important to

⁷⁴ 26 February 2021, *Transcript of Evidence*, p. 65

stress that the children involved in these situations are safe; they are in secure family arrangements. The action that is being taken is to ensure, to the greatest extent possible, that as those permanency processes progress and they are given the greatest chance of success.⁷⁵

4.16 The Committee's hearing suggested that several matters involving adoption process are awaiting decisions or guidance from the Supreme Court and that not all stakeholders in the adoption support community are aware of that. It is important (as the Minister noted) that the amendments to adoption legislation passed by the Assembly in 2020 be properly dealt with by the Court, and that stakeholders and participants in adoption support and advice are fully informed of the stage reached, and prospective timing of the case(s) involved.

4.17 The Committee does not make any further comment on this matter.

COMMITTEE RECOMMENDATIONS

4.18

Recommendation 10

4.19 That CSD ensure that an open tender process is used for providing continuation of the Safe and Connected Youth program.

Recommendation 11

4.20 That CSD develop clearer guidelines for the conduct of contracting to better balance stability and certainty with allowing opportunity for new providers to qualify for contracts.

Recommendation 12

4.21 That CSD develop a mechanism which will allow new providers to express an interest in government contracts.

Recommendation 13

4.22 That ACT Health inquire and determine the rates of occupational pressures, particularly including abuse, experienced by junior Aboriginal and Torres Strait Islander doctors in the ACT and propose a solution to any unsatisfactory situation.

⁷⁵ 26 February 2021, *Transcript of Evidence*, p.

Recommendation 14

4.23 That CSD consider ways of improving the accuracy and timeliness of communications with families who are involved in adoption processes.

Recommendation 15

4.24 That the Government ensure an open tender process is used for the letting of contracts to providers of out-of-home care providers.

Recommendation 16

4.25 That CSD provide access to Family Group Conferencing for families.

5 JUSTICE HEALTH AND MENTAL HEALTH

- 5.1 The Committee heard from Minister Davidson in the Minister's capacity as both Minister for Justice Health and Mental Health and officials on 26 February 2021.
- 5.2 Canberra Health Services (CHS) provides a range of Mental Health and Alcohol and Drug Services through the public and community sectors in hospitals, community health centres and other community settings, adult and youth correctional facilities and people's homes. There is an emphasis on integrated care across hospital, community and residential support.⁷⁶
- 5.3 Questions were drawn from both Budget Paper C and Budget Paper G, and from Annual reports, where questions are noted (AR).

MATTERS DISCUSSED AT HEARINGS

- 5.4 Matters discussed at the hearing, which covered both areas of responsibility, were:
- Discharge procedures for mental health clients of Canberra Health Services (CHS) discharged interstate, including follow-up⁷⁷
 - Current client numbers at Winnunga⁷⁸
 - Winnunga services within AMC – has permission ever been denied by AMC⁷⁹
 - Reduction in Justice Health services community contacts due to COVID-19 impact and results for doctors⁸⁰
 - Medicinal drug services to AMC⁸¹
 - Impacts from climate anxiety arising from 2019-20 bushfires - Orroral Valley fire⁸²
 - Youth navigation portal in health services⁸³
 - Youth navigation portal and Commonwealth Head to Health service⁸⁴
 - Waiting times for mental health services⁸⁵
 - UC general health survey and access to mental health services⁸⁶

⁷⁶ See generally Budget Paper C, *Mental Health, Justice Health and Alcohol and Drug Services*, pp. 39-42.

⁷⁷ 26 February 2021, *Proof Hansard*, pp. 80 - 82

⁷⁸ 26 February 2021, *Proof Hansard*, pp. 82 - 83

⁷⁹ 26 February 2021, *Proof Hansard*, p. 83

⁸⁰ 26 February 2021, *Proof Hansard*, pp. 83-84

⁸¹ 26 February 2021, *Proof Hansard*, pp. 84 - 85

⁸² 26 February 2021, *Proof Hansard*, p. 86

⁸³ 26 February 2021, *Proof Hansard*, pp. 86 - 87

⁸⁴ 26 February 2021, *Proof Hansard*, pp. 87 - 89

⁸⁵ 26 February 2021, *Proof Hansard*, pp. 89 - 90

⁸⁶ 26 February 2021, *Proof Hansard*, pp. 90 -92

- Services which may be added to navigation portal⁸⁷
- Effect of improved and supplemented navigation portal on people seeking access to services⁸⁸
- Cigarette smoking at AMC⁸⁹
- Independent psychiatric assessments for inmates at AMC⁹⁰
- Emergency Orders; criteria for voluntary and involuntary admissions⁹¹
- PACER program; changes to hours and crew availability⁹²
- Working with lead ACT agencies to provide evidence-informed community and workplace interventions (AR)⁹³
- COVID-19 and the gig-economy; health impacts and responses⁹⁴
- Early detection of Post-traumatic Stress Disorder (PTSD)⁹⁵
- Drop in alcohol and drug services community contacts shown in Budget paper C⁹⁶
- Graduate training in mental health; development of programs⁹⁷
- Number of psychiatrists employed in ACT Health⁹⁸
- psychiatrists working in eating disorders employed in ACT Health⁹⁹

QUESTIONS

- 5.5** QToNs and QoNs which were asked as a result of the Committee's inquiry are at **Appendices C and D**.

COMMITTEE OBSERVATIONS AND COMMENT

- 5.6** The Committee makes the following observations and comment on a number of issues which were subject of inquiry:

⁸⁷ 26 February 2021, *Proof Hansard*, pp. 92 - 93

⁸⁸ 26 February 2021, *Proof Hansard*, pp. 93 - 95

⁸⁹ 26 February 2021, *Proof Hansard*, pp. 95 - 98

⁹⁰ 26 February 2021, *Proof Hansard*, pp. 98 - 99

⁹¹ 26 February 2021, *Proof Hansard*, pp. 99 - 101

⁹² 26 February 2021, *Proof Hansard*, pp. 101 - 103

⁹³ 26 February 2021, *Proof Hansard*, pp. 103 - 104

⁹⁴ 26 February 2021, *Proof Hansard*, pp. 104 - 106

⁹⁵ 26 February 2021, *Proof Hansard*, pp. 106 - 108

⁹⁶ 26 February 2021, *Proof Hansard*, pp. 108 - 112

⁹⁷ 26 February 2021, *Proof Hansard*, p. 112

⁹⁸ 26 February 2021, *Proof Hansard*, pp. 112 - 114

⁹⁹

YOUTH NAVIGATION PORTAL IN HEALTH SERVICES

- 5.7 The Youth Navigation Portal is set up to assist youth, and was described this way to indicate the arrangements that are in place to ensure young people have a sense of ownership of the service :

With the youth navigation portal, currently we have a request for quote for a provider, a non-government organisation, to help run the portal. We have done some of the groundwork in building the portal.¹⁰⁰

- 5.8 In an extension of the description of the Portal's design, the Committee heard:

We always co-design. In the children and young person's review it was co-designed with the Youth Advisory Council and the headspace Youth Reference Group, who told us that some of our methodology would not suit younger people. We were very happy to take that on board. They have been involved in the initial design of what they want. We would also like to have an area for parents and carers. They need something slightly different, but it is primarily for those children and young people.¹⁰¹

- 5.9 The Committee observes that the Portal, in conjunction with other mental health services for young people is developing but provides a potential tailored support service.

COMMITTEE RECOMMENDATIONS

Recommendation 17

- 5.10 The Committee recommends that the development of the Youth Navigation Portal continue as advised during the Committee's inquiry, and that other formal advice on the Portal progress, uptake and usage. Be provided to the Assembly and in the Annual Report.**

Recommendation 18

- 5.11 That the ACT Government act urgently to address the wait times experienced by Canberrans seeking to access mental health services.**

Recommendation 19

- 5.12 That the ACT Government, as a matter of urgency, recruit a sufficient number of psychologists, psychiatrists, and other mental health professionals to ensure that the ACT mental health delivery system is fully staffed.**

¹⁰⁰ 26 February 2021, *Transcript of Evidence*, p. 85.

¹⁰¹ 26 February 2021, *Transcript of Evidence*, p. 86

Recommendation 20

5.13 That the ACT Government increase and facilitate availability of ACT-based local educational opportunities, including scholarships, to practitioners in all mental health.

Recommendation 21

5.14 That the ACT Government outline what further services it can and will add to address long wait times for access to mental health services.

Recommendation 22

5.15 That the ACT Government continue to provide updates to the Legislative Assembly on the Position Statement on Eating Disorders.

6 HOUSING AND SUBURBAN DEVELOPMENT

- 6.1 The Committee heard from the Minister for Housing and Suburban Development and directorate officials on 3 March 2021 to discuss relevant parts of the 2018–19 CSD annual report and appropriations,
- 6.2 The outputs considered were in relation to social housing services, and Quality Assurance and compliance.

MATTERS DISCUSSED AT HEARING

- 6.3 The following matters relating to Social Housing Services (HACT Output 1.1) and Quality Complaints and Regulation (CSD Output 1.4) were discussed at the public hearing:
- consultation with people with disabilities on residential building design and accessibility;¹⁰²
 - works that are done to ensure that disability-friendly public housing meet tenants' specifications;¹⁰³
 - rectification and modification of properties upon receiving feedback from tenants who recently moved into properties;¹⁰⁴
 - maintenance status of properties that have been identified for renewal;¹⁰⁵
 - the status of locks on certain stairwells leading to the aged persons unit at Condamine Court;¹⁰⁶
 - the numbers of Canberra-based small businesses who completed work for Programmed over the past year;¹⁰⁷
 - considerations behind cessation of programmed works for many subcontractors as of January 2021 and its implication to local businesses;¹⁰⁸
 - the asset renewal scheme, including the sale of properties and the process of appointing agents to list and market the properties;¹⁰⁹
 - Housing ACT property vacancies, the large number of people on the waiting list and the number of properties that are vacant for over a year;¹¹⁰

¹⁰² *Transcript of Evidence*, 3 March 2021, pp. 115 – 117.

¹⁰³ *Transcript of Evidence*, 3 March 2021, p. 117.

¹⁰⁴ *Transcript of Evidence*, 3 March 2021, pp. 117 – 118.

¹⁰⁵ *Transcript of Evidence*, 3 March 2021, pp. 118 – 119.

¹⁰⁶ *Transcript of Evidence*, 3 March 2021, p. 141;

¹⁰⁷ *Transcript of Evidence*, 3 March 2021, p. 119.

¹⁰⁸ *Transcript of Evidence*, 3 March 2021, pp. 119 – 120.

¹⁰⁹ *Transcript of Evidence*, 3 March 2021, pp. 120 – 121;

¹¹⁰ *Transcript of Evidence*, 3 March 2021, pp. 121 – 122;

- the capacity to fast-track maintenance required on properties that are not available for allocation for public housing tenancies;¹¹¹
- maintenance of vacant properties;¹¹²
- timeline for the completion of Common Ground Dickson;¹¹³ and
- housing for older Aboriginal and Torres Strait Islander people.¹¹⁴

QUESTIONS

- 6.4** QToNs and QoNs which were asked as a result of the Committee's inquiry **are at Appendices C and D.**

COMMITTEE OBSERVATIONS AND COMMENT

- 6.5** The Committee makes the following observations and comment on a number of issues which were subject of inquiry:

ASSET RENEWAL SCHEME, INCLUDING SALE OF PROPERTIES

- 6.6** The Committee asked about asset renewal, particularly considering planes announced for housing asset sale and renewal in that line of questioning, you mentioned the asset renewal scheme. The Committee notes that some 400 properties were assessed; 200 stayed in the portfolio and 200 have been sold.¹¹⁵

- 6.7** In advice provided at Committee hearings, advice was:

The real estate agents panel is one of those. Fourteen real estate agents are on the panel, have been successful. They have gone through an evaluation of some pre-qualifications and experience, independent evaluation, to get onto the panel. Once they are on the panel, it is on a rotational basis. Everybody gets an opportunity to tender for work.

THE CHAIR: Each individual property? Is that how that works?

Ms Loft: We try to put packages together, to have economies of scale, depending on the location and how many we get at a time. We sent a large tranche through recently. Arbitrarily, through those, we will send out to three real estate agents. They will put in their tender prices. Their fees are capped, and they can choose to come in under those or not. Out of those three, there is a very short evaluation process within Housing;

¹¹¹ *Transcript of Evidence*, 3 March 2021, p. 122.

¹¹² *Transcript of Evidence*, 3 March 2021, p. 123.

¹¹³ *Transcript of Evidence*, 3 March 2021, pp. 123 – 124.

¹¹⁴ *Transcript of Evidence*, 3 March 2021, p. 124.

¹¹⁵ *Transcript of Evidence*, 3 March 2021, pp. 120-21.

there is an independent on there as well. Then one sales agent will be awarded the tranche of properties or the package of properties.¹¹⁶

6.8 The Committee was interested in the pace and progress of this program, and the concern expressed about ACT Housing properties remaining vacant, seemingly, for long periods.

6.9 In the s regard, the Committee was advised:

There are 2,700 people on the waiting list. At any given time, we have between 300 and 400 properties that are vacant. Within that vacancy list, some will be undertaking maintenance, some will be for property redevelopment, and some—....about 60 to 70—are available for allocation.¹¹⁷

COMMITTEE RECOMMENDATIONS

6.10 The Committee makes the following Recommendations in relation to the matters considered under this chapter of its report.

Recommendation 23

6.11 The Committee recommends that the ACT Government continue its renewal program for public housing stocks.

Recommendation 24

6.12 The Committee recommends that the ACT Government investigate further sites for the accommodation of Common Ground.

Recommendation 25

6.13 The Committee recommends that the ACT Government reassess its present rental rebate policy to ensure that it is compliant with the ACT Government's Union Encouragement Policy.

¹¹⁶ *Transcript of Evidence*, 3 March 2021, pp. 120-21.

¹¹⁷ *Transcript of Evidence*, 3 March 2021, p. 121

7 PREVENTION OF DOMESTIC AND FAMILY VIOLENCE

- 7.1 The Committee heard from the Minister for the Prevention of Domestic and Family Violence and directorate officials, including the Coordinator General for Family Safety on 3 March 2021 to discuss aspects of the 2019–20 annual report on Safer Families and the provision in Budget Statement G as Output 1,5.
- 7.2 The Coordinator General for Family Safety provides the strategies leadership and input to shape and drive cultural change and system reform to form whole-of-Government and whole-of-community capabilities to combat domestic and family violence,

MATTERS DISCUSSED

- 7.3 Matters relating to Safer Families (CSD Output 1.5) that the Committee considered include:
- ACT Government domestic and family violence training, including: the total number of staff that have been trained, annual funding allocation received for training, whether or not there is a specific group of staff that is targeted, the timeline for training completion, feedback from training participants, an evaluation of the ACT domestic violence training, the timeline and processes involved for frontline service people to get the training;¹¹⁸
 - identification of the training needs of the frontline workers to support their working with traumatised adults and children;¹¹⁹
 - ACT government domestic violence levy funding allocation and other government's investment in response to domestic and family violence;¹²⁰
 - access to specific funding for women's specialist Domestic Violence services who work with children;¹²¹
 - the development and establishment of an ACT domestic and family violence death review mechanism, including who will be doing the review and case identification process;¹²²
 - the Commissioner for Victims of Crime and the Coordinator-General for Family Safety's round table for sector agencies to discuss responses to the increase in domestic and family violence during COVID: the positive feedback and tangible outcomes;¹²³

¹¹⁸ *Transcript of Evidence*, 3 March 2021, pp. 124 – 127.

¹¹⁹ *Transcript of Evidence*, 3 March 2021, p. 127.

¹²⁰ *Transcript of Evidence*, 3 March 2021, pp. 127 – 129.

¹²¹ *Transcript of Evidence*, 3 March 2021, pp. 129 – 130;

¹²² *Transcript of Evidence*, 3 March 2021, pp. 130 – 131.

¹²³ *Transcript of Evidence*, 3 March 2021, pp. 131 – 132.

- the domestic violence risk assessment framework: progress, benefits and finalisation timeline;¹²⁴
- the Room4Change program: program overview, program evaluation process and progress, the flexible length of the program, accommodation capacity.¹²⁵

QUESTIONS

- 7.4** QToNs and QoNs which were asked as a result of the Committee's inquiry **are at Appendices C and D.**

COMMITTEE OBSERVATIONS AND COMMENT

- 7.5** The Committee makes the following observations and comment on a number of issues which were subject of inquiry:

ACT GOVERNMENT DOMESTIC VIOLENCE LEVY FUNDING ALLOCATION

- 7.6** The Committee has a continuing interest in the allocation of the funds available from the Domestic Violence Levy. The Committee was told the sum is –as provided in the current budget – some \$5 million.

- 7.7** Advice to the Committee was that:

The levy goes to a range of preventive and supportive approaches, when it comes to domestic and family violence, but it also investigates different kinds of ways that we can meet the needs of our community. Training is one of them. The training is about raising awareness, and that is important, so that we can understand it even better and support people even better.

Hearing from young people about their experiences and understanding what their needs are is important. They have not been engaged in a conversation like this before. That is why we worked with the commissioner to hear from young people so that we could say, "Okay, what are the needs of young people? How can we address that best?" This is by working with experts in the sector, rather than assuming that we know what those people are experiencing and what their needs are.

And

the levy is only one part of the government's investment in response to domestic and family violence. There are a range of services that are funded outside the levy that work with families, that work with children and that do a lot of the work in responding to people's needs. The levy provides additional funding above and beyond those core services.

¹²⁴ *Transcript of Evidence*, 3 March 2021, pp. 132 – 133.

¹²⁵ *Transcript of Evidence*, 3 March 2021, pp. 134 – 135;

As the minister said, it funds a diverse range of initiatives. It provides funding for frontline services. It provides funding for Safer Families grants that go directly to people experiencing domestic and family violence. It provides really important funding that is about how we reform and change responses to domestic and family violence. As the minister said, our understanding of this continues to evolve. We have worked really hard in family safety in the ACT to hear directly from people's lived experience, both adults—a diverse range of adults as well—and children and young people, to ensure that we are able to reshape the responses so that they meet their needs.¹²⁶

- 7.8 The Committee considers updated information on the Levy and its funding is an important element in accountability for ACT Domestic and Family Violence programs.

Recommendation 26

- 7.9 The Committee recommends that, when provided in future publication of such spending, information on the breakdown of expenditure from the Domestic Violence Levy be provided not only as a global spend from the Fund, but as a detailed breakdown of the allocation of funds.**

ACT DOMESTIC AND FAMILY VIOLENCE DEATH REVIEW MECHANISM

- 7.10 The Committee was advised that:

This is important work in order to understand more clearly how we can respond to domestic and family violence and understand where domestic and family violence might occur and is not identified, when a person's life is taken. That death review work is really important.

And

The domestic and family violence death review is currently being constructed. There is funding for that. At the moment we are looking at what the model might look like. It is anticipated that that will go through to law reform, to legislation in the next sitting period, and the death review will then be up and established.

All of the other jurisdictions have a death review, so it is great that the ACT is about to get one. It will really help, and it is part of the integrated system and response to domestic and family violence in the ACT. It will help us to understand any systemic issues that arise and to have reform.

¹²⁶ *Transcript of Evidence*, 3 March 2021, p.128.

Although it does look at individual cases, the intention is that it will look not only at deaths but also at near deaths, suicides, accidents and other incidents that lead to death or near death where there is domestic and family violence. Once it is established then it is likely that it will have an expert reference group, which will comprise lots of experts from various places in the community and government with specific expertise in domestic and family violence.¹²⁷

- 7.11 The Committee was also advised that, in relation to the agency or responsibility body which might conduct such reviews, that

At the moment the intention is that it be put with the coordinator-general position, so that it will be in the office. At the moment I am the Coordinator-General, Family Safety, so it would be in this office. The intention is that the expert advisory group would be there for two years. The reason for putting it here is that it has synergies with the other work that the office is doing. For example, with the common risk assessment framework, the domestic violence training and the integrated response model that the office is working on at the moment, all of those things feed together with the death review, and it is important that they underpin it.¹²⁸

- 7.12 In addition, the Committee was advised that identifying cases which might be subject of review will involve assessment of information provided to any review body. So:

It will not specify particular people or organisations who can feed that into the DFV death review. It could be from a member of the community or from the family; it could be from an agency. For example, if the emergency department at one of the hospitals becomes aware of something, they might refer it. It might be one of the specialist domestic violence agencies or one of the other service providers in the community. It could be the schools, or it could be the police. There are a range of places from where the information might come to the death review; then the death review would make a decision on whether it was something that should be part of the review.¹²⁹

COMMITTEE RECOMMENDATIONS

Recommendation 27

- 7.13 That part of the family safety levy should fund special children's counsellors to support children who are victims of domestic violence.**

Recommendation 28

¹²⁷ 3 March 2021, *Transcript of Evidence*, p. 129.

¹²⁸ 3 March 2021, *Transcript of Evidence*, p. 130.

¹²⁹ 3 March 2021, *Transcript of Evidence*, p. 131.

7.14 That the Legislative Assembly be given quarterly updates on how many new ACT Government employees receive Tier 1 or Tier 2 training.

Recommendation 29

7.15 That evaluation for the Room4Change program be provided as public information.

Recommendation 30

7.16 That the Legislative Assembly be provided with quarterly updates on the ACT Government's progress into the implementation of the Fourth Action Plan.

Recommendation 31

7.17 That the Legislative Assembly be provided with quarterly updates on the Family Safety Hub's activities such as trials, evaluations, innovations, and consultations.

Recommendation 32

7.18 That the Legislative Assembly be provided with quarterly updates on the progress of implementation of recommendations from the "Report on Inquiry into Domestic and Family Violence – Policy Approaches and Responses.

8 HOMELESSNESS AND HOUSING SERVICES

- 8.1 The Committee heard from the Minister for Homelessness and Housing Services in relation to the outputs under the housing ACT section of the Budget (Budget Statement G) which provides specialist homelessness services for people either homeless or at risk of homelessness to achieve sustainable housing, social inclusion and a level of economic involvement and participation which enable individual to re-establish a capacity to live independently.
- 8.2 Programs and indicators for programs measures the level and proportion of specialist homelessness services clients achieved including independent housing at the end of the support period.
- 8.3 The Committee notes that COVID-19 required special support and inclusion for homes people to ensure that special arrangements were in place to protect the homeless.

MATTERS DISCUSSED AT HEARINGS

- 8.4 The Committee discussed the following matters related to Social Housing Services (HACT Output 1.1):
- extra support to women and children using homelessness services due to domestic and family violence and the exacerbating impacts of COVID-19;¹³⁰
 - the progress of initiatives to establish the Aboriginal and Torres Strait Islander controlled community housing provider;¹³¹
 - the sale to tenant scheme;¹³²
 - client service visits at the Condamine Court housing complex in the past 12 months including safety concerns during the client service team visits and nightly patrols;¹³³
 - measures to address serious safety issues that are experienced by tenants at Condamine Court;¹³⁴
 - the Early Morning Centre expansion, including its capacity and the number of new jobs that will be created;¹³⁵
 - the increase in the waiting list for Housing ACT¹³⁶ and the average waiting time for standard housing;¹³⁷

¹³⁰ *Transcript of Evidence*, 3 March 2021, pp. 136 – 137.

¹³¹ *Transcript of Evidence*, 3 March 2021, pp. 137 – 138.

¹³² *Transcript of Evidence*, 3 March 2021, pp. 138 – 139.

¹³³ *Transcript of Evidence*, 3 March 2021, pp. 139 – 141. *Question Taken on Notice No. 12*, answered 12 March 2021.

¹³⁴ *Transcript of Evidence*, 3 March 2021, pp. 141 – 142.

¹³⁵ *Transcript of Evidence*, 3 March 2021, pp. 142 – 144.

¹³⁶ *Transcript of Evidence*, 3 March 2021, pp. 144 – 145.

¹³⁷ *Transcript of Evidence*, 3 March 2021, pp. 145 – 146.

- the voluntarily reduced income clause in the rental rebate policy and its difference to the fluctuating income clause;¹³⁸
- overall coordination of services for people experiencing or at risk of homelessness and gaps analysis plan for the services;¹³⁹
- Haven house pilot project;¹⁴⁰
- specialised housing services for people who are gay, lesbian, and bisexual;¹⁴¹ and
- Housing ACT performance benchmarks.¹⁴²

QUESTIONS

- 8.5 QToNs and QoNs which were asked as a result of the Committee's inquiry **are at Appendices C and D.**

COMMITTEE OBSERVATIONS AND COMMENT

- 8.6 The Committee makes the following observations and comment on a number of issues which were subject of inquiry:

RESPONSES TO OCCURRENCES AT CONDOMINE HOUSING, INCLUDING SAFETY CONCERNS

- 8.7 The Minister was asked several questions regarding difficulties regarding security and related issues at the Condamine housing site.
- 8.8 The Minister and Directorate officials advised:

Noting the specifics of the area that you talk about, there is also some work that is happening around multi-unit complexes. Certainly, we would highlight the work that is happening around the Connecting Communities program, which was started as a pilot in 2019 and has continued, really focusing on the multi-unit apartments and really having quite a specific intention and giving more intensive oversight of those sites that would absolutely pull in the client visits.

and

When we are talking about multi-unit properties, which are properties which have a size of more than 20 tenancies, we have 87 in the portfolio across the territory and that represents about 20 to 25 per cent of our portfolio in terms of tenancies. For properties of that size, as the minister said, we have what we call a connected

¹³⁸ *Transcript of Evidence*, 3 March 2021, pp. 146 – 147; *Question Taken on Notice No. 14*, answered 12 March 2021.

¹³⁹ *Transcript of Evidence*, 3 March 2021, pp. 147 – 148.

¹⁴⁰ *Transcript of Evidence*, 3 March 2021, pp. 149 – 149.

¹⁴¹ *Transcript of Evidence*, 3 March 2021, pp. 149 – 150.

¹⁴² *Transcript of Evidence*, 3 March 2021, pp. 150 – 151.

community strategy, which was rolled out in this financial year after a pilot in the inner city. The aim of the connected community strategy is to bring a site-specific focus to reduce the amount of housing staff on site but increase their frequency so that we have more oversight of what is going on, better connections with support services, better monitoring of vacancy. That will mean that, on a site of the size that you are talking about, you will probably have a housing manager on site one, two, three times a week engaging with tenants because there are so many tenants and they tend to have a number of complex issues.¹⁴³

8.9 A response from ACT Housing detailed aspects of the response to sites such as Condamine Coue=rt.

Firstly, the connected community strategy is a way to bring focus to those kinds of issues. Secondly, we have a team which has those skill sets and is supported to look at more complex clients and communities. Thirdly, this year we have been able to increase our insights and analytics around complaints and incidences on site. That is in its first phase. Over the coming year we are looking to improve our responsiveness as we now have better data on what is going on onsite.¹⁴⁴

8.10 The Committee notes that there has been considerable publicity surrounding conditions at Condamine Court housing precinct. It and others are regarded as 'designated high risk sites' and, the Committee was informed, require additional security and other related measures (as described above).

¹⁴³ *Transcript of Evidence*, 3 March 2021, pp. 139 – 140.

¹⁴⁴ *Transcript of Evidence*, 3 March 2021, p. 141.

9 SENIORS, VETERANS, FAMILIES AND COMMUNITY SERVICES

- 9.1 The Committee heard from the Assistant Minister for Seniors, Veterans, Families and Community Services on 3 March 2021 to discuss matters under the responsibility of the Assistant minister for Seniors, Veterans, Families and Community Services.
- 9.2 Areas examined included outputs 1.1, 1.3, 2.3 in Budget Document G, and outputs 2.1, 2.3 and 3.3 in the annual report covering strategies Policy and child Protection Services.

MATTERS DISCUSSED AT HEARINGS

- 9.3 The Committee considered the following issues related to Inclusion and Participation (CSD Output 1.1/2.1), Strategic Policies (CSD Output 1.3/2.3) and Child and Youth Protection Services – in relation to Bimberi and community recovery and emergency relief only (CSD Output 2.3/3.3):
- measures to ensure the safety of staff at Bimberi since the 2019 riot;¹⁴⁵
 - personal protective equipment upgrade at Bimberi;¹⁴⁶
 - training for Bimberi staff, including the use-of-force training and changes in response to Muir review recommendations;¹⁴⁷
 - additional resources to assist with the mental health of detainees during lockdown;¹⁴⁸
 - staffing levels at Bimberi from May 2019 to January 2021;¹⁴⁹
 - other justice strategies' efforts to maintain a closer connection to the community for the young people at Bimberi;¹⁵⁰
 - the progress of the CCTV improvement project at Bimberi;¹⁵¹
 - exit planning and support for those who are transitioning from Bimberi to the community including the role played by Child and Youth Protection Services;¹⁵²
 - Bimberi staffing rates including current vacancies;¹⁵³
 - the value of having an ACT-based response to veterans' issues;¹⁵⁴

¹⁴⁵ *Transcript of Evidence*, 3 March 2021, p. 152.

¹⁴⁶ *Transcript of Evidence*, 3 March 2021, p. 153

¹⁴⁷ *Transcript of Evidence*, 3 March 2021, pp. 153 – 154;

¹⁴⁸ *Transcript of Evidence*, 3 March 2021, pp. 154 – 155.

¹⁴⁹ *Transcript of Evidence*, 3 March 2021, p. 155;

¹⁵⁰ *Transcript of Evidence*, 3 March 2021, p. 155.

¹⁵¹ *Transcript of Evidence*, 3 March 2021, p. 156.

¹⁵² *Transcript of Evidence*, 3 March 2021, pp. 156 - 157.

¹⁵³ *Transcript of Evidence*, 3 March 2021, pp. 159 – 160.

¹⁵⁴ *Transcript of Evidence*, 3 March 2021, pp. 160 – 161.

- the Veterans Minister's key initiatives for the coming year;¹⁵⁵
- funding for the implementation of the veteran's plan;¹⁵⁶
- the veterans' grants program, the seniors grants program and grants allocation;¹⁵⁷
- the declining rate of young people successfully completing community-based orders in the ACT, the complex indicators, and responses;¹⁵⁸
- the Narrabundah house and its operational status;¹⁵⁹ and
- the Canberra Relief Network.¹⁶⁰

QUESTIONS

9.4 QToNs and QoNs which were asked as a result of the Committee's inquiry are at **Appendices C and D**.

COMMITTEE RECOMMENDATIONS

Recommendation 33

9.5 That CSD review its current approach to case management with the aim of better supporting youth transitioning from Bimberi including youth on community-based orders.

Recommendation 34

9.6 That CSD ascertain reasons why young Aboriginal and Torres Strait Islanders on community-based justice orders are not successfully completing the conditions of those orders and ensure that provision be made for appropriate and culturally sensitive alternatives.

Recommendation 35

9.7 That CSD to adjust the operational arrangements and operating framework of Narrabundah House to better meet the needs and expectations of the Aboriginal and Torres Strait Islander community.

¹⁵⁵ *Transcript of Evidence*, 3 March 2021, p. 161.

¹⁵⁶ *Transcript of Evidence*, 3 March 2021, p. 161.

¹⁵⁷ *Transcript of Evidence*, 3 March 2021, pp. 162 – 163; *Question Taken on Notice No. 10*, answered 11 March 2021.

¹⁵⁸ *Transcript of Evidence*, 3 March 2021, pp. 163 – 165; *Question Taken on Notice No. 11*, answered 17 March 2021.

¹⁵⁹ *Transcript of Evidence*, 3 March 2021, p. 165.

¹⁶⁰ *Transcript of Evidence*, 3 March 2021, pp. 165 – 167.

10 CONCLUSION

10.1 The Committee makes **35** recommendations in this report.

10.2 The Committee would like to thank Ministers and all directorate and agency staff for their time and cooperation during the inquiry process.

Johnathan Davis MLA

Chair

April 2021

Appendix A COMMITTEE PUBLIC HEARINGS

Witnesses who appeared before the Committee at public hearings:

FRIDAY, 26 FEBRUARY 2021

ACT Health Directorate

- ARYA, Dr Dinesh, Chief Psychiatrist
- CHAMBERS, Ms Kate, Chief Finance Officer and Executive Branch Manager, Corporate and Governance Division
- COLEMAN, Dr Kerry, Chief Health Officer, Public Health, Protection and Regulation Division
- CULHANE, Mr Michael, Executive Group Manager, Policy, Partnerships and Programs Division
- GRACE, Ms Karen, Executive Director, Mental Health, Justice Health, Alcohol and Drug Services
- JONASSON, Ms Kylie, Director-General
- LOPA, Ms Liz, Executive Group Manager, Strategic Infrastructure Division
- MOORE, Dr Elizabeth, Coordinator-General, Office for Mental Health and Wellbeing
- O'HALLORAN, Mr Peter, Chief Information Officer, Digital Solutions Division
- ORD, Mr Jon, Acting Executive Branch Manager, Mental Health Policy Branch
- PHILP, Mr Alan, Executive Group Manager, Preventive and Population Health Division

Canberra Health Services

- COATSWORTH, Dr Nick, Executive Director, Medical Services
- MCDONALD, Ms Bernadette, Chief Executive Officer
- MOONEY, Mr Colm, Executive Group Manager, Infrastructure and Health Support Services
- PEFER, Mr Dave, Deputy Chief Executive Officer

Community Services Directorate

- BASSETT, Dr Louise, Executive Group Manager, Strategic Policy
- MURRAY, Ms Christine, Executive Group Manager, Inclusion and Participation
- PAPPAS, Ms Helen, Executive Group Manager, Children, Youth and Families
- SABELLICO, Ms Anne-Maree, Deputy Director-General
- WOOD, Ms Jo, Director-General

WEDNESDAY, 3 MARCH 2021

Community Services Directorate

- AIGNER, Mr Geoff, Executive Branch Manager, Client Services, Housing ACT
- BENDAS, Ms Tina, Executive Branch Manager, Bimberi Residential Services

- GILDING, Ms Louise, Executive Group Manager, Housing ACT
- LOFT, Ms Catherine, Executive Branch Manager, Infrastructure and Contracts, Housing ACT
- NIELSEN, Mr Shane, Executive Branch Manager, Policy and Business Transformation, Housing ACT
- PAPPAS, Ms Helen, Executive Group Manager, Children, Youth and Families
- SABELLICO, Ms Anne-Maree, Deputy Director-General
- SUMMERRELL, Mrs Jessica, Executive Branch Manager, Inclusion and Participation
- WINDEYER, Ms Kirsty, Coordinator-General, Family Safety
- WOOD, Ms Jo, Director-General

Appendix B HEARING PROGRAMS

FRIDAY, 26 FEBRUARY 2021

Office	Directorate/ Portfolio/ Output Budget 2020-21	Directorate/ Portfolio/ Output Annual Report 2019-20
Minister for Health Ms Stephen-Smith MLA	ACT Health Directorate Output 1.1: Improved Hospital Services Output 1.1: ACT Local Hospital Network	ACT Health Directorate Output 1.1: Improved Hospital Services Output 1.1: ACT Local Hospital Network
Minister for Health Ms Stephen-Smith MLA	Canberra Health Services Output 1.2: Healthy Communities	Canberra Health Services Output 1.2: Healthy Communities
Minister for Health Ms Stephen-Smith MLA	Output 1.4: Continuous Improvement of the ACT Public Health System	Output 1.4: Continuous Improvement of the ACT Public Health System
Minister for Health Ms Stephen-Smith MLA	Output 1.1 Acute Services Output 1.2 Mental Health, Justice Health, Alcohol and Drug Services (Except for Mental Health and Justice – to be referred to Minister for Mental Health and Minister for Justice Health) Output 1.3 Cancer Services Output 1.4 Subacute and Community Services	Output 1.1 Acute Services Output 1.2 Mental Health, Justice Health, Alcohol and Drug Services (Except for Mental Health and Justice – to be referred to Minister for Mental Health and Minister for Justice Health) Output 1.3 Cancer Services Output 1.4 Subacute and Community Services
Minister for Families and Community Services Ms Stephen-Smith MLA	CSD 1.1 Inclusion and Participation CSD 1.3 Strategic Policy CSD 1.4 Quality, Complaints and Regulation CSD 2.3 Child and Youth Protection Services	CSD 2.1 Inclusion and Participation CSD 2.3 Strategic Policy CSD 2.4 Quality, Complaints and Regulation CSD 3.3 Child and Youth Protection Services Outputs changed due to NDIS being discontinued
Minister for Mental Health Ms Davidson MLA	Output 1.2 Mental Health, Justice Health, Alcohol and Drug Services	Output 1.2 Mental Health, Justice Health, Alcohol and Drug Services

STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING

	<i>(Except for Alcohol and Drug Services – to be referred to Minister for Health)</i>	<i>(Except for Alcohol and Drug Services – to be referred to Minister for Health)</i>
Minister for Mental Health Ms Davidson MLA	Output 1.3: Mentally Healthy Communities Output 1.2 Mental Health, Justice Health, Alcohol and Drug Services <i>(Except for Alcohol and Drug Services – to be referred to Minister for Health)</i>	Output 1.3: Mentally Healthy Communities Output 1.2 Mental Health, Justice Health, Alcohol and Drug Services <i>(Except for Alcohol and Drug Services – to be referred to Minister for Health)</i>

WEDNESDAY, 3 MARCH 2021

Office	Directorate/ Portfolio/ Output Budget 2020-21	Directorate/ Portfolio/ Output Annual Report 2019-20
Minister for Housing and Suburban Development Ms Berry MLA	HACT 1.1 Social Housing Services CSD 1.4 Quality Complaints and Regulation	HACT 1.1 Social Housing Services CSD 2.4 Quality Complaints and Regulation
Minister for the Prevention of Domestic and Family Violence Ms Berry MLA	CSD 1.5 Safer Families	CSD 2.5 Safer Families
Minister for Homelessness and Housing Services Ms Vassarotti MLA	HACT 1.1 Social Housing Services	HACT 1.1 Social Housing Services
Assistant Minister for Seniors, Veterans, Families and Community Services Ms Davidson MLA	CSD 1.1 Inclusion and Participation CSD 1.3 Strategic Policy CSD 2.3 Child and Youth Protection Services (Only in relation to *Bimberi *Community recovery and emergency relief)	CSD 2.1 Inclusion and Participation (both committees) CSD 2.3 Strategic Policy CSD 3.3 Child and Youth Protection Services (Only in relation to * Bimberi *Community recovery and emergency relief) Outputs changed due to NDIS being discontinued

Appendix C SCHEDULE OF QUESTIONS TAKEN ON NOTICE

Questions taken on Notice Friday, 26 February 2021

Canberra Health Services and ACT Health Directorate

No.	Asked by	Directorate/ Portfolio	Subject
CHS 1	MR DAVIS MLA	Canberra Health Services	Emergency Department - Rapid Assessment
CHS 2	MR DAVIS MLA	Canberra Health Services	Budget Statement C (Page 10) - Sexual Health Centre
CHS 3	MR DAVIS MLA	Canberra Health Services	Budget Statement C (Page 10) - Sexual Health Centre and why it was not mentioned in the Annual Report
CHS 4	MR DAVIS MLA	Canberra Health Services	Budget Statement C (Page 10) - Sexual Health Centre
CHS 5	MRS JONES MLA	Canberra Health Services	Forensic Health Centre
ACTHD 6	Minister for Health	ACT Health Directorate	Budget expenditure data - ROGS data - 2016-17, non- admitted patients has increased with funding decreasing by 4.8% on average per annum. 1) Which items have been removed in the data cleansing process - line by line? 2) When was the decision taken to go to health funding envelope approach?
CHS 7	MRS KICKERT MLA	Canberra Health Services	Junior Doctors - Workloads
CHS 8	MRS JONES MLA	Canberra Health Services	Junior Doctors - Exams

No.	Asked by	Directorate/ Portfolio	Subject
ATCHD 9	Giulia JONES MLA	ACT Health Directorate	Cross-border revenue arrangements - revenue breakdown and FTE of staff
ACTHD 10	Giulia JONES MLA	ACT Health Directorate	Number of beds in residential rehabilitation
ACTHD 11	MRS KIKKERT MLA	ACT Health Directorate	Safe Haven Cafes
CHS 12	Minister for Mental Health	Canberra Health Services	Drug and Alcohol Page 44 Table 14 - You would not happen to know, so I guess, at a somewhat specific level, what the vacancies are?
CHS 13	MR DAVIS MLA	Canberra Health Services	Junior Doctors- Training Positions in Psychiatry
CHS 14	Mrs Jones MLA	Canberra Health Services	Centenary Hospital for Women and Children - New Adolescent Ward
CHS 15	MR DAVIS MLA	Canberra Health Services	Alexander Maconochie Centre - Smoking
CHS 16	MR PETTERSSON MLA	Canberra Health Services	Psychiatrists
ACTHD 17	MR PETTERSSON MLA	ACT Health Directorate	Mental health Service in the ACT
ACTHD 18	MR PETTERSSON MLA	ACT Health Directorate	The Eating Disorders Residential Treatment Centre
ACTHD 19	Giulia JONES MLA	ACT Health Directorate	Emergency apprehensions assessments occurring within four hour timeframe

Questions taken on Notice Wednesday, 3 March 2021

Community Services Directorate

No.	Hearing date	Asked by	Directorate/ Portfolio	Subject	Answer date
CSD 1	26/02/21	Kikkert	Community Services Directorate	External Merits Review taken on Notice by Ms Sabellico	10/03/21
CSD 2	26/02/21	Davis	Community Services Directorate	More than 2 placements in care	12/03/21
CSD 3	26/02/21	Davis	Community Services Directorate	Data on Placements Ceasing	12/03/21
CSD 4	26/02/21	Kikkert	Community Services Directorate	Transition Plans	11/03/21
CSD 5	26/02/21	Davis	Community Services Directorate	Mackillop House and Contractors	11/03/21
CSD 6		Michael Pettersson MLA	Community Services Directorate	Personal Protective Equipment (PPE) with in Bimberi. In relation to the review following critical incident in 2019	

No.	Hearing date	Asked by	Directorate/ Portfolio	Subject	Answer date
CSD 7	03/03/21	Michael Pettersson MLA	Community Services Directorate	Bimberi Review following critical incident in 2019. a) Has there been any changes to training since the review? b) Were there training recommendations within the review?	18/03/21
CSD 8	03/03/21	Elizabeth Kikkert MLA	Community Services Directorate	Bimberi. Could you provide a report on Bimberi Staffing Levels from May 2019 until January 2021?	16/03/21
CSD 9	03/03/21	Michael Pettersson MLA	Community Services Directorate	Bimberi Staffing rates. a) What are the current staffing rates at Bimberi? b) Are the 74 FTE positions all filled?	11/03/21
CSD 10	03/03/21	Johnathan Davis MLA	Community Services Directorate	What was the total amount of money requested through applications for the Seniors Grants?	11/03/21
CSD 11	03/03/21	Elizabeth Kikkert MLA	Community Services Directorate	Youth Justice Community Based orders	17/03/21

No.	Hearing date	Asked by	Directorate/ Portfolio	Subject	Answer date
CSD 12	03/03/21	Mark Parton MLA	Community Services Directorate	The Canberra Times has reported Housing ACT has nightly patrols at Condamine Court, however, it does not align with feedback Mr Parton is getting from residents. Can you confirm if there are patrols and the frequency of nightly patrols of the complex?	12/03/21
CSD 13	03/03/21	Mark Parton MLA	Community Services Directorate	There were a number of locks on certain stairwells, in Condamine Court, specifically one leading to an Aged Persons area, which were broken around 11/12 February 2021. Can anyone confirm if these locks have been refitted/replaced/repared?	12/02/21

No.	Hearing date	Asked by	Directorate/ Portfolio	Subject	Answer date
CSD 14	03/03/21	Michael Pettersson MLA	Community Services Directorate	<p>Housing ACT rental rebate policy.</p> <p>a) There is a clause where a tenant who is a member of a union engaged in a 'strike' will not be granted a rebate for that period. Can you provide me more information on this?</p> <p>b) In regard to the Fluctuating Income clause, why is the voluntarily reducing income different?</p>	12/03/21

Answers to all QToNs are at <https://www.parliament.act.gov.au/parliamentary-business/in-committees/committees/hcw/inquiries-into-annual-and-financial-reports-20192020-and-act-budget-20202021>

Appendix D SCHEDULE OF QUESTIONS ON NOTICE

Community Services Directorate

No.	Asked by	Directorate/ Portfolio	Subject
CSD 1	Davis MLA	Community Services Directorate	Community expectations - adoptions
CSD 2	Davis MLA	Community Services Directorate	Test cases – adoption amendments
CSD 3	Davis MLA	Community Services Directorate	ACT adoption numbers
CSD 4	Davis MLA	Community Services Directorate	ACT adoption waiting numbers
CSD 5	Davis MLA	Community Services Directorate	Adoption waiting times
CSD 6	Davis MLA	Community Services Directorate	Best interest of children in care
CSD 7	Davis MLA	Community Services Directorate	Best practice model in Adoption Act amendments
CSD 8	Davis MLA	Community Services Directorate	Gillick competency and adoption
CSD 9	Davis MLA	Community Services Directorate	Hold and resumption of adoption process

No.	Asked by	Directorate/ Portfolio	Subject
CSD 10	Davis MLA	Community Services Directorate	Long-term orders in child protection systems
CSD 11	Davis MLA	Community Services Directorate	National Framework of Adoption
CSD 12	Davis MLA	Community Services Directorate	'Step Up for kids' – EPR and adoption
CSD 13	Davis MLA	Community Services Directorate	Adoption hold and legislative conflict
CSD 14	Davis MLA	Community Services Directorate	Comparative adoption processing times for the ACT
CSD 15	Davis MLA	Community Services Directorate	Dissatisfaction among foster carers
CSD 16	Davis MLA	Community Services Directorate	National framework - adoption
CSD 17	Kikkert MLA	Community Services Directorate	Community Sector Sustainability Review
CSD 18	Kikkert MLA	Community Services Directorate	Adoptions
CSD 19	Kikkert MLA	Community Services Directorate	Building connections for early intervention and prevention

No.	Asked by	Directorate/ Portfolio	Subject
CSD 20	Kikkert MLA	Community Services Directorate	Decreased funding for community service and housing
CSD 21	Kikkert MLA	Community Services Directorate	Equal Remuneration Order
CSD 22	Kikkert MLA	Community Services Directorate	Estimated employment level
CSD 23	Kikkert MLA	Community Services Directorate	External merits review
CSD 24	Kikkert MLA	Community Services Directorate	Government contracting
CSD 25	Kikkert MLA	Community Services Directorate	Grants and purchased services
CSD 26	Kikkert MLA	Community Services Directorate	Intermediary scheme for child witnesses
CSD 27	Kikkert MLA	Community Services Directorate	Maintaining therapeutic assessments for kids in care
CSD 28	Kikkert MLA	Community Services Directorate	Notes to controlled budget statements
CSD 29	Kikkert MLA	Community Services Directorate	Our Booris, Our Way

No.	Asked by	Directorate/ Portfolio	Subject
CSD 30	Kikkert MLA	Community Services Directorate	Out-of-home care funding numbers
CSD 31	Kikkert MLA	Community Services Directorate	Purpose-built residential care homes
CSD 32	Kikkert MLA	Community Services Directorate	Reduced spending on family and children across estimates
CSD 33	Kikkert MLA	Community Services Directorate	Refreshed nurse home visiting
CSD 34	Kikkert MLA	Community Services Directorate	Stability in out-of-home care placements
CSD 35	Kikkert MLA	Community Services Directorate	The Strengthening Practice Committee
CSD 36	Kikkert MLA	Community Services Directorate	Therapeutic Care Court
CSD 37	Kikkert MLA	Community Services Directorate	Community Relations and Funding Support Team
CSD 38	Lawder MLA	Community Services Directorate	Public Housing Maintenance
CSD 39	Lawder MLA	Community Services Directorate	ACT Housing Portfolio

No.	Asked by	Directorate/ Portfolio	Subject
CSD 40	Lee MLA	Community Services Directorate	Growing and Renewing Public Housing Strategy
CSD 41	Lee MLA	Community Services Directorate	Complaints received by Housing ACT
CSD 42	Lee MLA	Community Services Directorate	Housing ACT Accountability Indicators
CSD 43	Lee MLA	Community Services Directorate	Housing ACT Cash Flow
CSD 44	Lee MLA	Community Services Directorate	Community Housing
CSD 45	Lee MLA	Community Services Directorate	Strategic Indicator 2 (proportion of Tenants etc.)
CSD 46	Lee MLA	Community Services Directorate	Complaints received by HACT – Condamine Court
CSD 47	Lee MLA	Community Services Directorate	Housing ACT Operating Statement
CSD 48	Lee MLA	Community Services Directorate	Maintenance of Housing ACT Properties
CSD 49	Kikkert MLA	Community Services Directorate	Domestic violence testing framework

No.	Asked by	Directorate/ Portfolio	Subject
CSD 50	Kikkert MLA	Community Services Directorate	Domestic Violence Death Review
CSD 51	Kikkert MLA	Community Services Directorate	Health Justice Partnerships
CSD 52	Kikkert MLA	Community Services Directorate	domestic and family violence
CSD 53	Kikkert MLA	Community Services Directorate	Rework of case tracking
CSD 54	Kikkert MLA	Community Services Directorate	Room4Change
CSD 55	Kikkert MLA	Community Services Directorate	Safer Families Assistance Program
CSD 56	Kikkert MLA	Community Services Directorate	Toora Funding
CSD 57			
CSD 58	Kikkert MLA	Community Services Directorate	Bimberi Staff training
CSD 59	Kikkert MLA	Community Services Directorate	Community Recovery and Support Package

No.	Asked by	Directorate/ Portfolio	Subject
CSD 60	Kikkert MLA	Community Services Directorate	COVID and Online Visits at Bimberi 2020-21 Budget Output Class 2.3 / CSD Annual Report Output Class 3.3
CSD 61	Kikkert MLA	Community Services Directorate	Demographically representative staff at Bimberi Budget CSD Output Class 2.3 / CSD Annual Report Output Class 3.3
CSD 62	Kikkert MLA	Community Services Directorate	Ending youth detention in the ACT Budget CSD Output Class 2.3 / CSD Annual Report Output class 3.3
CSD 63	Kikkert MLA	Community Services Directorate	Functional Family Therapy – Youth Justice pilot
CSD 64	Kikkert MLA	Community Services Directorate	Increased support for Bimberi and strengthening specialist capacity 20 20-21 Budget Statement G, pp. 25, 27
CSD 65	Kikkert MLA	Community Services Directorate	Mental health supports during lockdowns at Bimberi
CSD 66	Kikkert MLA	Community Services Directorate	New residential property for young people on youth justice orders
CSD 67	Kikkert MLA	Community Services Directorate	Personal protective equipment at Bimberi
CSD 68	Kikkert MLA	Community Services Directorate	Programming at Bimberi
CSD 69	Kikkert MLA	Community Services Directorate	Staffing at Bimberi

No.	Asked by	Directorate/ Portfolio	Subject
CSD 70	Lee MLA	Community Services Directorate	Unsuccessful completion of community-based orders
CSD 71	Kikkert MLA	Community Services Directorate	Use of force and segregations at Bimberi
CSD 72	Kikkert MLA	Community Services Directorate	Youth justice case management

Canberra Health Services

No.	Hearing date	Asked by	Directorate/ Portfolio	Subject
HCW Health 1	5 03 21	Davis MLA	Canberra Health Services	Standards for indoor air quality
HCW Health 2	5 03 21	Davis MLA	Canberra Health Services	CYPS – percentage of ATSI children
HCW Health 3	5 03 21	Davis MLA	Canberra Health Services	Bushfire 2020 results – action on indoor air quality
HCW Health 4	5 03 21	Davis MLA	Canberra Health Services	ACT Health Promotion Grants - tobacco
HCW Health 5	5 03 21	Davis MLA	Canberra Health Services	Health impacts on staff, patients etc from bushfire events

ANNUAL STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING AND FINANCIAL
REPORTS 2019-2020, APPROPRIATION BILL 2020-2021 AND APPROPRIATION
(OFFICE OF THE LEGISLATIVE ASSEMBLY) BILL 2020-2021

No.	Hearing date	Asked by	Directorate/ Portfolio	Subject
HCW Health 6	5 03 21	Davis MLA	Canberra Health Services	Outreach Sexual Health Testing
HCW Health 7	5 03 21	Davis MLA	Canberra Health Services	Emergency Dept streaming
HCW Health 8	5 03 21	Davis MLA	Canberra Health Services	Walk-in Centres
HCW Health 9	5 03 21	Davis MLA	Canberra Health Services	Stillbirth and prenatal care
HCW Health 10	5 03 21	Davis MLA	Canberra Health Services	Contractors
HCW Health 11	5 03 21	Davis MLA	Canberra Health Services	Elective Surgery
HCW Health 12	5 03 21	Davis MLA	Canberra Health Services	Thriving Workplace strategy (ATSI staff)
HCW Health 13	18.03.21	Jones MLA	Canberra Health Services	Hotel Quarantine Food Vouchers
HCW Health 14	18.03.21	Pettersson MLA	Canberra Health Services	Improved Hospital Services

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