



Legislative Assembly for the Australian Capital Territory

Standing Committee on Health and
Community Wellbeing

Inquiry into Raising Children in the ACT

Legislative Assembly for the Australian Capital Territory
Standing Committee on Health and Community Wellbeing

Approved for publication

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About the committee

Establishing resolution

The Assembly established the Standing Committee on Health and Community Wellbeing on 2 December 2020.

The committee is responsible for the following areas:

- Community Services
- Families
- Health and health system
- Homelessness and housing services
- Justice health
- Mental health
- Prevention of domestic and family violence.

You can read the full establishing resolution [on our website](#).

Committee members

Ms Jo Clay MLA, Chair

Mr James Milligan MLA, Deputy Chair

Mr Michael Pettersson MLA

Secretariat

Katie Langham, Committee Secretary

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About this inquiry

Under Standing Order 216, a standing committee can self-initiate an inquiry into any subject area it is given responsibility for by the establishing resolution. The Standing Committee on Health and Community Wellbeing resolved to conduct an inquiry into raising children in the ACT on 5 March 2024.

The committee informed the Assembly of its intention to conduct this inquiry on 19 March 2024.

Terms of reference

On 5 March 2024, the Standing Committee on Health and Community Wellbeing resolved to inquire into and report on the following matters:

1) Factors affecting raising children in the ACT, including:

- a) cost of living pressures;
- b) the availability of affordable housing suited to the family's needs;
- c) the ongoing costs of raising children, such as education and participation in extracurricular activities;
- d) social factors, including availability of family and community support networks;
- e) climate and environmental concerns;
- f) availability of health services including access to paediatric specialists and screening;
- g) support and advice for prospective parents with a disability and/or significant health issues;
- h) fertility issues and the accessibility of affordable fertility treatments;
- i) local and international adoption; and
- j) any other related issue.

2) Policy considerations and actions to address the above factors.

The committee is mindful of, and will take into consideration, the application of the *Human Rights Act 2004* when examining these matters.

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Acronyms & Abbreviations

| Acronym or Abbreviation | Long form |
|-------------------------|--|
| ABS | Australian Bureau of Statistics |
| ACM | Australian College of Midwives |
| ACT | Australian Capital Territory |
| ACTCOSS | ACT Council of Social Service |
| ACT HRC | ACT Human Rights Commission |
| ACTPS | Australian Capital Territory Public Service |
| ADHD | Attention Deficit Hyperactivity Disorder |
| ANU | Australian National University |
| ART | Assisted Reproductive Technology |
| Assembly | Legislative Assembly for the Australian Capital Territory |
| BFHI | Baby Friendly Health Initiative |
| CCCares | Canberra College Cares program |
| CDS | Child Development Service |
| CHS | Canberra Health Services |
| CRS | Canberra Refugee Support |
| committee | Standing Committee on Health and Community Wellbeing |
| ED | Emergency Department |
| EM | Endorsed Midwife |
| GA | General Anaesthetic |
| GP | General Practitioner |
| HCCA | Health Care Consumers Association |
| IVF | In Vitro Fertilisation |
| LGBTQIA+ | Lesbian, Gay, Bisexual, Transgender, Queer, Intersex and Asexual, and others |
| MACH | Maternal and Child Health |
| MARSS | Migrant and Refugee Support Services |
| MCoC | Midwifery-led Continuity of Care |
| NGOs | Non-Government Organisations |
| NT | Northern Territory |
| SCHN | Sydney Children's Hospital Network |
| WHO | World Health Organization |

| | |
|--------|-----------------------------|
| WiCs | Walk-in Centres |
| WWDACT | Women With Disabilities ACT |
| YAC | Youth Advisory Council |

Findings and Recommendations

Recommendation 1

The committee recommends that the ACT Government consider funding a dedicated position with the Children and Young People Commissioner's office to support greater engagement of children and young people in Assembly committee inquiries by:

- creating child-friendly versions of committee inquiry terms of reference; and
- facilitating consultation with children and young people for relevant inquiries.

Recommendation 2

The committee recommends that the ACT Government obtain and report on data about the ACT's fertility rate and changing family demographics in order to better inform policy development and service delivery.

Recommendation 3

The committee recommends that the ACT Government consider developing a population strategy that works alongside population projections.

Finding 1

The committee finds that young people are concerned about climate change and that a lack of action on climate change is an impediment to having a child or children.

Recommendation 4

The committee recommends that the ACT Government ensure that bulk billed General Practitioners are available to more Canberrans.

Recommendation 5

The committee recommends that, on the way to providing Midwifery-led Continuity of Care to at least 75 per cent of women and birthing parents by 2032, the ACT Government prioritise services for high-risk women and birthing parents who will benefit most.

Recommendation 6

The committee recommends that the ACT Government raise awareness of, and access to, the Midwifery-led Continuity of Care model through organisations such as Women With Disabilities ACT, Aboriginal and Torres Strait Islander health organisations, and other community groups.

Recommendation 7

The committee recommends that the ACT Government increase the number of Endorsed Midwives who can offer a Midwifery Continuity of Care model.

Recommendation 8

The committee recommends that midwives should be able to prescribe and practice to their full scope of practice in ACT public hospitals.

Recommendation 9

The committee recommends that the ACT Government investigate the benefits of establishing a Chief Midwife for the ACT.

Recommendation 10

The committee recommends that the ACT Government confirm whether the North Canberra Hospital is Baby Friendly Health Initiative (BFHI) Accredited, and if not, investigate the viability of including BFHI as part of the maternity options offered there.

Finding 2

The committee finds that the cost of fertility treatments and services is a barrier to people starting a family in the ACT, particularly for those seeking treatment for social infertility where Medicare rebates are not available.

Recommendation 11

The committee recommends that the ACT Government obtain data about whether forced sterilisations through contraceptives are occurring in the ACT.

Recommendation 12

The committee recommends that the ACT Government investigate options to provide a parenting navigation service in the health setting for parents with disabilities and parents of children with disabilities.

Recommendation 13

The committee recommends the ACT Government continue efforts to recruit paediatricians to the Territory to ensure easier access for ACT families to local paediatric services.

Recommendation 14

The committee recommends that the ACT Government offers more specialist services in the ACT to provide timely assessment and diagnosis of neurodevelopmental conditions.

Recommendation 15

The committee recommends that the ACT Government ensure more psychology, psychiatry and mental health support services are available and accessible for children and families.

Recommendation 16

The committee recommends that the ACT Government advocate, and further investigate opportunities, for improved access to public dental care for children, so that children needing treatment do not need to wait for up to 18 months.

Recommendation 17

The committee recommends that the ACT Government provide more frequent, affordable, and more convenient public transport, as well as better footpaths so that people are not forced into the high costs of private car transport, or forced into isolation if they cannot afford these.

Recommendation 18

The committee recommends that the ACT Government extend free early childhood education and work towards universal free early childhood education.

Recommendation 19

The committee recommends that the ACT Government investigate the viability of providing an after-hours childcare facility to accommodate shift workers.

Recommendation 20

The committee recommends that the ACT Government require all ACT Government-owned Early Learning Centres be able to accommodate children with a disability.

Recommendation 21

The committee recommends that the ACT Government ensure that incursion activities taking place as part of the ACT public school curriculum are free of charge.

Recommendation 22

That committee recommends that the ACT Government provide better transition support for children at IEC English language specialist schools into mainstream schools.

Recommendation 23

The committee recommends that the ACT government provide additional funding for free and low cost recreational spaces, events and activities for children and young people, particularly teenagers.

Finding 3

The committee finds that the cost of renting and buying a house is a major barrier to people deciding to have a child or children.

Recommendation 24

The committee recommends that the ACT Government explore further legislative changes to improve the rights of renters in the ACT, including ensuring more secure and stable housing for families.

Recommendation 25

The committee recommends that the ACT Government increase public housing.

Recommendation 26

The committee recommends that the ACT Government increase the amount of public housing at the Gold Standard for accessibility in the ACT.

Recommendation 27

The committee recommends that the ACT Government provide additional funding to community groups providing support to parents, particularly to those parents who are financially or otherwise vulnerable.

Recommendation 28

The committee recommends that the ACT Government conduct an audit of all playgrounds in the ACT on disability access.

Recommendation 29

The committee recommends that the ACT Government run should better use existing consultation with people living with a disability to make sure all services are accessible for those who need them including public transport, paths, parking, playgrounds, birthing services and medical services and consider if this community would like further consultation.

Recommendation 30

The committee recommends that the ACT Government fully fund the wraparound community services and support needed for the small number of families who have contact with the ACT criminal justice system, with a particular focus on the over-representation of Indigenous children in detention.

Recommendation 31

The committee recommends that the ACT Government provide additional active and effective support to families before taking statutory intervention through the Child and Youth Protection Service.

Recommendation 32

The committee recommends that the ACT Government explore options to formalise the rights of kinship and foster carers providing out of home care in the ACT.

Recommendation 33

The committee recommends that the ACT Government consider whether a new commissioner is needed to provide oversight for the mother or birthing parent, baby and family for the first 1000 days.

1. Conduct of the inquiry

- 1.1. At a private meeting on 5 March 2024, the Standing Committee on Health and Community Wellbeing (the committee) resolved to conduct an inquiry into raising children in the ACT.
- 1.2. A media release advising the public of the inquiry and inviting submissions was published on 6 March 2024. A subsequent media release was published on 27 March 2024, advising that the deadline for submissions had been extended.
- 1.3. The committee received 81 submissions from individuals and organisations, listed at Appendix A.
- 1.4. The committee held public hearings on 21 and 28 May 2024, 11 and 18 June 2024, and 2 July 2024. Witnesses who appeared at the hearings are listed at Appendix B.
- 1.5. A breakdown of witnesses at the public hearings by gender identity is given at Appendix C.
- 1.6. A total of 13 questions were taken on notice by witnesses during the hearings. A list of questions is set out at Appendix D. Responses to questions are available on the committee's website. At the time of considering the report, two answers to questions had not been provided to the committee.

Individual submissions

- 1.7. The committee received a large number of submissions detailing personal experiences and appreciates the important insight offered by these individuals. The committee published a webform on its website, and invited responses via social media. Most respondents identified as female and aged between 25–34 years old. The top issues raised included cost of living, affordable housing, social factors and supports, and the availability and affordability of health services.¹
- 1.8. The committee thanks those who shared their own, or their loved ones', experiences, and recognises that some of the issues raised may be sensitive.

¹ Name Withheld, *Submission 1*; Kate Mayer, *Submission 2*; Aaron Perrett, *Submission 3*; Samantha Chin-Gerrand, *Submission 4*; Cassandra Deacon, *Submission 8*; Mitchell McLean, *Submission 9*; Tanya Fuller, *Submission 10*; Nicole Betts, *Submission 11*; Natalee Thomas, *Submission 12*; Name Withheld, *Submission 13*; Name Withheld, *Submission 14* and *Attachment A*; Michelle Piper, *Submission 15*; Name Withheld, *Submission 16*; Name Withheld, *Submission 18*; Name Withheld, *Submission 19*; Fatima McGee, *Submission 20*; Amanda Richardson, *Submission 21*; Tara Field, *Submission 22*; Naomi Brooks, *Submission 23*; Isobel Knowles, *Submission 24*; Jelena Pavlovic, *Submission 27*; Name Withheld, *Submission 28*; Name Withheld, *Submission 29*; Name Withheld, *Submission 30*; Sahejin Siddiqui, *Submission 31*; Jason Yosar, *Submission 32*; Courtney Nelson, *Submission 33*; Jordan Campbell, *Submission 35*; Name Withheld, *Submission 36*; Name Withheld, *Submission 37*; Name Withheld, *Submission 39*; Amy Koestenbauer, *Submission 45*; Caitlin Brooks-Watson, *Submission 46*; Name Withheld, *Submission 47*; Angela Jones, *Submission 51*; Hanna Richardson, *Submission 53*; Phoebe Wallner, *Submission 54*; Name Withheld, *Submission 55*; Laura Velasquez, *Submission 57*; Name Withheld, *Submission 58*; Avalon Yennefer, *Submission 62*; Ellen Thomas, *Submission 63*; Name Withheld, *Submission 64*; Name Withheld, *Submission 65*; Alicia Jamieson, *Submission 66*; Name Withheld, *Submission 67*; Lucy Wenger, *Submission 68*; Kate Gunther, *Submission 71*; Jesse Williams, *Submission 76*.

Report approach

- 1.9. During the inquiry, several individuals and organisations raised issues relating to programs and policies that fall under the responsibility of the Commonwealth Government. For example, some submitters spoke to the adequacy of the current Child Care Subsidy and availability of parental leave for newly arrived residents in Australia.²
- 1.10. While these issues are relevant to the inquiry, the committee has limited its recommendations to issues that fall within the ACT Government's areas of control and responsibility.

Engagement with young people

- 1.11. It was put to the committee that the terms of reference did not consider the 'impact that the various approaches to raising children have on children and young people themselves.' The Children and Young People Commissioner, Ms Jodie Griffiths-Cook, highlighted the need for voices of children and young people to be heard in the context of this inquiry, arguing that 'to be a child-and family-friendly city requires us to consider the perspectives of all those who constitute a family unit, including children and young people'.³
- 1.12. Commissioner Griffiths-Cook advised that such engagement should take place in 'all of our processes of decision-making' and provided examples of where the ACT Human Rights Commission office had enabled children and young people to participate in similar activities and inquiries.⁴
- 1.13. The Legislative Assembly has an Education Office which provides materials and support for school students and young people about the role and work of the Assembly and its committees.⁵
- 1.14. The ACT Government also engages directly with young people in a range of ways.⁶
- 1.15. Commissioner Griffiths-Cook suggested an arrangement whereby Assembly committees could access support through her office to undertake consultation with children and young people for inquiries. The committee is of the view that, if such an arrangement were made, consultation would not be required for all inquiries and would be requested at the discretion of the relevant committee.

² See, for example Name Withheld, *Submission 29*, p 2; Courtney Nelson, *Submission 33*, p 1; Name Withheld, *Submission 47*, p 3; Angela Jones, *Submission 51*, p 1; Name Withheld, *Submission 55*, p 2; Jesse Williams, *Submission 76*, Attachment A p 1.

³ Children and Young People Commissioner, ACT Human Rights Commission, *Submission 72*, p 4.

⁴ Ms Jodie Griffiths-Cook, Children and Young People Commissioner, ACT Human Rights Commission, *Committee Hansard*, 21 May 2024, p 20.

⁵ Legislative Assembly of the Australian Capital Territory, *Visit and learn*, <https://www.parliament.act.gov.au/visit-and-learn> (accessed 31 July 2024).

⁶ The ACT Government advised it engages with the Youth Advisory Council which represents young people across the community, Student Voice which operates in public schools and provides a report to government. A Student Voice for young people with disabilities is being set up as part of the *Inclusive Education: A Disability Inclusion Strategy for ACT Public Schools 2024–2034*. [Source: Ms Yvette Berry MLA, Minister for Education and Youth Affairs and Ms Jo Wood, Acting Director-General, Community Services Directorate, *Proof Committee Hansard*, 2 July 2024, pp 101–102.]

Recommendation 1

The committee recommends that the ACT Government consider funding a dedicated position with the Children and Young People Commissioner's office to support greater engagement of children and young people in Assembly committee inquiries by:

- creating child-friendly versions of committee inquiry terms of reference; and
- facilitating consultation with children and young people for relevant inquiries.

Engagement during this inquiry

- 1.16. The committee invited representatives of the Canberra College Cares (CCCares) program to provide insights into the experiences of young parents in the ACT. CCCares operates onsite in a 'purpose-built building' at Canberra College for 'young parents: pregnant and parenting'.⁷ The committee heard that the program is designed to enable young parents to thrive by offering wraparound supports.⁸
- 1.17. CCCares highlighted the importance of agency for the young people who attend, stating that staff collaborate with other agencies to help students with 'whatever issue or goal they identify they need support with'.⁹
- 1.18. The committee also received evidence from the South Asian Research and Advocacy Hub (SARAH), an undergraduate research group at the Australian National University. SARAH raised the perspective of immigrant and first-generation students in the ACT, noting challenges faced by children and young people in relation to racism at school, language attrition, and funding for multicultural support organisations.¹⁰

⁷ Ms Susan Johnson, Executive Teacher, CCCares @ Canberra College and Mr Simon Vaughan, Principal, Canberra College, *Committee Hansard*, 18 June 2024, p 70.

⁸ Ms Susan Johnson, Executive Teacher, CCCares @ Canberra College, *Committee Hansard*, 18 June 2024, pp 70–71.

⁹ Ms Susan Johnson, Executive Teacher, CCCares @ Canberra College, *Committee Hansard*, 18 June 2024, p 74.

¹⁰ South Asian Research and Advocacy Hub, *Submission 79*, pp 1–11.

2. Introduction

- 2.1. The breadth of evidence received by the committee demonstrates the complexity of factors impacting people's decisions about whether, and how, to raise children in the ACT. This chapter seeks to establish the context in which people are making these decisions by providing:
- an overview of the demographic context related to fertility rates in the ACT;
 - a brief discussion of policy action in the ACT; and
 - a short overview of population data in the ACT.

The demographic context

An ageing population and low fertility rates

- 2.2. Australia's 2023 Intergenerational Report noted that:
- Population ageing is one of the major forces shaping Australia's future. The median age is expected to continue to rise as fertility rates remain low and life expectancy increases. Australia's total fertility rate has declined since the 1960s due to a range of societal, cultural and economic factors.¹¹
- 2.3. The consequences of an ageing population include a workforce that is smaller, and shrinking, which could increasingly put pressure on government finances and lead to an overall reduction in living standards.¹²
- 2.4. The committee heard that the demographic situation in the ACT mirrors that of Australia as a whole, although the issues in the Territory are more pronounced.¹³
- 2.5. Data from the Australian Bureau of Statistics (ABS) shows that at 1.4 births per woman, the ACT has the lowest total fertility rate of any Australian jurisdiction, well below the replacement rate of 2.1.¹⁴ Australian National University (ANU) Demographer Dr Liz Allen advised that the ACT's birth rate is considered a 'low-low' fertility rate, and a threshold at which it is considered difficult to encourage people to have children, or to have more children. This difficulty increases when fertility rates reach 1.2 or below.¹⁵ Dr Allen advised the ACT's higher levels of education and higher average incomes are both factors which are correlated with lower fertility levels.¹⁶

¹¹ Australian Government, [Intergenerational Report 2023: Australia's Future to 2063](#), 24 August 2023, p 37.

¹² Dr Liz Allen, *Submission 74*, Attachment A, p 1.

¹³ Dr Liz Allen, *Submission 74*, Attachment A, p 2.

¹⁴ Australian Bureau of Statistics, *Births, Australia*, 18 October 2023, <https://www.abs.gov.au/statistics/people/population/births-australia/latest-release> (accessed 13 June 2024).

¹⁵ Dr Liz Allen, *Committee Hansard*, 21 May 2024, p 5.

¹⁶ Dr Liz Allen, *Committee Hansard*, 21 May 2024, p 5.

- 2.6. The ACT also has the country's highest life expectancy: 86.0 years at birth for females and 82.2 years at birth for males, compared with national figures of 85.3 years and 81.2 years respectively.¹⁷
- 2.7. The combined effect of the Territory's low fertility rate and higher than national average life expectancy is that — even more than Australia as a whole — the ACT is ageing and is economically reliant on a shrinking working age population.¹⁸ This demographic trajectory poses many challenges and means that '[y]oung people especially are confronted with an uncertain future.'¹⁹

Uncertainty contributing to falling fertility rates

- 2.8. Throughout the inquiry the committee heard that uncertainty about the future is a significant factor in people's decisions about raising children.²⁰
- 2.9. The factors contributing to people's uncertainty are complex and varied. A 2022 Australian National University study found that 'the cost of raising children, the security of their job or their partner's job, the cost of housing, having someone to love, and their age' rated highest as concerns for those considering having children (see Figure 1).²¹
- 2.10. Individuals who made submissions to this inquiry identified similar concerns, including: environmental concerns, accessibility of fertility treatments, adoption, cost of living, availability of paediatric specialists, and access to family and community support. These factors are examined in further detail in the remaining chapters of this report.

¹⁷ Australian Bureau of Statistics, *Life Expectancy*, <https://www.abs.gov.au/statistics/people/population/life-expectancy/latest-release>, released 8 November 2023.

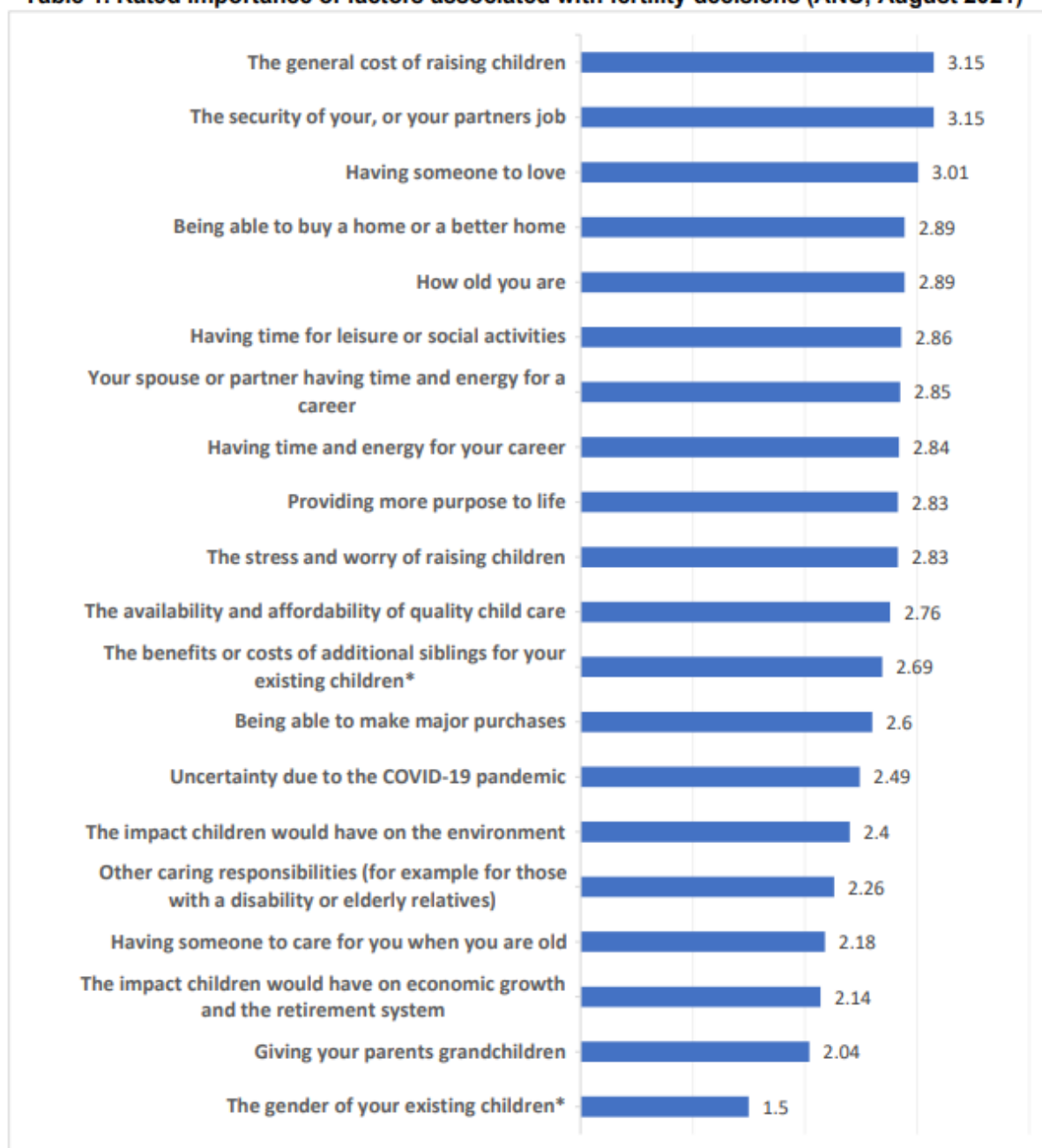
¹⁸ Dr Liz Allen, *Submission 74*, Attachment A, p 1.

¹⁹ Dr Liz Allen, *Submission 74*, Attachment A, p 1.

²⁰ See, for example Dr Liz Allen, *Submission 74*, Attachment A, p 1; ACT Council of Social Service, *Submission 78*, p 15, p 17 and p 21; Lucy Wenger, *Submission 68*, p 2.

²¹ Edith Gray, Anna Reimondos, Ester Lazzari, Robert Breunig, Ralf Steinhauser, Jacquelyn Zhang, Nicholas Biddle, Matthew Grey, *Impacts of policies on fertility rates*, Australian National University, 2022, p 27.

Table 1. Rated importance of factors associated with fertility decisions (ANU, August 2021)⁷³



Asterisked questions applied only to respondents with children

Figure 1: Rated importance of factors associated with fertility decisions. [Source: Gray E et al (2022-23), [Impact of Family Policies on Fertility Rates](#), referenced in ACTCOSS submission to this inquiry].²²

²² ACT Council of Social Service, *Submission 78*, p 15.

- 2.11. Dr Allen explained how the combination of these factors and uncertainty about the future act as barriers to increasing the ACTs fertility rate:

...we might start our life out ... as young adults saying we desire to have x number of children. But as life happens, as the barriers to living life become very apparent, the reality of having a child, or having a subsequent child, becomes difficult. So the barriers ... make us then realise that we cannot achieve our desired family size...I would not be concerned with low fertility rates if it was a choice people were making, not because life was getting in the way. Life is getting in the way.²³

Parenting is a gendered issue

- 2.12. The committee heard that the impact of having a child on a parent's career tends to fall unevenly on mothers.²⁴ The Australian Institute of Family Studies reported in 2023 that:

Within couple families, there remain gendered patterns of employment, with mothers much more likely than fathers to reduce employment to care for young children.²⁵

- 2.13. Some of the women who made submissions to the inquiry expressed concerns about the impact becoming parents might have on their careers. One said 'While I feel ready to have children in many areas of my life, I don't feel prepared for the economic/career implications of having children'.²⁶
- 2.14. Another commented that 'women have to work like they don't have children and raise children like they don't work'.²⁷
- 2.15. The ACT Council of Social Service (ACTCOSS) concurred, noting 'a substantial body of evidence' demonstrating that when education and work opportunities for women 'are severely curtailed by having children', then women will restrict the number of children that they have.²⁸ This can leave fertility at a 'precariously low' level.²⁹ Roundabout Canberra explained that much of the 'economic and social burdens of caring for families and communities' fall to women during times of crisis.³⁰

²³ Dr Liz Allen, *Committee Hansard*, 21 May 2024, p 6.

²⁴ Dr Liz Allen, *Committee Hansard*, 21 May 2024, p 5.

²⁵ Jennifer Baxter, [Employment patterns and trends for families with children](#), Australian Institute of Family Studies (AIFS), May 2023, p 2.

²⁶ Name Withheld, *Submission 30*, p 2.

²⁷ Alicia Jamieson, *Submission 66*, p 3.

²⁸ ACT Council of Social Service, *Submission 78*, p 7.

²⁹ ACT Council of Social Service, *Submission 78*, p 7.

³⁰ Roundabout Canberra, *Submission 60*, p 4.

Policy responses to fertility rates

Gendered policy approaches

- 2.16. It was put to the committee that many policy settings addressing fertility rates reflect this gendered approach and do not effectively support families over the long-term.³¹
- 2.17. Dr Allen noted this was particularly evident in economic policy responses:³²
- Some of the schemes that we have in the ACT for first homebuyers, particularly, do not actually equivalise income... but if you look at the requirements and the eligibility for getting into these schemes, they assume there is a couple and, where there are children, they assume there is only one income earner. These first homebuyer grants have not kept pace with contemporary lives.³³
- 2.18. Some submitters told the committee they would be more likely to have children, or to have additional children, if there was more financial support from government to encourage greater equality within families.³⁴ Such support could include ‘equal, non-transferrable parental leave for both parents at full pay (including super), including those who are on casual or temporary contracts’.³⁵
- 2.19. ACTCOSS argued that policy settings supporting equality in caregiving roles will reduce the ‘motherhood penalty’ – an earning penalty experienced by mothers through the first decade after childbirth.³⁶ Policies such as paid parental leave and flexible work practices have been shown to enhance ‘participation of men in caregiving’ and have benefits for men, women and children.³⁷
- 2.20. The ACT Government has introduced policies to support employees who are parents and carers, and to provide employees with work-life balance through flexible working arrangements.³⁸ These include:
- increasing birth leave for eligible ACT Public Service (ACTPS) employees from 18 weeks to 24 weeks with effect from 1 January 2023;³⁹ and
 - flexible working arrangements through the ACTPS Flexible Working Arrangements Policy.⁴⁰

³¹ ACT Council of Social Service, *Submission 78*, p 8.

³² Dr Liz Allen, *Submission 74*, Attachment A, p 2.

³³ Dr Liz Allen, *Committee Hansard*, 21 May 2024, p 7.

³⁴ See, for example Jelena Pavlovic, *Submission 27*, p 2; Name Withheld, *Submission 30*, pp 1–2.

³⁵ Name Withheld, *Submission 30*, pp 1–2.

³⁶ ACT Council of Social Service, *Submission 78*, p 8.

³⁷ ACT Council of Social Service, *Submission 78*, p 8; Dr Liz Allen, *Submission 74*, Attachment A, p 2.

³⁸ ACT Government, [Flexible Working Arrangements Policy: Facilitating Flexible Working Arrangements](#), October 2021.

³⁹ ACT Government, [Birth Leave entitlements and eligibility –Interim Advice](#), May 2023.

⁴⁰ ACT Government, [Flexible Working Arrangements Policy: Facilitating Flexible Working Arrangements](#), October 2021.

Incentive policies

- 2.21. The committee heard that policies such as ‘baby bonus’ payments and other one-off financial incentives to encourage people to have children are ineffective, and do not result in people having more children.⁴¹
- 2.22. The 2022 ANU study found that policies which provide stability and support, enable workforce participation, and reduce financial burdens were of particular importance. The researchers did not establish a strong link between baby bonus style policies and increased fertility rates.⁴²
- 2.23. The committee heard that due to the complexity of factors that lead to low fertility rates, multifaceted policy responses are required in return.⁴³

Population data and strategy

- 2.24. The committee heard that there is a need for more timely and accurate ACT population data.⁴⁴ In particular, a lack of accurate ACT population data in between censuses can impede government decision making.⁴⁵
- 2.25. Prior to the 2021 Census, the ABS underestimated the ACT’s population by approximately 22,000 people.⁴⁶ Dr Allen explained that this intercensal discrepancy means ‘we really do not understand on a yearly basis what population difficulties, challenges or opportunities we have’.⁴⁷
- 2.26. Australia’s population is growing at historically high rates.⁴⁸ Nationally, that growth is being driven by immigration, and the committee heard that this is particularly the case in the ACT.⁴⁹ In addition to the size of the population, its distribution, health and wellbeing all need to be considered when planning population policy.⁵⁰
- 2.27. The committee heard that the ACT population tends to be relatively transient.⁵¹ Dr Allen stated that attracting and retaining residents, particularly skilled workers in high demand roles, is difficult in the ACT and that both immigration and internal migration from other jurisdictions helps address workforce shortages.⁵² The transient nature of the population also means that many ACT residents lack support from extended families and social networks. This is discussed further in Chapter Seven.

⁴¹ Dr Liz Allen, *Submission 74*, Attachment A, p 2; Dr Liz Allen, *Committee Hansard*, 21 May 2024, p 6.

⁴² Edith Gray, Anna Reimondos, Ester Lazzari, Robert Breunig, Ralf Steinhauser, Jacquelyn Zhang, Nicholas Biddle, Matthew Grey, [*Impacts of policies on fertility rates*](#), Australian National University, 2022, pp 56–57.

⁴³ Dr Liz Allen, *Committee Hansard*, 21 May 2024, p 5.

⁴⁴ Dr Liz Allen, *Committee Hansard*, 21 May 2024, p 5.

⁴⁵ Dr Liz Allen, *Committee Hansard*, 21 May 2024, pp 5–6.

⁴⁶ ACT Government, [*ACT Government population projections 2022-2060*](#), p 6.

⁴⁷ Dr Liz Allen, *Committee Hansard*, 21 May 2024, p 5.

⁴⁸ Dr Liz Allen, *Committee Hansard*, 21 May 2024, p 4.

⁴⁹ Dr Liz Allen, *Committee Hansard*, 21 May 2024, p 4.

⁵⁰ Dr Liz Allen, *Committee Hansard*, 21 May 2024, p 4.

⁵¹ Dr Liz Allen, *Committee Hansard*, 21 May 2024, p 6.

⁵² Dr Liz Allen, *Committee Hansard*, 21 May 2024, p 5.

- 2.28. It was suggested that a population strategy or ‘scorecard’ may assist in broader planning and policy development.⁵³ While the ACT has population projections to 2060,⁵⁴ the committee heard that other jurisdictions, such as Tasmania and the Northern Territory (NT), have implemented population strategies to shape their policy approaches to managing population growth.⁵⁵
- 2.29. Tasmania’s *2015 Population Growth Strategy* included a 2050 population target for the state.⁵⁶ The strategy is currently in the process of being ‘refreshed’, with an updated version due out later in 2024.⁵⁷ The 2023 consultation paper for the refreshed strategy includes a section on reducing unnecessary barriers to those wishing to have and raise children in Tasmania, including gender pay inequality and cultural expectations.⁵⁸
- 2.30. The *2018–2028 Northern Territory Population Growth Strategy* aims to provide a better understanding of the drivers of population change in the Territory, while attracting more residents to the NT and having them stay for the long term.⁵⁹

Recommendation 2

The committee recommends that the ACT Government obtain and report on data about the ACT’s fertility rate and changing family demographics in order to better inform policy development and service delivery.

Recommendation 3

The committee recommends that the ACT Government consider developing a population strategy that works alongside population projections.

⁵³ Dr Liz Allen, *Committee Hansard*, 21 May 2024, p 7.

⁵⁴ ACT Government, [ACT Government population projections 2022-2060](#), 2022.

⁵⁵ Dr Liz Allen, *Committee Hansard*, 21 May 2024, p 8.

⁵⁶ Tasmanian Government, Department of State Growth, *Tasmania’s Population Strategy*, https://www.stategrowth.tas.gov.au/policies_and_strategies/populationstrategy (accessed 13 June 2024).

⁵⁷ Tasmanian Government, Department of State Growth, *Tasmania’s Population Strategy*, https://www.stategrowth.tas.gov.au/policies_and_strategies/ (accessed 13 June 2024).

⁵⁸ Tasmanian Government, Department of State Growth, *Refreshing Tasmania’s Population Strategy Consultation Paper*, 2023, p 10.

⁵⁹ Northern Territory Government, [2018–2028 Northern Territory Population Growth Strategy](#), 2018, p 3.

3. Environmental uncertainty

3.1. A 2021 study published in *The Lancet* found that 43.2 per cent of young people in Australia were hesitant to have children due to climate change.⁶⁰

3.2. These findings were reflected in this inquiry, with some submitters identifying environmental concerns as influencing their decisions around whether to have children.⁶¹ Some wondered whether it was ethical to have a child and bring them into an uncertain climate future:⁶²

I ... didn't want to contribute to the destruction of the climate by adding another carbon-emitter to it (a choice that since my decision to have a child, I still struggle with).⁶³

[W]ith the increased risk of war/climate change I am not sure about the ethics of bringing a child into it all.⁶⁴

While I would like to have children, I am uncertain if it is a responsible decision for the planet, for their potential future quality of life, and the high living costs associated with high population and world instability.⁶⁵

3.3. ACT Council of Social Service (ACTCOSS) stated that 'the level of climate concern among potential parents is set to increase'.⁶⁶ Citing research conducted following the 2019–2020 bushfires along Australia's east coast, ACTCOSS noted 'it seems inevitable that concerns about the impact of climate change will depress fertility rates'.⁶⁷

3.4. Dr Allen told the committee that: 'Young people, particularly young women, are saying I am seeing no action [on climate change], so I am going to take the action for you, and that means I am not going to have children.'⁶⁸

Finding 1

The committee finds that young people are concerned about climate change and that a lack of action on climate change is an impediment to having a child or children.

⁶⁰ Lucy Dean, 'The people choosing not to have kids because of climate change', *Australian Financial Review*, 2 February 2024, <https://www.afr.com/wealth/personal-finance/the-people-choosing-not-to-have-kids-because-of-climate-change-20231218-p5es7n> (accessed 13 June 2024).

⁶¹ See, for example, Name Withheld, *Submission 14*, Attachment A, p 1; Name Withheld, *Submission 16*, p 2; Name Withheld, *Submission 58*, p 2; Lucy Wenger, *Submission 68*, p 2.

⁶² Dr Liz Allen, *Committee Hansard*, 21 May 2024, p 3.

⁶³ Name Withheld, *Submission 14*, Attachment A, p 1.

⁶⁴ Name Withheld, *Submission 58*, p 2.

⁶⁵ Lucy Wenger, *Submission 68*, p 2.

⁶⁶ ACT Council of Social Service, *Submission 78*, p 16.

⁶⁷ ACT Council of Social Service, *Submission 78*, p 16. ACTCOSS noted the research found the fires 'contributed to adverse health outcomes for newborns.'

⁶⁸ Dr Liz Allen, *Committee Hansard*, 21 May 2024, p 3.

4. Health considerations

4.1. A major consideration raised during the inquiry by current and prospective parents was the cost and availability of health services in the ACT.⁶⁹ Key areas considered by the committee include:

- affordability and accessibility of General Practitioners (GPs) for all Canberrans;
- health services for prospective parents, including fertility services and pregnancy care;
- healthcare for parents with disabilities; and
- access to specialist services, including paediatricians, mental health and dentistry services.

General Practitioners

The health services are poor here, especially for under 12 months olds as you can't access the walk in centres. I've had long waits in emergency, and felt fobbed off again and again by GPs who also don't bulk bill.⁷⁰

- 4.2. The committee heard that affordable access to primary care, such as GPs, was a concern for many people raising children in the ACT.⁷¹
- 4.3. The Children and Young People Commissioner, Ms Jodie Griffiths-Cook, advised that the 'ACT has the second lowest access to bulk billing in Australia and the second highest out-of-pocket costs associated with seeing a GP'.⁷² Commissioner Griffiths-Cook quoted data showing that 'over 1.2 million Australians did not go to a GP in 2022-23 due to concerns over cost' and noted that, given the comparatively low bulk-billing rates and high out-of-pocket costs, 'many Canberrans will be part of this statistic'.⁷³
- 4.4. Some individual submitters stated that the cost of seeing a GP was a significant burden both for perinatal care and for children's health needs.⁷⁴
- 4.5. The Health Care Consumers' Association (HCCA) advocated for access to GP and other primary care services without the need for co-payments.⁷⁵ HCCA acknowledged that 'Walk-in Centres' (WiCs) can provide some required services, but noted a range of gaps, such as care of children under 12 months of age.⁷⁶ HCCA explained that improved access to

⁶⁹ See for example Name Withheld, *Submission 1*, p 1; Tanya Fuller, *Submission 10*, p 2; Name Withheld, *Submission 29*, p 2; Emma Hussey, *Submission 50*, p 2; Name Withheld, *Submission 65*, p 2; Alicia Jamieson, *Submission 66*, p 2.

⁷⁰ Phoebe Wallner, *Submission 54*, p 2.

⁷¹ See, for example Samantha Chin-Gerrand, *Submission 4*, p 2; Natalee Thomas, *Submission 12*, p 2; Name Withheld, *Submission 29*, p 2; Health Care Consumers Association, *Submission 56*, p 5.

⁷² Children and Young People Commissioner, ACT Human Rights Commission, *Submission 72*, p 7.

⁷³ Children and Young People Commissioner, ACT Human Rights Commission, *Submission 72*, p 7.

⁷⁴ See, for example Samantha Chin-Gerrand, *Submission 4*, p 2; Natalee Thomas, *Submission 12*, p 2; Name Withheld, *Submission 29*, p 2.

⁷⁵ Health Care Consumers' Association, *Submission 56*, p 5.

⁷⁶ Health Care Consumers' Association, *Submission 56*, p 5.

services such as GPs without out-of-pocket costs was essential 'at a time when cost of living increases have been significant':⁷⁷

It is expensive to take your child to the GP. The cost of living is getting harder for families, particularly for families who are on lower incomes. Out-of-pocket costs are growing.... it makes it very difficult to have continuity of care. Families cannot afford to access GPs all the time because they do not have access to GPs when they want them. You cannot decide one morning, yes, we need to see a GP and they are available.⁷⁸

- 4.6. The Minister for Health advised that the government funds several primary care services, including GPs, through programs targeted to vulnerable Canberrans. The Minister stated that the latest data indicated an increase in bulk-billing rates in the ACT, but acknowledged that despite this increase, the Territory's bulk-billing rate is still 'far and away the lowest in the country'.⁷⁹

Recommendation 4

The committee recommends that the ACT Government ensure that bulk billed General Practitioners are available to more Canberrans.

Pregnancy-related care

There is significant discomfort among my peer group with Canberra's healthcare system, with some suggesting that I look to move across the border (if staying in Canberra) to give birth at Queanbeyan Hospital instead.⁸⁰

- 4.7. Pregnancy care was raised as a significant consideration for prospective parents in the ACT.⁸¹
- 4.8. The ACT Government released *Maternity in Focus: The ACT Public Maternity System Plan 2022–2032* in July 2022, providing priorities and actions to evolve the ACT public maternity system over the next decade.⁸² The plan includes an outline of the models of care and supports available through the public health system, and connects a range of national maternity strategies and ACT Government actions in this space.⁸³

⁷⁷ Health Care Consumers' Association, *Submission 56*, p 5.

⁷⁸ Ms Jessica Lamb, Senior Policy Officer, Health Care Consumers' Association, *Committee Hansard*, 28 May 2024, p 44.

⁷⁹ Rachel Stephen-Smith MLA, Minister for Health, *Proof Committee Hansard*, 2 July 2024, pp 118–119.

⁸⁰ Samantha Chin-Gerrand, *Submission 4*, p3.

⁸¹ See, for example, Samantha Chin-Gerrand, *Submission 4*, p 3; Tanya Fuller, *Submission 10*, p 2; Caitlin Brooks-Watson, *Submission 46*, p 2.

⁸² ACT Government, *Maternity in Focus: The ACT Public Maternity System Plan 2022–2032*, June 2022, p 5.

⁸³ ACT Government, *Maternity in Focus: The ACT Public Maternity System Plan 2022–2032*, 'Appendix one: Models of Care and services', June 2022, pp 39–41.

- 4.9. Particular pregnancy-related concerns raised with the committee included access to midwifery-led continuity of care,⁸⁴ the cost of pregnancy care in the ACT,⁸⁵ and adequacy of postnatal care.⁸⁶

Midwifery-led Continuity of Care

- 4.10. Midwifery-led Continuity of Care (MCoC) is a maternity care model where women receive care from a primary midwife or team of midwives throughout their ‘pregnancy, antenatal, intrapartum and postnatal period’.⁸⁷ MCoC is ‘recognised as the gold standard of maternity care, resulting in better maternal and neonatal outcomes.’⁸⁸ *Maternity in Focus* notes that MCoC is ‘suitable for all women, including those with complex or high risk pregnancies.’
- 4.11. There are also financial benefits for government, with savings associated with reduced lengths of stay and reduced interventions for home births.⁸⁹
- 4.12. Two types of MCoC are offered through the ACT public health system: MCoC – Low Risk, which supports low intervention, and MCoC – High Risk, which sees birth care provided by a primary midwife in collaboration with medical teams if required.⁹⁰ Both models are supported by a primary or known midwife and include home visits following discharge from hospital.⁹¹
- 4.13. *Maternity in Focus* highlights that MCoC is ‘particularly important for those experiencing vulnerability, those living with a disability, or from culturally and linguistically diverse backgrounds.’⁹² This was supported by HCCA, which argued the MCoC ‘clinician/consumer relationship’ helps to establish necessary supports for birth and early parenting.⁹³
- 4.14. The committee heard that access to MCoC is influenced by several factors including:
- demand from birthing parents;
 - awareness of the model;
 - the size and scope of practice of the midwifery workforce; and
 - leadership to drive expansion.⁹⁴

⁸⁴ See, for example Australian College of Midwives, *Submission 73*, pp 1–2; and Health Care Consumers’ Association, *Submission 56*, p 12.

⁸⁵ See, for example Samantha Chin-Gerrand, *Submission 4*, p 2; Name Withheld, *Submission 29*, pp 2–3; Caitlin Brooks-Watson, *Submission 46*, p 2.

⁸⁶ See, for example, Tanya Fuller, *Submission 10*, p 2; Women With Disabilities ACT, *Submission 61*, pp 9–10.

⁸⁷ Ms Alison Weatherstone, Chief Midwife, Australian College of Midwives, *Committee Hansard*, 28 May 2024, p 32.

⁸⁸ Ms Rachel Stephen-Smith MLA, Minister for Health, *answer to QTON 8: Continuity of Care at Canberra Hospital and North Canberra Hospital*, 2 July 2024, (received 2 August 2024), p 2. The Australian College of Midwives reported benefits including reduced ‘likelihood of stillbirth and pre-term birth.’ [Source: Ms Alison Weatherstone, Chief Midwife, Australian College of Midwives, *Committee Hansard*, 28 May 2024, p 32.]

⁸⁹ Ms Alison Weatherstone, Chief Midwife, Australian College of Midwives, *Committee Hansard*, 28 May 2024, pp 32 and 37–38.

⁹⁰ ACT Government, [Maternity in Focus: The ACT Public Maternity System Plan 2022–2032](#), June 2022, pp 39–40.

⁹¹ ACT Government, [Maternity in Focus: The ACT Public Maternity System Plan 2022–2032](#), June 2022, p 39.

⁹² ACT Government, [Maternity in Focus: The ACT Public Maternity System Plan 2022–2032](#), June 2022, p 18.

⁹³ Health Care Consumers’ Association, *Submission 56*, p 12.

⁹⁴ Ms Alison Weatherstone, Chief Midwife, Australian College of Midwives, *Committee Hansard*, 28 May 2024, pp 32 and 37–38.

Demand and awareness

4.15. The ACT Government advised that MCoC was offered to eligible birth parents during the triage process following referral to birth at Canberra Hospital or North Canberra Hospital.⁹⁵ Birthing parents did not have to be aware of MCoC to access it, however some parents do express a preference prior to triage occurring.⁹⁶ In response to a question taken on notice, CHS acknowledged that ‘not all women or pregnant people are aware of continuity of care and midwifery-led continuity of care as an option for them’.⁹⁷

4.16. The Minister for Health advised that the government had committed to expanding access to MCoC, acknowledging ‘there are people currently who would prefer to go through continuity who do not get access to that model because there is just simply not enough spaces available’.⁹⁸ The Minister advised:

CHS does not currently record the number of women or pregnant people who requested continuity care programs and were not able to access it...CHS is working to implement actions from the Maternity In Focus – The Public Maternity System Plan 2022-2032 to raise awareness in the community to ensure access to continuity of care and midwifery-led continuity of care is equitable.⁹⁹

4.17. On 7 February 2023, the Assembly passed a resolution calling on the ACT Government to provide a range of maternity services in the ACT, including reviewing and expanding access to MCoC over the next decade.¹⁰⁰ In response to this motion, the ACT Government agreed to review the 50 per cent access target for 2028 as part of the *Maternity in Focus* second action plan, and introduced a 75 per cent access target by 2032.¹⁰¹

4.18. ACM suggested targeting access to MCoC while activities to expand the service occur:

I would start with the priority population—women with disability, Aboriginal and Torres Strait Islander women, women who are having teen pregnancies or who might have drug and alcohol or mental health issues, and other perinatal mental health challenges.¹⁰²

4.19. When questioned about actions to triage requests for access to MCoC, the ACT Government advised it was actively considering how best to serve vulnerable populations.¹⁰³

⁹⁵ Ms Kath Wakefield, Executive Director, Canberra Health Services, *Proof Committee Hansard*, 2 July 2024, p 109. Women and birthing parents are referred to birth at the ACT public hospital by either their GP or self-referral.

⁹⁶ Ms Janet Zagari, Acting Chief Executive Officer, Canberra Health Services, and Ms Rachel Stephen-Smith MLA, Minister for Health, *Proof Committee Hansard*, 2 July 2024, pp 109–110.

⁹⁷ Ms Rachel Stephen-Smith MLA, Minister for Health, *answer to QTON No 8: Continuity of Care at Canberra Hospital and North Canberra Hospital*, 2 July 2024 (received 2 August 2024), p 2.

⁹⁸ Ms Rachel Stephen-Smith MLA, Minister for Health, *Proof Committee Hansard*, 2 July 2024, p 110.

⁹⁹ Ms Rachel Stephen-Smith MLA, Minister for Health, *answer to QTON No 8: Continuity of Care at Canberra Hospital and North Canberra Hospital*, 2 July 2024 (received 2 August 2024), p 2.

¹⁰⁰ Ms Jo Clay MLA, *Minutes of Proceedings No 72*, 7 February 2023, pp 999–1004.

¹⁰¹ Ms Rachel Stephen-Smith MLA, Minister for Health, *Assembly Debates*, 1 November 2023, pp 3627–3634.

¹⁰² Ms Alison Weatherstone, Chief Midwife, Australian College of Midwives, *Committee Hansard*, 28 May 2024, p 34.

¹⁰³ Ms Kath Wakefield, Executive Director, Canberra Health Services, *Proof Committee Hansard*, 2 July 2024, p 110.

- 4.20. ACM emphasised an important element of MCoC was the point at which birthing parents enter the program, stating this should be ‘as early as possible in the first trimester’.¹⁰⁴ With some facilities waiting until after 20 weeks gestation before birthing parents can access MCoC, this limits the support for pregnant people during those early stages of pregnancy.¹⁰⁵

Committee comment

- 4.21. The committee acknowledges and welcomes the ACT Government’s commitment to expanding access to MCoC. Given the reported benefits, the committee considers there is value in raising awareness of, and prioritising access to, MCoC for vulnerable population groups while expansion of the model continues.

Recommendation 5

The committee recommends that, on the way to providing Midwifery-led Continuity of Care to at least 75 per cent of women and birthing parents by 2032, the ACT Government prioritise services for high-risk women and birthing parents who will benefit most.

Recommendation 6

The committee recommends that the ACT Government raise awareness of, and access to, the Midwifery-led Continuity of Care model through organisations such as Women With Disabilities ACT, Aboriginal and Torres Strait Islander health organisations, and other community groups.

Workforce and leadership

- 4.22. The committee heard that increasing access to MCoC will be dependent on the ability to recruit and maintain the necessary midwifery workforce to support the model, as well as other models of maternity care offered through the ACT public health system.¹⁰⁶
- 4.23. In its response to the resolution of the Assembly, the ACT Government acknowledged ongoing midwifery recruitment challenges being experienced across Australia, including to continuity of care positions.¹⁰⁷ This was supported by the ACM which noted there are ‘challenges’ within the midwifery workforce.¹⁰⁸
- 4.24. ACM suggested that pivoting existing resources to provide MCoC may address some of the recruitment challenges. Utilising graduate and early career midwives in MCoC, as well as

¹⁰⁴ Ms Alison Weatherstone, Chief Midwife, Australian College of Midwives, *Committee Hansard*, 28 May 2024, p 36.

¹⁰⁵ Ms Alison Weatherstone, Chief Midwife, Australian College of Midwives, *Committee Hansard*, 28 May 2024, p 36.

¹⁰⁶ See for example, Ms Rachel Stephen-Smith MLA, *Assembly Debates*, 1 November 2023, p 3630; Ms Alison Weatherstone, Chief Midwife, Australian College of Midwives, *Committee Hansard*, 28 May 2024, p 33.

¹⁰⁷ Ms Rachel Stephen-Smith MLA, *Assembly Debates*, 1 November 2023, p 3630.

¹⁰⁸ Ms Alison Weatherstone, Chief Midwife, Australian College of Midwives, *Committee Hansard*, 28 May 2024, p 33.

increasing hospital visiting access for privately practicing midwives, were given as options to support expansion while recruitment continues.¹⁰⁹

- 4.25. While MCoC has been reported to reduce burnout and increase career satisfaction, the model does not suit all midwives, and some patients will elect to receive a different care model. For these reasons, the ACT Government is also considering alternative models of maternity care to meet patient and workforce needs.¹¹⁰
- 4.26. The First Action Plan for *Maternity in Focus* includes a range of actions addressing workforce requirements to implement MCoC. These include upskilling the workforce, and implementing system-level changes to support private Endorsed Midwives (EMs) to provide MCoC in the public maternity system.¹¹¹ In addition, the Minister for Health advised the Assembly of initiatives providing graduate and early career midwives with exposure to MCoC.¹¹² In response to a question taken on notice, the Minister advised:

In line with national and international midwifery staffing shortages the number of continuity places able to be offered to women is challenging. The CHS workforce strategy focuses on identifying and analysing issues related to attracting specific classifications or skillsets leading to a dedicated recruitment and retention strategy.¹¹³

- 4.27. Despite this, the committee heard that increasing the number of EMs and ensuring their ability to work to their full scope of practice would assist in expanding access to MCoC into the future:¹¹⁴

In the hospital, currently, there are not a lot of endorsed midwives being utilised to their full scope of practice in the public sector. There is an under-realised opportunity there to increase the use of endorsed midwives in public hospitals. That should then allow them, through credentialing, to prescribe. It takes the pressure off doctors having to do it, because we know that often a midwife knows exactly what they need for that woman.¹¹⁵

Recommendation 7

The committee recommends that the ACT Government increase the number of Endorsed Midwives who can offer a Midwifery Continuity of Care model.

¹⁰⁹ Ms Alison Weatherstone, Chief Midwife, Australian College of Midwives, *Committee Hansard*, 28 May 2024, p 33.

¹¹⁰ Ms Rachel Stephen-Smith MLA, *Assembly Debates*, 1 November 2023, p 3630.

¹¹¹ ACT Government, *Maternity in Focus: First Action Plan 2022–2025*, p 9.

¹¹² Ms Rachel Stephen-Smith MLA, *Assembly Debates*, 1 November 2023, p 3630.

¹¹³ Ms Rachel Stephen-Smith MLA, Minister for Health, *answer to QTON 8, Continuity of Care at Canberra Hospital and North Canberra Hospital*, 2 July 2024 (received 2 August 2024), p 2.

¹¹⁴ Ms Alison Weatherstone, Chief Midwife, Australian College of Midwives, *Committee Hansard*, 28 May 2024, p 35. The ACM advised that the national *Unleashing the Potential of our Health Workforce – Scope of Practice Review* is underway and is hoped to provide consistency across jurisdictions on the ‘drugs and poisons act’ to enable midwives to prescribe everything within scope.

¹¹⁵ Ms Alison Weatherstone, Chief Midwife, Australian College of Midwives, *Committee Hansard*, 28 May 2024, p 35.

Recommendation 8

The committee recommends that midwives should be able to prescribe and practice to their full scope of practice in ACT public hospitals.

- 4.28. In Australia, Nursing and Midwifery are recognised as two separate professions with each having its own standards and scope of practice, and applicable code of conduct.¹¹⁶
- 4.29. The ACM called for midwifery leadership at all levels, including a Chief Midwife for the ACT, to assist the ACT Government to ‘hit all the targets’ and drive necessary workforce expansion.¹¹⁷
- 4.30. Currently the ACT has a Chief Nursing and Midwifery Officer. As part the ACT Health Directorate, the Chief Nursing and Midwifery Officer is the professional leader in the ACT responsible for leading the strategic direction of midwifery and nursing services delivered in the Territory and developing the professions.¹¹⁸

Committee comment

- 4.31. The committee understands that expanding access to MCoC will have implications for the midwifery workforce in the ACT public system. For this reason, the committee considers there would be benefit in exploring whether alternative leadership structures are required to meet the government’s expansion targets.

Recommendation 9

The committee recommends that the ACT Government investigate the benefits of establishing a Chief Midwife for the ACT.

Cost

- 4.32. Some individual submitters advised that the financial burden of maternity and postnatal health care was significant:

I spent the first 18 weeks of my pregnancy residing in Canberra...The out-of-pocket costs of doing so were significant - \$80-150 per GP appointment, and \$300 per scan, for a total of almost \$1000.¹¹⁹

I had to take out a personal loan to afford medical related expenses for my 3rd child. The bill is up to 2k on scans, blood tests, non pbs covered medications, gp

¹¹⁶ Nursing and Midwifery Board Ahpra, *Professional standards*, <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx#> (accessed 12 July 2024).

¹¹⁷ Ms Alison Weatherstone, Chief Midwife, Australian College of Midwives, *Committee Hansard*, 28 May 2024, p 39.

¹¹⁸ ACT Health Directorate, *Office of the Chief Nursing and Midwifery Officer*, <https://www.act.gov.au/directorates-and-agencies/act-health/our-business-areas/office-of-the-chief-nursing-and-midwifery-officer#Chief-Nursing-and-Midwifery-Officer> (accessed 12 July 2024).

¹¹⁹ Samantha Chin-Gerrand, *Submission 4*, p 2.

visits and im [sic] only halfway through my pregnancy. This is all utilising our “public” healthcare system.¹²⁰

I needed lactation support post pregnancy and was not able to get an appointment publicly. Paid 200\$ per appointment.¹²¹

- 4.33. The Minister acknowledged the unexpected costs of early pregnancy care during the public hearing:

I had not realised how much out-of-pocket costs were associated with the initial path in the early stages of pregnancy, where you are determining whether you are pregnant. You go to your GP; you pay out of pocket for that. You go and get a scan; you pay out of pocket for that. I quite recently realised the level of pressure that that is potentially putting on people for whom that would be a really significant cost-of-living pressure.¹²²

- 4.34. Officials advised that once people had been referred to the public maternity system, most midwifery and obstetric services are free of charge.¹²³ In response to a question taken on notice, the Minister advised that Canberra Health Services ‘does not provide routine antenatal ultrasound services.’ Free ultrasound services are provided for ‘high-risk patients and those with fetal or maternal complications’ and the Canberra Hospital’s Foetal Medicine Unit provides sonography and reporting services where multiple or frequent scans are required.¹²⁴

Committee comment

- 4.35. The committee considers the cost of pregnancy care prior to entering the ACT public maternity system represents a significant additional cost of living pressure for pregnant people and their families.

Baby Friendly Health Initiative

- 4.36. During the public hearings, ACM raised the benefits of the Baby Friendly Health Initiative (BFHI).¹²⁵
- 4.37. The BFHI is a joint World Health Organisation (WHO) and UNICEF project which aims to ‘create a healthcare environment where breastfeeding is the norm, and practices known to promote the well-being of all mothers and infants are promoted’.¹²⁶ BFHI implements the global criteria outlined in the Ten Steps to Successful Breastfeeding against which hospitals can be assessed to become BFHI accredited.¹²⁷

¹²⁰ Caitlin Brooks-Watson, *Submission 46*, p 2.

¹²¹ Name Withheld, *Submission 29*, p 2.

¹²² Ms Rachel Stephen-Smith MLA, Minister for Health, *Proof Committee Hansard*, 2 July 2024, p 111.

¹²³ Ms Kath Wakefield, Executive Director, Women, Youth and Children and Ms Janet Zagari, Acting Chief Executive Officer, Canberra Health Services, *Proof Committee Hansard*, 2 July 2024, p 111.

¹²⁴ Ms Rachel Stephen-Smith MLA, Minister for Health, *answer to QTON 11: Sonography services at Canberra Hospital and North Canberra Hospital*, 2 July 2024 (received 19 August 2024), p 2.

¹²⁵ Ms Alison Weatherstone, Chief Midwife, Australian College of Midwives, *Committee Hansard*, 28 May 2024, p 38.

¹²⁶ BFHI Australia, *Welcome to the Baby Friendly Health Initiative Australia*, <https://bfhi.org.au/> (accessed 13 August 2024).

¹²⁷ BFHI Australia, *Maternity Facilities Accreditation*, <https://bfhi.org.au/maternity-facilities/> (accessed 10 July 2024).

- 4.38. The ACM advised women in BFHI accredited hospitals are more likely to breastfeed, noting: ‘We know that reduces allergies in children; it is more likely to stabilise weight and reduce obesity. Even the act of breastfeeding reduces the chance of a woman having breast cancer in later life’.¹²⁸
- 4.39. BFHI accreditation is overseen by ACM, with accredited hospitals listed on the BFHI Australia website.¹²⁹ *Maternity in Focus* notes that ‘Both CHS and Calvary Public Hospital have been accredited for an extending period as part of the Baby Friendly Health Initiative’.¹³⁰ The BFHI Australia website lists Canberra Hospital and Health Services (located in Garran) as the only accredited hospital in the ACT.

Committee comment

- 4.40. The committee notes that it is unclear whether the BFHI accreditation held by Canberra Hospital and Health Services applies to both the Canberra Hospital and North Canberra Hospital following the transition of Calvary Public Hospital to CHS in July 2023.

Recommendation 10

The committee recommends that the ACT Government confirm whether the North Canberra Hospital is Baby Friendly Health Initiative (BFHI) Accredited, and if not, investigate the viability of including BFHI as part of the maternity options offered there.

Family and Domestic Violence support

- 4.41. The committee heard that pregnancy and early parenting are times of great vulnerability for care givers. Karinya House spoke to the increased risk of family and domestic violence (FDV) during pregnancy:

Women during this period experience many more vulnerabilities. For example, if you experienced domestic violence before you fell pregnant, the severity of that violence is very likely to increase once you are pregnant. If you did not experience domestic family violence, you are much more likely to experience it once you are pregnant.¹³¹

- 4.42. The committee heard that, while vulnerability increases during pregnancy, this period also presents an opportunity for government to provide targeted support, with pregnant people ‘more likely to engage with services and seek change’.¹³²
- 4.43. The Minister for Domestic and Family Violence spoke of the Health Justice Partnership which supports pregnant women and birthing parents experiencing FDV. The service

¹²⁸ Ms Alison Weatherstone, Chief Midwife, Australian College of Midwives, *Committee Hansard*, 28 May 2024, p 38.

¹²⁹ Ms Alison Weatherstone, Chief Midwife, Australian College of Midwives, *Committee Hansard*, 28 May 2024, p 38; and BFHI Australia, *Find an Accredited Facility*, <https://bfhi.org.au/find-an-accredited-facility/> (accessed 10 July 2024).

¹³⁰ ACT Government, *Maternity in Focus: The ACT Public Maternity System Plan 2022–2032*, June 2022, p 17.

¹³¹ Ms Lavinia Tyrrel, Chief Executive Officer, Karinya House, *Committee Hansard*, 11 June 2024, p 63.

¹³² Karinya House, *Submission 77*, pp 1–2.

provides legal advice on a range of issues, including financial abuse, family law, housing and potential criminal matters arising from FDV.¹³³

Access to fertility services

- 4.44. Many individuals raised concerns with the committee regarding the availability and affordability of fertility treatments in the ACT.¹³⁴ These concerns were exemplified by one submitter who described the financial strain placed on their family after being told they needed to pursue in vitro fertilisation (IVF):

Just to be told we need IVF has cost us nearly \$1000 and we haven't even started the process yet! The basic cost for the procedure starts at \$13,000, and that too does not come with a guarantee that it always works the first time. With cost-of-living pressures and being a single income family, we are now in limbo until my husband finds a job.¹³⁵

- 4.45. The committee heard that fertility and IVF services in the ACT are currently offered by several private providers.¹³⁶ However, unlike other jurisdictions, such as New South Wales and Victoria, these services are not offered through the ACT public health system, leaving the option of starting a family in the ACT financially out of reach for some:¹³⁷

ACT has always been a jurisdiction that has prided itself on progressive values and policies – yet you are losing families to NSW who offer far better rebates for IVF than the ACT does.¹³⁸

- 4.46. The ACT Council of Social Service (ACTCOSS) argued that the government has a role to ensure equitable access to fertility care, noting that current Medicare rebates for services are 'limited to those experiencing 'medical infertility''. This adds further financial stress to cohorts of the community experiencing 'social infertility', such as single people or members of the LGBTQIA+ community.¹³⁹ This was supported by the Discrimination, Health Services, Disability and Community Services Commissioner who advised steps to 'remove barriers to people accessing the full range of health services in the ACT' should be a government priority.¹⁴⁰

¹³³ Ms Jo Wood, Acting Director-General, Community Services Directorate, *Proof Committee Hansard*, 2 July 2024, p 103.

¹³⁴ See, for example Name Withheld, *Submission 3*, Attachment A, pp 1–2; Name Withheld, *Submission 14*, p 1; Amanda Richardson, *Submission 21*, p 1; Tara Field, *Submission 22*, p 1; Name Withheld, *Submission 29*, p 2; Jason Yosar, *Submission 32*, p 1; Cate Evans, *Submission 43*, p 1; Name Withheld, *Submission 44*, p 2; Ashleigh Eason, *Submission 48*, p 1; Emma Hussey, *Submission 50*, p 2; Phoebe Wallner, *Submission 54*, p 1; Name Withheld, *Submission 55*, p 1; Name Withheld, *Submission 64*, p 1; and Alicia Jamieson, *Submission 66*, p 2.

¹³⁵ Name Withheld, *Submission 14*, Attachment A, p 2. This was also supported by Phoebe Wallner, who stated: The up-front costs itself make IVF untenable for many families. [Source: Phoebe Wallner, *Submission 54*, p 1.]

¹³⁶ Discrimination, Health Services, Disability and Community Services Commissioner, ACT Human Rights Commission, *Submission 75*, p 5.

¹³⁷ ACT Council of Social Service, *Submission 78*, p 20.

¹³⁸ Name Withheld, *Submission 14*, Attachment A, pp 1–2.

¹³⁹ ACT Council of Social Service, *Submission 78*, p 20; and Phoebe Wallner, *Submission 54*, p1.

¹⁴⁰ Discrimination, Health Services, Disability and Community Services Commissioner, ACT Human Rights Commission, *Submission 75*, p 5.

- 4.47. In August 2022, the ACT Government responded to a resolution of the Assembly regarding Assistive Reproductive Technology (ART), noting cost was a barrier to accessing ART.¹⁴¹ The government undertook, subject to funding and consultation, to explore options to increase the accessibility and affordability of ART in the ACT, including ‘a potential low-cost ART service’.¹⁴² The committee understands this work is ongoing.

Finding 2

The committee finds that the cost of fertility treatments and services is a barrier to people starting a family in the ACT, particularly for those seeking treatment for social infertility where Medicare rebates are not available.

Healthcare advice and support for parents with disabilities

People with disabilities have the right to access the support they need to raise children, and the ACT Government as a human rights jurisdiction has an obligation to ensure these supports are available.¹⁴³

Reproductive health

- 4.48. The committee heard that the barriers to accessing reproductive health and fertility treatments (outlined at paragraph 4.44) are exacerbated for prospective parents with disabilities in the ACT.¹⁴⁴
- 4.49. Women with Disabilities ACT (WWDACT) advised that prospective parents with disabilities often experience additional cost-of-living pressures and are less likely to be able to travel interstate to access more affordable fertility services.¹⁴⁵ WWDACT outlined the stigma experienced by people with disabilities when seeking access to fertility treatments to have children:

We know that prospective parents with disabilities experience ableism, discrimination and/or coercive genetic counselling. One of our members was forced to sign a legal waiver when she attempted to access fertility services, because her disability was genetic. An assumption that people with disabilities should not have biological children violates human rights, and despite being incredibly problematic is still experienced by prospective parents in the ACT.¹⁴⁶

¹⁴¹ ACT Government, [Assisted Reproductive Technology: Regulation and Access – ACT Government Response](#), August 2022, p 11. For the purposes of the motion, Assisted Reproductive Technology is defined as the application of laboratory or clinical techniques to gametes and/or embryos for the purposes of reproduction, and includes fertility treatments such as IVF.

¹⁴² ACT Government, [Assisted Reproductive Technology: Regulation and Access – ACT Government Response](#), August 2022, p 31.

¹⁴³ Women With Disabilities ACT, *Submission 61*, p 4.

¹⁴⁴ Women With Disabilities ACT, *Submission 61*, p 11.

¹⁴⁵ Women With Disabilities ACT, *Submission 61*, p 11.

¹⁴⁶ Women With Disabilities ACT, *Submission 61*, p 11.

- 4.50. WWDACT called for disability awareness and supported decision-making training for fertility health practitioners.¹⁴⁷ This would support further access to fertility and reproductive health care for prospective parents with disabilities, as well as ensuring they are able to access information about how pregnancy may interact with their disability, something WWDACT argues is currently lacking.¹⁴⁸
- 4.51. Providing accessible healthcare information to people with disabilities to enable supported decision-making underpins the goals outlined in the *ACT Disability Health Strategy 2024–2033*.¹⁴⁹ The first action plan outlines initial activities to achieve this, including developing a supported decision-making framework and a health literacy program.¹⁵⁰

Forced contraception

- 4.52. The committee heard that in some instances, the reproductive rights of women and birthing parents with disabilities were being ‘violated’.¹⁵¹
- 4.53. WWDACT reported a lack of appropriate education about sexual health and reproductive rights for women and birthing parents with disabilities. They argued this was particularly concerning given people within this group were more likely to experience forced sterilization and/or abortion.¹⁵² Expanding on this at the public hearing, WWDACT advised there is little visibility of how often this occurs:

It is something we do not know a lot about, because it has not been looked into. In the most extreme cases, it is reported, but in cases such as where women are placed on medical sterilisation—the contraceptive pill—that can happen without their consent. We do not actually know the prevalence and how often it happens. We know that it happens but there are no formal reporting requirements to gauge a picture of what is going on.¹⁵³

- 4.54. When asked whether the ACT Human Rights Commission had received reports on this issue, the Discrimination, Health Services, Disability and Community Services Commissioner, Ms Karen Toohey, stated that complaints would be limited. Commissioner Toohey noted the complexity of this issue, stressing the importance of supported decision-making in health-related matters,¹⁵⁴ and advised that the ACT HRC has worked closely with the Public Trustee and Guardian to support private guardians to better understand the scope of their obligations and responsibilities.¹⁵⁵

¹⁴⁷ Mx Pippa Newman, Policy Officer, Women With Disabilities ACT, *Committee Hansard*, 21 May 2024, p 14.

¹⁴⁸ Women With Disabilities ACT, *Submission 61*, p 11.

¹⁴⁹ ACT Government, *Disability Health Strategy 2024–2033*, December 2023, p 7.

¹⁵⁰ ACT Government, *Disability Health Strategy: First Action Plan 2024–2026*, December 2023, pp 6–7.

¹⁵¹ Women With Disabilities ACT, *Submission 61*, p 12.

¹⁵² Women With Disabilities ACT, *Submission 61*, p 12.

¹⁵³ Mx Pippa Newman, Policy Officer, Women With Disabilities ACT, *Committee Hansard*, 21 May 2024, p 12.

¹⁵⁴ Ms Karen Toohey, Discrimination, Health Services, Disability and Community Services Commissioner, ACT Human Rights Commission, *Committee Hansard*, 21 May 2024, pp 22–23.

¹⁵⁵ Ms Karen Toohey, Discrimination, Health Services, Disability and Community Services Commissioner, ACT Human Rights Commission, *Committee Hansard*, 21 May 2024, pp 22–23.

Committee comment

- 4.55. The committee is concerned by anecdotal reports of women and birthing parents being forced to undergo chemical sterilisation and abortion, and considers further information about the prevalence of this issue is needed.

Recommendation 11

The committee recommends that the ACT Government obtain data about whether forced sterilisations through contraceptives are occurring in the ACT.

Parenting navigation service

- 4.56. The committee heard that the challenges associated with raising children in the ACT can be magnified for parents with disabilities and parents of children with disabilities.¹⁵⁶
- 4.57. HCCA advised that ‘proactive intervention’ is needed for parents with disabilities whereby required supports are planned and actioned as soon as possible.¹⁵⁷ WWDACT concurred, noting that engagement with appropriate supports before a child is born will help people ‘become confident in accessing supports post-partum and beyond’.¹⁵⁸
- 4.58. WWDACT highlighted the difficulties experienced by parents with disabilities ‘simply finding appropriate supports’:
- ...several [parents] reported ‘stumbling upon’ appropriate supports after being a parent for years or after having their second or third child. This emphasizes the importance of an information navigation service that can help parents with disabilities become aware of available information and supports.¹⁵⁹
- 4.59. Carers ACT advocated for additional support for ‘parents and carers to navigate and access health and paediatric services’.¹⁶⁰
- 4.60. The committee is aware of disability liaison and navigation services currently within the justice and child protection systems. The Minister advised that \$1.85 million had been provided in the 2024–25 Budget over four years to ‘support parents with a disability or mental illness, to divert families from out of home care and to make sure that they are getting the support they need’.¹⁶¹ The committee understands this funding seeks to ensure the Child and Youth Protection Service is more disability aware.¹⁶²

¹⁵⁶ See, for example Natalee Thomas, *Submission 12*, p 2; Name Withheld, *Submission 44*, p 2; Emma Hussey, *Submission 50*, p 2; Health Care Consumers’ Association, *Submission 56*, p 11; Women With Disabilities ACT, *Submission 61*, p 8.

¹⁵⁷ Health Care Consumers’ Association, *Submission 56*, p 11.

¹⁵⁸ Women With Disabilities ACT, *Submission 61*, p 8.

¹⁵⁹ Women With Disabilities ACT, *Submission 61*, p 8.

¹⁶⁰ Carers ACT, *Submission 69*, pp 7–8.

¹⁶¹ Ms Rachel Stephen-Smith MLA, Minister for Disability, Minister for Health, and Minister for Children and Families, *Proof Committee Hansard*, 2 July 2024, p 107.

¹⁶² Ms Rachel Stephen-Smith MLA, Minister for Disability, Minister for Health, and Minister for Children and Families, *Proof Committee Hansard*, 2 July 2024, p 107.

- 4.61. The Minister advised that the Commonwealth, state and territory governments were considering navigation services and foundational supports following the review of the NDIS:

A lot of that service system should be universal. You should not need to be eligible to find someone to help you navigate the services that are available that are more targeted and specific. I have not heard it necessarily in those words, but certainly I am conscious that that is a service that people require. That is useful input, as we are thinking about designing the navigation service to make sure that it is open and available and aligns with advocacy support...¹⁶³

- 4.62. The *ACT Disability Strategy 2024–2033* outlines the need to ‘provide support for people to navigate systems’, and to support ‘parents with disability to access services and to care for their children’.¹⁶⁴

Recommendation 12

The committee recommends that the ACT Government investigate options to provide a parenting navigation service in the health setting for parents with disabilities and parents of children with disabilities.

Specialist and allied health services

- 4.63. Several submitters spoke of difficulties accessing specialist and allied health services, particularly for children with complex and/or chronic health conditions.¹⁶⁵
- 4.64. The number of people in the ACT and surrounding regions requiring access to particular services is too small to support a permanent presence of certain specialties.¹⁶⁶ To support those children and families who require access to these services, families are able to access shared interstate care, under an arrangement with the Sydney Children’s Hospitals Network (SCHN).¹⁶⁷ In 2020–21, 814 ACT children were cared for in an inter-state hospital.¹⁶⁸
- 4.65. The committee heard concerns regarding the support for families accessing interstate care, particularly relating to the financial impact and ability for families with multiple children to remain together during treatment. HCCA also called for additional paediatricians in the ACT and greater access to neurodiversity assessments.¹⁶⁹ The ACT *Child and Adolescent Clinical*

¹⁶³ Rachel Stephen-Smith MLA, Minister for Disability and Minister for Health, *Proof Committee Hansard*, 2 July 2024, p 107.

¹⁶⁴ ACT Government, *ACT Disability Strategy 2024–2033*, p 15 and 21.

¹⁶⁵ See, for example Tanya Fuller, *Submission 10*, p 2; Nicole Betts, *Submission 11*, p 2; Emma Hussey, *Submission 50*, p 2.

¹⁶⁶ Health Care Consumers’ Association, *Kids Interstate Shared Care Project: Final Report*, May 2020, pp 10–11; and ACT Government, *Child and Adolescent Clinical Services Plan 2023–2030*, 2023, p 10.

¹⁶⁷ ACT Government, *Child and Adolescent Clinical Services Plan 2023–2030*, 2023, p 10.

¹⁶⁸ ACT Government, *Child and Adolescent Clinical Services Plan 2023–2030*, 2023, p 8.

¹⁶⁹ Health Care Consumers’ Association, *Submission 56*, pp 9–10.

Services Plan 2023–2030 outlines a number of actions to improve clinical health services for children in the ACT, as well as shared care arrangements with the SCHN.¹⁷⁰

Paediatric care

- 4.66. Inadequate access to paediatric care was a concern raised throughout the inquiry.¹⁷¹ The committee also heard that attracting and retaining specialised workforces, such as paediatricians, is a challenge for the ACT.¹⁷²
- 4.67. Carers ACT noted that although ‘workforce shortages in healthcare is a nationwide issue’, the relatively high income of Canberrans can ‘create socioeconomic disparity’ resulting in those unable to afford private specialist care in the ACT being particularly disadvantaged by long waitlists in the public system.¹⁷³
- 4.68. HCCA described the frustration experienced by many families seeking access to ‘specialist paediatric clinical services’ which are either not available in the ACT or have long waiting lists ‘that can impact on the quality of life of children waiting’.¹⁷⁴

...you are on all sorts of waitlists for paediatricians. You cannot get into paediatricians. They have tiny windows of time to take on new clients and then you are waiting a year to get in. And, in that year of time, what are you doing? You are very limited by what you can do and who you can get into, and it is all largely private.¹⁷⁵

- 4.69. Commissioner Toohey suggested that a ‘dedicated paediatric emergency department’ would ameliorate many of the factors that lead to complaints from those raising children about their experiences in Emergency Departments (ED), such as staff lacking specific experience with children and parents.¹⁷⁶ This is listed as an action under the *Child and Clinical Services Plan 2023–2030*.¹⁷⁷
- 4.70. One individual noted that long waitlists mean that prevention or early treatment isn’t possible, and parental confidence is undermined:

...it’s evident that paediatric support for children is lacking in ACT and the waitlists for specialists to support diagnosis and treatment of issues is way too long to be able to prevent and treat before issues escalate. There really needs to be more paediatric support so that people have confidence that if they choose to raise

¹⁷⁰ ACT Government, *Child and Adolescent Clinical Services Plan 2023–2030*, 2023, pp 11–14.

¹⁷¹ See, for example Health Care Consumers’ Association, *Submission 56*, p 4; Alicia Jamieson, *Submission 66*, p 2; Carers ACT, *Submission 69*, p 7; Susan Johnson, Executive Teacher, CCCares @ Canberra College, *Committee Hansard*, 18 June 2024, p 74.

¹⁷² Dr Liz Allen, *Committee Hansard*, 21 May 2024, p 5; Ms Jessica Lamb, Senior Policy Officer, Health Care Consumers’ Association, *Committee Hansard*, 28 May 2024, p 43.

¹⁷³ Carers ACT, *Submission 69*, p 7.

¹⁷⁴ Health Care Consumers’ Association, *Submission 56*, p 6.

¹⁷⁵ Michelle Cullen, Chronic Conditions Network Coordinator, Health Care Consumers’ Association, *Committee Hansard*, 28 May 2024, p 42.

¹⁷⁶ Discrimination, Health Services, Disability and Community Services Commissioner, ACT Human Rights Commission, *Submission 75*, p 4.

¹⁷⁷ ACT Government, *Child and Adolescent Clinical Services Plan 2023–2030*, 2023, p 11.

children, there is the services available in a timely manner to help them when needed.¹⁷⁸

4.71. The Minister for Health acknowledged that it can be ‘really challenging to find a private paediatrician in the ACT’.¹⁷⁹ The Minister pointed to the *Child and Adolescent Clinical Services Plan*,¹⁸⁰ stating it ‘has given us some great guidance from our expert panel around where we should focus additional resources in child and adolescent clinical services’.¹⁸¹ In relation to the recruitment of paediatricians, the committee heard that:

- a ‘targeted talent acquisition team looking at recruitment for Canberra Health Services’¹⁸² (CHS) has been set up, which has seen the recruitment of ‘quite a number of paediatricians in the last year’¹⁸³; and
- some of the paediatricians who are recruited by CHS will also engage in private practice.¹⁸⁴

4.72. In response to a question taken on notice, the Minister advised that ‘CHS has focused recent efforts to reduce wait times for Community Paediatrics and have achieved a 30 per cent reduction in wait times since January 2024.’¹⁸⁵

Committee comment

4.73. The committee acknowledges the efforts being undertaken by the ACT Government to increase the availability of paediatricians available in the ACT and considers this work should continue.

Recommendation 13

The committee recommends the ACT Government continue efforts to recruit paediatricians to the Territory to ensure easier access for ACT families to local paediatric services.

Neurodiversity assessments

4.74. Submitters raised the lack of available specialists in the ACT to undertake timely neurodiversity assessments, particularly for Autism and Attention Deficit Hyperactivity Disorder (ADHD) diagnoses:¹⁸⁶

¹⁷⁸ Alicia Jamieson, *Submission 66*, p 2.

¹⁷⁹ Rachel Stephen-Smith, Minister for Health, *Proof Committee Hansard*, 2 July 2024, p 113.

¹⁸⁰ ACT Government, [Child and Adolescent Clinical Services Plan 2023–2030](#), 2023.

¹⁸¹ Rachel Stephen-Smith, Minister for Health, *Proof Committee Hansard*, 2 July 2024, p 111.

¹⁸² Rachel Stephen-Smith, Minister for Health, *Proof Committee Hansard*, 2 July 2024, p 113.

¹⁸³ Kath Wakefield, Executive Director, Women, Youth and Children, Canberra Health Services, *Proof Committee Hansard*, 2 July 2024, p 113.

¹⁸⁴ Janet Zagari, Acting Chief Executive Officer, Canberra Health Services, *Proof Committee Hansard*, 2 July 2024, p 113.

¹⁸⁵ Ms Rachel Stephen-Smith MLA, *answer to QTON 10: ADHD and Autism Assessments*, 2 July 2024 (received 2 August 2024) p 1.

¹⁸⁶ See, for example Alicia Jamieson, *Submission 66*, p 2; Health Care Consumers’ Association, *Submission 56*, pp 8–11.

I have been told by our paediatrician that the waitlist for autism and ADHD assessments is two years, but if you can afford to go private, it is three to six months or less.¹⁸⁷

- 4.75. HCCA reported significant delays and costs associated with diagnosis ‘place significant strain on children and families seeking support to manage the symptoms of neurodevelopmental conditions’ with some families forced to decide which child needs support first:

You’ve got families who are literally having to make a decision. Well, who gets diagnosed first? Who can we afford? Who needs to prove it to the people who have to accommodate their needs most?¹⁸⁸

- 4.76. Commissioner Griffiths-Cook called attention to the demand for Autism assessments in early childhood, noting the ‘wait-time can significantly impact supports for children at a crucial time for their schooling.’¹⁸⁹
- 4.77. The ACT Government advised the ‘Child Development Services (CDS) provides free autism assessments for children who live in the ACT aged 0-12 years’.¹⁹⁰ A referral from a paediatrician is required to access an assessment through the CDS, with the current wait time sitting at ‘12-14 months’.¹⁹¹ Families can also access assessments through a paediatrician.¹⁹²
- 4.78. Assessment and diagnosis for ADHD can be completed by a paediatrician, psychologist or child psychiatrist, with a referral to a paediatrician required where children need medication.¹⁹³ The committee was advised there is not a specific waitlist for the diagnosis of ADHD through Community Paediatrics.¹⁹⁴
- 4.79. HCCA argued that ‘there is a screaming cry from consumers for paediatric, community-based services’,¹⁹⁵ noting often children are required to see multiple specialists, resulting in further delays.¹⁹⁶
- 4.80. One suggestion put to the committee was a ‘diagnosis day’ which may assist families waiting for an assessment:

In Sydney...they run a diagnostic day. Children and their families who are on the waitlist are invited. All the specialists are available at the clinic. The children move

¹⁸⁷ Health Care Consumers’ Association, *Submission 56*, pp 9–10.

¹⁸⁸ Health Care Consumers’ Association, *Submission 56*, p 9.

¹⁸⁹ ACT Children and Young People Commissioner, ACT Human Rights Commission, *Submission 72*, p 7.

¹⁹⁰ Ms Rachel Stephen-Smith MLA, *answer to QTON 3: Autism and ADHD Assessments*, 2 July 2024 (received 2 August 2024), p 1.

¹⁹¹ Ms Rachel Stephen-Smith MLA, *answer to QTON 10: Autism and ADHD Assessments*, 2 July 2024 (received 2 August 2024), p 1.

¹⁹² Ms Rachel Stephen-Smith MLA, *answer to QTON 10: Autism and ADHD Assessments*, 2 July 2024 (received 2 August 2024), p 1.

¹⁹³ Ms Rachel Stephen-Smith MLA, *answer to QTON 10: Autism and ADHD Assessments*, 2 July 2024 (received 2 August 2024), p 1.

¹⁹⁴ Ms Rachel Stephen-Smith MLA, *answer to QTON 10: Autism and ADHD Assessments*, 2 July 2024 (received 2 August 2024), p 1.

¹⁹⁵ Health Care Consumers’ Association, *Submission 56*, p 9.

¹⁹⁶ Ms Jessica Lamb, Senior Policy Officer, Health Care Consumers’ Association, *Committee Hansard*, 28 May 2024, p 42.

around the specialists. They see them all. The specialists confer at the end of the day. That is a very efficient way of accessing a diagnosis. It has to be a big and overwhelming day for kids and their families, but it is a really efficient way for people to access the opinions of all the specialists that they need, and then having them confer and put in place a comprehensive care plan in the diagnosis process for a child.¹⁹⁷

Committee comment

- 4.81. The committee notes the ACT Government's efforts to reduce wait times for Community Paediatricians. However, in light of the evidence received from parents and key stakeholders, the committee considers more work is needed to decrease the wait times for assessment and diagnosis of neurodevelopmental conditions such as Autism.

Recommendation 14

The committee recommends that the ACT Government offers more specialist services in the ACT to provide timely assessment and diagnosis of neurodevelopmental conditions.

Mental health

- 4.82. The committee heard that access to mental health services and supports was important for those raising children in the ACT:¹⁹⁸

I think mental health care is a big factor that would improve the situation and support for raising children in the ACT. I occasionally feel guilty of bringing into the world another little life who will have to struggle and go through hardships. I don't know if mental health care is there yet in terms of supporting people and parents and kids.¹⁹⁹

One submitter drew attention to the unique pressures experienced by women when raising children, and the potential impact on mental health, noting the 'old stigma of women have to work like they don't have children and raise children like they don't work'.²⁰⁰

- 4.83. A range of perspectives on the need for quality mental health services for prospective parents, parents, and children and young people were put to the committee. These highlighted the importance of such services, alongside existing inadequacies in service provision in the ACT:

¹⁹⁷ Ms Jessica Lamb, Senior Policy Officer, Health Care Consumers' Association, *Committee Hansard*, 28 May 2024, pp 41–42.

¹⁹⁸ See, for example, Isobel Knowles, *Submission 24*, p 2; Health Care Consumers' Association, *Submission 56*, p 8; Discrimination, Health Services, Disability and Community Services Commissioner, ACT Human Rights Commission, *Submission 75*, p 4.

¹⁹⁹ Isobel Knowles, *Submission 24*, p 2.

²⁰⁰ Alicia Jamieson, *Submission 66*, p 3.

- WWDACT highlighted the need for quality perinatal mental health care, raising concerns about potential misdiagnosis or mistreatment because of inadequately trained staff.²⁰¹
- The Justice Reform Initiative advised that adequate mental health care was important for young people, both with respect to preventing engagement with the youth justice system and supporting those who enter it.²⁰²
- ACTCOSS advised that although some services to support new parents are available, cost can be a prohibiting factor, and ‘services to assist with the mental health of parents could do with additional resourcing’.²⁰³
- Carers ACT stated that school-based mental health supports for children and young people are essential, and that inadequate supports can contribute to school refusal.²⁰⁴
- CCCares @ Canberra College stated that there was a need for more psychiatrists, for parents and children, ‘to diagnose and for early intervention, and for parents managing their own mental health’.²⁰⁵

4.84. Commissioner Toohey advised the committee that ‘the ACT has a relatively small number of psychologists and psychiatrists providing services specifically for children and young people’.²⁰⁶ She stated that there have been situations where practitioners such as psychologists and psychiatrists had left the Territory or stopped practicing, disrupting treatment:

...these experiences demonstrated the brittle nature of the public and private health system in the ACT where restrictive criteria, high demand and delays to access public health services are not adequately compensated for by private services. Children and young people can lose years of effective access to education, social activity, sport etc if their psychological and mental health is not being adequately managed.²⁰⁷

4.85. Commissioner Toohey expanded upon this theme at the public hearing, advising the committee that in addition to the limited number of practitioners available, cost is also a significant barrier - ‘it is expensive, at the end of the day. There are a lot of assumptions that you can go and get some support or see a psychologist when, actually, that is just not available to you’.²⁰⁸

²⁰¹ Women With Disabilities ACT, *Submission 61*, p 9.

²⁰² Justice Reform Initiative, *Submission 80*, p 8.

²⁰³ Dr Devin Bowles, Chief Executive Officer, ACT Council of Social Service, *Committee Hansard*, 28 May 2024, p 30.

²⁰⁴ Carers ACT, *Submission 69*, p 10.

²⁰⁵ Ms Susan Johnson, Executive Teacher, CCCares @Canberra College, *Committee Hansard*, 18 June 2024, p 74.

²⁰⁶ Discrimination, Health Services, Disability and Community Services Commissioner, ACT Human Rights Commission, *Submission 75*, p 4.

²⁰⁷ Discrimination, Health Services, Disability and Community Services Commissioner, ACT Human Rights Commission, *Submission 75*, p 4.

²⁰⁸ Ms Karen Toohey, Discrimination, Health Services, Disability and Community Services Commissioner, ACT Human Rights Commission, *Committee Hansard*, 21 May 2024, p 18.

- 4.86. At the public hearing, Minister Stephen-Smith advised of new funding in the recent budget to ‘support parents with a disability or mental illness’.²⁰⁹

Committee comment

- 4.87. The committee considers that the evidence received during this inquiry points to a broader need for more mental health services which are available to children and families.

Recommendation 15

The committee recommends that the ACT Government ensure more psychology, psychiatry and mental health support services are available and accessible for children and families.

Dental health

- 4.88. The committee heard that dental care is an important component of preventative health, given it ‘has ramifications for all sorts of health issues down the line’.²¹⁰ One individual submitter noted that cost can be a barrier to undertaking regular dental visits, stating ‘my husband and I haven’t had a dental check in four years’.²¹¹ Another suggested that access to free dental care to ‘ensure basic survival’ would improve the situation for those raising children in the ACT.²¹²

- 4.89. HCCA shared the experiences of a consumer who attempted to access the ACT Health public dental service. In the case described, the child required dental work to be done under anaesthetic:

...they told us the waitlist for dental work under anaesthetic was about 18mo. Basically the plan was to keep seeing him every 6 weeks (at an appointment time of their choosing) to wait until the problems got worse and he could be triaged up the ladder to more urgent to get in quicker. So basically, their idea was to wait until my child had dental abscesses and was in extreme pain until he could have work done. Needless to say, we went private – Paid \$2500 and got in within 3 weeks to have all the work done at Calvary John James.²¹³

- 4.90. In response to a question taken on notice, the Minister advised that ‘CHS offers dental services under general anaesthesia (GA) at North Canberra Hospital and Canberra Hospital...Dental treatments under GA are provided by two CHS dentists’.²¹⁴ As at 30 July

²⁰⁹ Rachel Stephen-Smith MLA, Minister for Health and Minister for Children, Youth and Family Services, *Proof Committee Hansard*, 2 July 2024, p 107.

²¹⁰ Ms Jessica Lamb, Senior Policy Officer, Health Care Consumers’ Association, *Committee Hansard*, 28 May 2024, p 45.

²¹¹ Emma Hussey, *Submission 50*, p 2.

²¹² Name Withheld, *Submission 65*, p 2.

²¹³ Health Care Consumers’ Association, *Submission 56*, pp 10–11.

²¹⁴ Ms Rachel Stephen-Smith MLA, *answer to QTON 12: Wait times for dental care under anaesthetic*, 2 July 2024, (received 2 August 2024), p 2.

2024, there were 76 cases on the waitlist for paediatric dental care under anaesthetic (see Figure2).²¹⁵

| Snapshot of CHS Paediatric Dental Waitlist (includes paediatric disability cases) | | | | |
|---|--------------|------------|------------|------------|
| Type of patient | Total number | Category 1 | Category 2 | Category 3 |
| Paeds 0-17 years | 76 | 0 | 76 | 0 |

Note: *CHS operational data as of 30 July 2024.

Figure 2: Snapshot of CHS Paediatric Dental Waitlist as at 30 July 2024. [Source: Response to QTON 3.²¹⁶]

- 4.91. The committee was advised that dental treatments are available for all eligible children in the ACT, with an assessment undertaken by the dentist to determine whether treatment under GA is necessary. Regular review appointments are undertaken to monitor the dental status and families are advised to contact CHS should their child’s dental health deteriorate.²¹⁷
- 4.92. The Minister advised ‘CHS is reviewing opportunities to increase access to GA dental services’.²¹⁸

Committee comment

- 4.93. The committee welcomes the advice that CHS is reviewing opportunities to increase access to GA dental services. Given the reports received during this inquiry, the committee considers this review should be completed as soon as possible to avoid further instances of children needing to wait extended periods to access dental care.

Recommendation 16

The committee recommends that the ACT Government advocate, and further investigate opportunities, for improved access to public dental care for children, so that children needing treatment do not need to wait for up to 18 months.

²¹⁵ Ms Rachel Stephen-Smith MLA, *answer to QTON 12: Wait times for dental care under anaesthetic*, 2 July 2024, (received 2 August 2024), p 1.

²¹⁶ Ms Rachel Stephen-Smith MLA, *answer to QTON 12: Wait times for dental care under anaesthetic*, 2 July 2024, (received 2 August 2024), p 1.

²¹⁷ Ms Rachel Stephen-Smith MLA, *answer to QTON 12: Wait times for dental care under anaesthetic*, 2 July 2024, (received 2 August 2024), p 2.

²¹⁸ Ms Rachel Stephen-Smith MLA, *answer to QTON 12: Wait times for dental care under anaesthetic*, 2 July 2024, (received 2 August 2024), p 2.

5. Cost of living factors

Birth rates are dropping, but I know that there are so many people in my age group who desperately want kids but can't afford to do so.²¹⁹

- 5.1. The cost of living and additional costs of raising children were the concerns most raised by many submitters for their decisions about raising children.²²⁰ This chapter will examine:
- poverty and the groups more likely to experience poverty;
 - availability, affordability, and accessibility of public transport in the ACT; and
 - childcare costs and availability in the ACT, as well as the cost of education and associated expenses such as school excursions and extracurricular activities.

Experiences of poverty

- 5.2. Increases in the cost of living affect everyone, but disproportionately impact people who are already experiencing poverty, or who are living on low incomes.²²¹
- 5.3. The committee heard some groups are more likely to experience poverty than others,²²² including: single parent households,²²³ Aboriginal and Torres Strait Islander peoples,²²⁴ migrants from non-English speaking backgrounds, and people with disabilities who need assistance with self-care, mobility, or communication.²²⁵
- 5.4. Canberra's relatively 'high average wages and the prevalence of public servants in well-paid jobs' can serve to obscure those in the ACT who are experiencing financial hardship or poverty.²²⁶
- 5.5. In 2021, the ACT Council of Social Service (ACTCOSS) reported that approximately 11 per cent of children in the ACT were living in poverty.²²⁷ However, Roundabout Canberra noted the exact figures for childhood poverty in the ACT are unclear and are likely to be higher.²²⁸
- 5.6. ACTCOSS advised the ACT's 'relatively high costs of living are pushing many low and moderately-low income households into significant financial hardship and economic insecurity'.²²⁹ Roundabout Canberra, which provides families in need with donated items

²¹⁹ Name Withheld, *Submission 55*, p 2.

²²⁰ See, for example Cassandra Deacon, *Submission 8*, pp 1–2; Mitchell McLean, *Submission 9*, pp 1–2; Tanya Fuller, *Submission 10*, pp 1–2; Name Withheld, *Submission 13*, p 2; Name Withheld, *Submission 19*, pp 1–2; Isobel Knowles, *Submission 24*, p 2; Courtney Nelson, *Submission 33*, p 1; Avalon Yennefer, *Submission 62*, p 2.

²²¹ ACT Council of Social Service, *Submission 78*, p 6. See also Roundabout Canberra, *Submission 60*, pp 6–7 for a description of the broader impacts of poverty.

²²² See for example, Karinya House, *Submission 77*, p 1; ACT Council of Social Service, *Submission 78*, p 7.

²²³ Roundabout Canberra, *Submission 60*, p 3.

²²⁴ ACT Council of Social Service, *Submission 78*, p 7.

²²⁵ ACT Council of Social Service, *Submission 78*, p 7.

²²⁶ Roundabout Canberra, *Submission 60*, p 3.

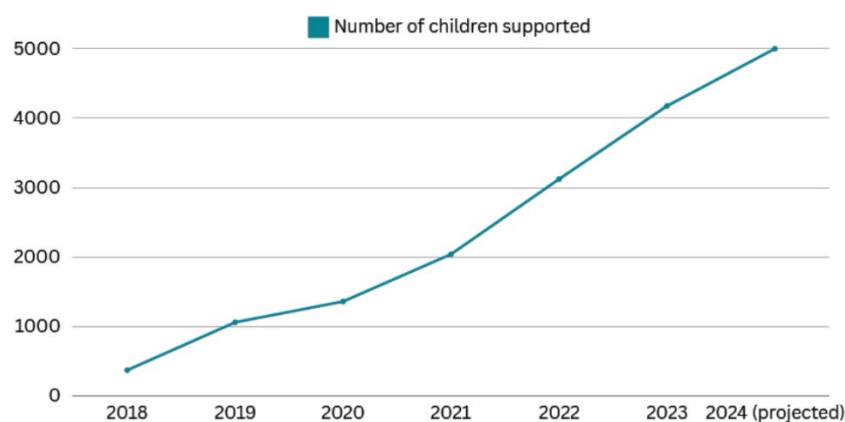
²²⁷ ACT Council of Social Service, [2021 Cost of Living Report: Tracking changes in the cost of living for low-income households in the Australian Capital Territory](#), August 2021, p 5.

²²⁸ Roundabout Canberra, *Submission 60*, p 4.

²²⁹ ACT Council of Social Service, *Submission 78*, p 7.

for babies and children, reported that demand for assistance has significantly increased since 2018:

The need for support for Canberra families



In 2018 Roundabout Canberra supported 368 children, with the need growing to 4175 in 2023.

Figure 3: Number of children supported by Roundabout Canberra, 2018–2024 [source Roundabout Canberra, *Submission 60*, p 5].

- 5.7. The committee heard that this ‘hidden poverty’ is not well understood and impacts on overall child development and family wellbeing.²³⁰

General cost of living pressures

Housing is so expensive that I will likely never own property, grocery costs are skyrocketing. I barely have enough money to pay rent in a share house, buy enough food to sustain myself even though I work good hours for a decent salary.²³¹

- 5.8. Many submitters called for both the Australian Government and the ACT Government to provide more financial support to families to assist them with the costs associated with raising children.²³²
- 5.9. The ACTCOSS 2023 *ACT Cost of Living Report* found there had been ‘unprecedented’ rises in the costs of essentials over the five years to 2023, including:
- vehicle fuel up 37 per cent;
 - electricity up 25 per cent;
 - transport up 23 per cent;

²³⁰ Dr Liz Allen, *Committee Hansard*, 21 May 2023, p 6.

²³¹ Ashleigh Eason, *Submission 48*, p 2.

²³² See, for example Aaron Perrett, *Submission 3*, p 1; Name Withheld, *Submission 13*, p 2; Fatima McGee, *Submission 20*, p 1; Anna Koestenbauer, *Submission 45*, pp 2–3; Angela Jones, *Submission 51*, p 2; Name Withheld, *Submission 58*, p 2; Roundabout Canberra, *Submission 60*, p 8; Laura Velasquez, *Submission 57*, p 1; Liz Allen, *Submission 74*, Attachment A, p 3.

- housing up 21 per cent;
- education up 20 per cent;
- medical and hospital services up 19 per cent; and
- food up 18 per cent.²³³

5.10. The committee heard that wages, salaries, and particularly income support payments have not kept pace with rising costs in the ACT over the same period.²³⁴ ACTCOSS advised:

Across the board, people are making some pretty difficult decisions about what their life will not involve anymore. That includes a range of things, from driving their car for non-essential purposes to maybe even driving their car at all. It includes things like eating less healthily or not heating their homes to the temperature that is consistent with health ...²³⁵

5.11. In the 2022–25 Budget, the ACT Government acknowledged the impact of cost of living challenges, with ‘Cost of Living and supporting Canberrans at risk of marginalisation and disadvantage’ being two of the key priorities in the Budget.²³⁶ Some measures aimed at addressing cost of living for low and fixed income families include, but are not limited to, electricity, gas and water rebates, motor vehicle registration concessions, extending the Rent Relief Fund, increasing the Future of Education Equity Fund, providing additional funding for community organisations, increasing support for emergency material, financial aid programs and food relief services, and increasing assistance through the Taxi Subsidy Scheme.²³⁷

Transport

5.12. Given the increased cost of living, the committee heard of the need for affordable, accessible, and convenient transport options in the ACT. In a ‘car reliant, car-dominant city’, Dr Liz Allen stated the proximity of transport to key infrastructure could influence people’s decisions about raising children.²³⁸

5.13. Some segments of the community were identified as being particularly impacted by a lack of affordable and accessible transport, leading to increased risk of isolation:

- Migrant and refugee communities: Migrant and Refugee Support Services (MARSS), Canberra Refugee Support (CRS) and the St Vincent de Paul Society Canberra/Goulburn highlighted the demand for driving instruction in language and affordable vehicles to support migrants and refugees who may be undertaking casual work outside regular

²³³ ACT Council of Social Service, *Submission 78*, p 6.

²³⁴ ACT Council of Social Service, *Submission 78*, p 6.

²³⁵ Dr Devin Bowles, Chief Executive Officer, ACT Council of Social Service, *Committee Hansard*, 28 May 2024, p 28.

²³⁶ ACT Government, *2024–25 Budget Outlook*, June 2024, p 67.

²³⁷ ACT Government, *2024–25 Budget Outlook*, June 2024, p 181.

²³⁸ Dr Liz Allen, Demographer and Senior Lecturer, Centre for Social Research and Methods, Australian National University, *Committee Hansard*, 21 May 2024, p 7.

public transport hours. Access to transportation also contributed to some children experiencing social isolation and difficulties in accessing extracurricular activities.²³⁹

- People with disabilities: Accessibility was raised as an issue, particularly accessible public transport, parking, and footpaths.²⁴⁰ Women With Disabilities (WWDACT) pointed to the additional cost for transport experienced by people with disabilities.²⁴¹ One submitter called for additional public transport discounts.²⁴²
- Carers: Carers ACT called for improvements to the Special Needs Transport program to better support carers of children with disability requiring transport to school.²⁴³
- People on low incomes: ACTCOSS called for reduced transport costs for those living on a low income.²⁴⁴
- Children: Availability of transport to and from parks and a lack of footpaths to and from sports grounds were of concern for children accessing extracurricular activities. Children and young people in residential care also reported not attending school because of transport issues.²⁴⁵

- 5.14. Natalee Thomas described the impact non-accessible bus services have on her and her child:

My daughter loves trains, trams and buses, and I would love to take her on one, but physically getting to one is really tricky. We could go to the bus stop, but will there be an accessible bus? We are in one of the suburbs where they still send out the older buses. We were promised they would be changed over in, I believe, 2020 or 2021, and it has not happened.²⁴⁶

- 5.15. ACTCOSS pointed to the limited frequency of services in outer Canberra suburbs as restricting families reliant on public transport to ‘provide the full breadth of stimulation’ for their children, particularly on weekends.²⁴⁷
- 5.16. Active public transport was identified as a priority during consultation on the 2024–25 Budget.²⁴⁸ Several initiatives aimed at improving Canberra’s transport networks and active travel options have been committed to under the Budget, including new infrastructure, increased daily services and delivery of the new MyWay+ system.²⁴⁹

²³⁹ Ms Sonia Di Mezza, Interim Chief Executive Officer, Migrant and Refugee Settlement Service, Dr Douglas Hynd, President, Canberra Refugee Support, *Committee Hansard*, 11 June 2024, pp 57–58.

²⁴⁰ Natalee Thomas, *Committee Hansard*, 18 June 2024, pp 84 and 86.

²⁴¹ Women With Disabilities ACT, *Submission 61*, p 5.

²⁴² Name Withheld, *Submission 52*, p 2.

²⁴³ Carers ACT, *Submission 69*, p 10–11.

²⁴⁴ Dr Devin Bowles, Chief Executive Officer, ACT Council of Social Service, *Committee Hansard*, 28 May 2024, p 28.

²⁴⁵ Children and Young People Commissioner, ACT Human Rights Commission, *Submission 72*, pp 5–6.

²⁴⁶ Natalee Thomas, *Committee Hansard*, 18 June 2024, p 86.

²⁴⁷ Dr Devin Bowles, Chief Executive Officer, ACT Council of Social Service, *Committee Hansard*, 28 May 2024, p 30.

²⁴⁸ ACT Government, *2024–25 Budget Outlook*, June 2024, p 71.

²⁴⁹ ACT Government, *2024–25 Budget Outlook*, June 2024, pp 73–74.

Committee comment

- 5.17. The committee notes the transport initiatives announced in the 2024–25 Budget. However, the committee considers further action is needed in the short term to address the transport needs of families in the ACT.

Recommendation 17

The committee recommends that the ACT Government provide more frequent, affordable, and more convenient public transport, as well as better footpaths so that people are not forced into the high costs of private car transport, or forced into isolation if they cannot afford these.

Cost of raising children

Raising a child is the most expensive activity I've done in my life.²⁵⁰

- 5.18. The Australian National University's 2024 guide to the cost of living in Canberra estimated the additional cost of a child as \$5,400 per year, excluding childcare and education costs.²⁵¹ The committee heard that this additional cost, along with rising cost of living pressures made some submitters reconsider whether to have children, or have fewer children than they would otherwise have liked to:²⁵²

... almost everyone I know in Canberra is a 'one-and-done' type for a multitude of reasons, some of which are not fully by choice ... [including the] costs of having children in Canberra.²⁵³

- 5.19. Roundabout Canberra advised some families struggle to provide basic essentials for their children, with over 15,000 items with an estimated value of \$925,512 provided to Canberrans in 2023.²⁵⁴ The items most frequently requested from Roundabout Canberra were basics such as clothing, nappies, linen, toiletries and toys.²⁵⁵ One submitter suggested that the government providing free or subsidised baby essentials for low income families would be helpful.²⁵⁶
- 5.1. Several submitters said they were considering moving away from the ACT to raise their children due to cost of living issues:²⁵⁷

²⁵⁰ Jason Yosar, *Submission 32*, p 1.

²⁵¹ ACT Council of Social Service, *Submission 78*, p 11.

²⁵² See, for example Ashleigh Eason, *Submission 48*, p 2.

²⁵³ Samantha Chin-Gerrand, *Submission 4*, p 3.

²⁵⁴ Roundabout Canberra, *Submission 60*, p 6.

²⁵⁵ Roundabout Canberra, *Submission 60*, p 6.

²⁵⁶ Name Withheld, *Submission 58*, p 2.

²⁵⁷ See for example Name Withheld, *Submission 28*, p 1; Nina Maher, *Submission 25*, pp 1–2; Name Withheld, *Submission 47*, p 1; Ellen Thomas, *Submission 63*, p 1.

The cost of childcare and lack of affordable housing is a huge factor for my family deciding if we'll stay in Canberra to have children or move elsewhere.²⁵⁸

Childcare and early childhood education

5.2. The committee heard that centre-based childcare in the ACT is the most expensive in Australia,²⁵⁹ with ACTCOSS reporting in many instances childcare places needed to be booked well in advance of children entering into care.²⁶⁰

5.3. This was reflected in the individual experiences reported to the committee, with many raising concerns about the cost and availability of childcare in the ACT:²⁶¹

My partner and I have had one child and would consider having another. However – as for so many professional people living in the ACT – the cost and availability of childcare is a serious consideration.²⁶²

Childcare is expensive ... and it's difficult to get into a good one without joining waiting lists and waiting for ages which adds to the stress.²⁶³

... it is really competitive trying to come back to work and find a daycare ... I managed to get a spot, but I am one of the lucky ones.²⁶⁴

5.4. ACTCOSS advised that the ACT has 'far and away the highest out-of-pocket costs for childcare across all income groups, particularly for those on the lowest incomes'.²⁶⁵ MARSS, CRS and the St Vincent de Paul Society Canberra/Goulburn highlighted recently arrived refugees who may be ineligible for childcare subsidies as particularly vulnerable.²⁶⁶

5.5. The committee also heard concerns about the quality of childcare in the ACT. Submitters highlighted the importance of qualifications for early childhood educators, and appropriate staffing ratios in childcare centres.²⁶⁷

5.6. The Minister for Early Childhood Development spoke of the costs of early childhood education, noting the government provides some support to families deciding whether to access childcare when returning to work:

²⁵⁸ Ellen Thomas, *Submission 63*, p 1.

²⁵⁹ ACT Council of Social Service, *Submission 78*, p 11.

²⁶⁰ ACT Council of Social Service, *Submission 78*, p 11.

²⁶¹ See, for example Fatima McGee, *Submission 20*, p 1; Amanda Richardson, *Submission 21*, p 1; Tara Field, *Submission 22*, p 1; Naomi Brooks, *Submission 23*, p 1; Nina Maher, *Submission 25*, pp 1–2; Name Withheld, *Submission 28*, p 1; Name Withheld, *Submission 29*, p 2; Courtney Nelson, *Submission 33*, p 1; Name Withheld, *Submission 36*, p 1; Amy Eastwood, *Submission 41*, p 1; Name Withheld, *Submission 42*, p 2; Cate Evans, *Submission 43*, p 2; Anna Koestenbauer, *Submission 45*, p 2; Name Withheld, *Submission 47*, pp 1–2; Angela Jones, *Submission 51*, p 1; Name Withheld, *Submission 52*, p 2; Name Withheld, *Submission 55*, p 2; Name Withheld, *Submission 58*, p 2; Ellen Thomas, *Submission 63*, p 1.

²⁶² Anna Koestenbauer, *Submission 45*, p 2.

²⁶³ Sahejin Siddiqui, *Submission 31*, p 2.

²⁶⁴ Kate Mayer, *Committee Hansard*, 18 June 2024, p 66.

²⁶⁵ ACT Council of Social Service, *Submission 78*, p 11.

²⁶⁶ Ms Sonia Di Mezza, Interim Chief Executive Officer, Migrant and Refugee Support Service Australia, *Committee Hansard*, 11 June 2024, p 48.

²⁶⁷ See, for example Isobel Knowles, *Submission 24*, p 2; Bronwyn Orr, *Submission 38*, p 1; Anna Koestenbauer, *Submission 45*, p 2.

Those are the kinds of decisions every family would make, and, in some ways, we support them. We provide early childhood access to three- and four-year-old preschool. That makes a difference in families' decisions, but there are some things that are out of our control.²⁶⁸

- 5.7. Universal access to 600 hours per year of quality early childhood education for three-year-olds is an initiative under the ACT Government's *Set up for Success: An early Childhood Strategy for the ACT*.²⁶⁹ Access is being rolled out in a staged approach commencing with priority cohorts. Expanded access to all three-year-olds for up to 300 hours of free pre-school a year (around one day per week) commenced at the start of 2024.²⁷⁰ This staged rollout seeks to support the Early Childhood Education sector to prepare its workforce for additional enrolments and quality requirements under the program.²⁷¹
- 5.8. In its submission, ACTCOSS called for universal access to free Early Childhood Education and Care (ECEC), including 'integrated service delivery with wrap-around child and family supports'.²⁷² ACTCOSS contented this would 'minimise the consequence of gaps in the conditions that govern childhood development'.²⁷³

Recommendation 18

The committee recommends that the ACT Government extend free early childhood education and work towards universal free early childhood education.

- 5.9. While the availability of affordable childcare impacts families across the ACT, this impact is exacerbated for some groups, including parents who undertake shift work, and parents of children with disabilities or complex health conditions.²⁷⁴

Out of hours childcare services

- 5.10. Kate Mayer told the inquiry that, as a nurse who has a two-year-old child, limited extended hours childcare centres in the ACT restricts the shifts she is able to work:

I would have been four to six weeks pregnant, and I applied to go to the hospital day care. It is one of the only two in Canberra that opens at 6.30 am. Both Canberra Hospital and North Canberra Hospital have those two day cares, and I was originally rejected...Then they called me the next week and offered me two

²⁶⁸ Ms Yvette Berry MLA, Minister for Early Childhood Development, *Committee Hansard*, 2 July 2024, p 98.

²⁶⁹ ACT Government, *Set up for Success: An Early Childhood Strategy for the ACT*, 2020, p 2.

²⁷⁰ Mr Andrew Barr MLA, Chief Minister, and Ms Yvette Berry MLA, Minister for Education and Youth Affairs, Joint media release, *Three-year-old preschool providers ready for 2024*, 30 October 2024.

²⁷¹ Education Directorate, *Quality early childhood education for three year-olds*, <https://www.education.act.gov.au/early-childhood/set-up-for-success-an-early-childhood-strategy-for-the-act/quality-early-childhood-education-for-three-year-olds> (accessed 9 August 2024).

²⁷² ACT Government, Early Childhood Schools (Public), https://www.education.act.gov.au/public-school-life/public-schools-in-the-act/early_childhood_schools_public (accessed 15 July 2024).

²⁷³ Dr Robyn Seth-Purdie, Senior Policy Officer, ACT Council of Social Service, *Committee Hansard*, 28 May 2024, p 26.

²⁷⁴ See for example, Kate Mayer, *Submission 2*, p 1; Women With Disability ACT, *Submission 61*, p 13.

days. So, I could only return to work from a full-time rotating roster to two days morning shifts.²⁷⁵

- 5.11. This experience is not limited to healthcare workers, with other shift workers such as cleaners and tradespeople working outside regular operating hours for many childcare centres.²⁷⁶ Supports from families, friends and neighbours can often help to fill this gap, however, are not available for all people.²⁷⁷
- 5.12. Standard operating hours for early childhood centres in the ACT are between 7am to 6pm Monday to Friday, with family daycare services and after-hours school care providing some flexibility for families requiring care outside these hours.²⁷⁸ The Minister noted that some countries, such as Finland, 'do run 24-hour [childcare] services', however viability of those types of services in the ACT would be influenced by a variety of national factors including industrial conditions and workforce shortages.²⁷⁹

Recommendation 19

The committee recommends that the ACT Government investigate the viability of providing an after-hours childcare facility to accommodate shift workers.

Accessible childcare

- 5.13. WWDACT reported families of children with additional support requirements having issues accessing early childhood education:
- Something that has come up in a few conversations we have had with members involves children trying to access early childhood education. With the additional supports needed, if they need to be watched all the time, given the nature of their disability, there are fewer formal supports than in primary and secondary education systems. Often they will be turned away, rather than giving parents and children the opportunity to access early childhood education.²⁸⁰
- 5.14. In response to a question taken on notice, the Minister advised there are five ECEC services co-located on the five early childhood school sites that are owned by the ACT Government. Each of the ECEC are independently operated by community-based provider.²⁸¹

²⁷⁵ Kate Mayer, *Committee Hansard*, 18 June 2024, p 66.

²⁷⁶ Kate Mayer, *Committee Hansard*, 18 June 2024, p 66.

²⁷⁷ Kate Mayer, *Committee Hansard*, 18 June 2024, p 67.

²⁷⁸ Ms Yvette Berry MLA, Minister for Early Childhood Development, and Mr Sean Moysey, Executive Branch Manager, Education and Care Regulation, Education Directorate, *Proof Committee Hansard*, 2 July 2024, pp 99–100

²⁷⁹ Ms Yvette Berry MLA, Minister for Early Childhood Development, *Proof Committee Hansard*, 2 July 2024, pp 100–101.

²⁸⁰ Mx Pippa Newman, Policy Officer, Women With Disabilities ACT, *Committee Hansard*, 21 May 2024, p 11.

²⁸¹ Ms Yvette Berry MLA, Minister for Education and Youth Affairs and Minister for Early Childhood Development, *answer to QTON 6: Location and hours of early childhood centres owned by the ACT Government*, 2 July 2024 (received 25 July 2024), p 1.

Committee comment

- 5.15. The committee considers all children should be able to access quality early childhood education and is of the view the ACT Government should consider ways to ensure services operated out of government-owned facilities can accommodate children of all abilities.

Recommendation 20

The committee recommends that the ACT Government require all ACT Government-owned Early Learning Centres be able to accommodate children with a disability.

Public education

- 5.16. ACTCOSS advised that the total cost of a public education for a child in the ACT was estimated in 2023 at over \$80,000.²⁸² Costs for school equipment, excursions, camps and activities add up over the course of a child's public education.²⁸³
- 5.17. For parents wishing to enrol their child(ren) in private schools, the costs are higher and are also increasing.²⁸⁴ This was raised as a concern for families who intend to send their child(ren) to a private school for religious or other reasons.²⁸⁵
- 5.18. The ACT Government's Future of Education Equity Fund supports low-income families by providing financial assistance with the cost of education expenses, such as school uniforms, excursions, sports equipment, activities and music lessons.²⁸⁶ Families who meet the eligibility criteria receive payments of \$400 for preschool students, \$500 for primary school students, and \$750 for high school and college students.²⁸⁷
- 5.19. The Minister for Education and Youth Affairs advised that the fund, which is now in its third year of operation, had supported approximately 3,000 families with that number continuing to increase.²⁸⁸ Availability of the fund is promoted through a range of channels, including engagement with community charities and support organisations.²⁸⁹
- 5.20. Despite this, the committee heard the cost of school incursions (additional activities held at school), excursions, and camps were significant and presented barriers to participation for some children and young people in the ACT.²⁹⁰ As Dr Bowles explained:

²⁸² ACT Council of Social Service, *Submission 78*, p 11.

²⁸³ Dr Devin Bowles, Chief Executive Officer, ACT Council of Social Service, *Committee Hansard*, 28 May 2024, p 26.

²⁸⁴ Sarah Lansdown, 'What Canberra private schools will cost in 2024', *The Canberra Times*, 18 December 2023.

²⁸⁵ See, for example, Mitchell McLean, *Submission 9*, pp 1–2.

²⁸⁶ ACT Government, ACT Education Directorate, Financial and Resource Assistance for Families, <https://www.education.act.gov.au/support-for-our-students/financial-and-resource-assistance-for-families> (accessed 8 July 2024).

²⁸⁷ ACT Government, *Apply now for the 2024 school year Equity Fund*, January 2024, <https://www.education.act.gov.au/about-us/all-news-and-news-alerts/news-items/january-2024/apply-now-for-the-2024-school-year-equity-fund> (accessed 13 August 2024).

²⁸⁸ Ms Yvette Berry MLA, Minister for Education and Youth Affairs, *Proof Committee Hansard*, 2 July 2024, pp 92–93.

²⁸⁹ Ms Yvette Berry MLA, Minister for Education and Youth Affairs, *answer to QTON 2: Future of Education Equity Fund*, 2 July 2024 (received 1 August 2024), pp 1–2.

²⁹⁰ See, for example, Cassandra Deacon, *Submission 8*, p 2; Name Withheld, *Submission 18*, p 1; Courtney Nelson, *Submission 33*, p 1.

As a parent, we were recently invited to allow our children to participate in an incursion—so someone was going to come into the school—and that was going to have a fee associated with it. The purpose of the incursion was to teach math in a way that demonstrated that it was widely applicable throughout life and to make it fun. I would have thought that teaching math in such a way was a basic of public schools and not something that required additional parental input in terms of a financial contribution.²⁹¹

Committee comment

- 5.21. The committee considers that families should not be forced to pay for ‘incursion’ activities occurring inside ACT public school as part of the school curriculum.

Recommendation 21

The committee recommends that the ACT Government ensure that incursion activities taking place as part of the ACT public school curriculum are free of charge.

Transition to mainstream schooling

- 5.22. The committee heard that students who transition from Introductory English Centres (IECs) into mainstream schools can struggle to cope with ‘the academic and social challenges that arise during the transition’.²⁹²
- 5.23. MARSS contended that mainstream schools were unable to meet the needs of transitioning students because of a lack of sufficient ‘English as Additional Language Dialect teachers’ and pastoral care services such as ‘school youth health nurse[s]’.²⁹³ This was supported by the St Vincent de Paul Society Canberra/Goulburn.²⁹⁴
- 5.24. The Minister for Education and Youth Affairs stated that ‘prior to students graduating from the IEC, they attend transition visits’ at their mainstream school, and that the IEC provides the school with information on transitioning students.²⁹⁵ The Minister also noted that upon transition to a mainstream school, students are ‘eligible to receive EAL/D [English as Additional Language/Dialect] support as per the EAL/D Learner Policy and Procedures’.²⁹⁶

²⁹¹ Dr Devin Bowles, Chief Executive Officer, ACT Council of Social Service, *Committee Hansard*, 28 May 2024, p 26.

²⁹² St Vincent de Paul Society Canberra/Goulburn, Canberra Refugee Support, and Migration and Refugee Settlement Services, *Submission 59*, pp 6–7.

²⁹³ Ms Sonia Di Mezza, Migrant and Refugee Settlement Services, *Committee Hansard*, 11 June 2024, p 48.

²⁹⁴ Ms Joanna Bragg, Youth Liaison Officer, Migrant and Refugee Program, St Vincent de Paul Society Canberra/Goulburn, *Committee Hansard*, 11 June 2024, p 58.

²⁹⁵ Ms Yvette Berry MLA, Minister for Education and Youth Affairs, *Answer to QTON 5: Transitional Support*, 2 July 2024 (received 1 August 2024), p 1.

²⁹⁶ Ms Yvette Berry MLA, Minister for Education and Youth Affairs, *Answer to QTON 5: Transitional Support*, 2 July 2024 (received 1 August 2024), p 1.

Committee comment

- 5.25. The committee considers that additional supports should be provided, in light of the evidence received from organisations who work with children transitioning into mainstream schools.²⁹⁷

Recommendation 22

That committee recommends that the ACT Government provide better transition support for children at IEC English language specialist schools into mainstream schools.

Cost of recreation activities

- 5.26. CRS advised that the cost of sport and recreational activities for children and young people has increased significantly in recent years, driven largely by increasing insurance premiums for clubs.²⁹⁸ These cost increases have made it more difficult for charities and community organisations to support participation in these activities.²⁹⁹
- 5.27. In 2023, the Children and Young People Commissioner, Ms Jodie Griffiths-Cook, consulted with 755 children and young people in the ACT about their access to play and recreation.³⁰⁰ Commissioner Griffiths-Cook found that for some ACT children and young people, participating in organised sport was cost prohibitive.³⁰¹ This was supported by some submitters who reported struggling to afford extras such as swimming lessons, and extracurricular activities for their children.³⁰²
- 5.28. Commissioner Griffiths-Cook emphasised the need for additional free and low cost recreational facilities for children and young people, and particularly for teenagers.³⁰³
- 5.29. One submitter expressed appreciation for the flexibility of free activities for young children in the ACT, calling for more:

One great thing about living in Canberra with kids is the public facilities for activities. I especially love PLAYUp at old Parliament House. It's somewhere you can take your child for free in bad weather and mix with other children without having to sign up in advance or be on time etc! I would like to see more of this.³⁰⁴

²⁹⁷ St Vincent de Paul Society Canberra/Goulburn, Canberra Refugee Support, and Migration and Refugee Settlement Service, *Submission 59*, pp 6–7.

²⁹⁸ Dr Douglas Hynd, President, Canberra Refugee Support, *Committee Hansard*, 11 June 2024, p 50.

²⁹⁹ Dr Douglas Hynd, President, Canberra Refugee Support, *Committee Hansard*, 11 June 2024, p 50.

³⁰⁰ Children and Young People Commissioner, ACT Human Rights Commission, *Submission 72*, p 5.

³⁰¹ Children and Young People Commissioner, ACT Human Rights Commission, *Submission 72*, p 6.

³⁰² See, for example, Cassandra Deacon, *Submission 8*, p 2; Dr Devin Bowles, Chief Executive Officer, ACT Council of Social Service, *Committee Hansard*, 28 May 2024, p 26; Name Withheld, *Submission 18*, p 1; Courtney Nelson, *Submission 33*, p 1; Name Withheld, *Submission 44*, p 2.

³⁰³ Children and Young People Commissioner, ACT Human Rights Commission, *Submission 72*, p 5.

³⁰⁴ Name Withheld, *Submission 16*, p 2.

Recommendation 23

The committee recommends that the ACT government provide additional funding for free and low cost recreational spaces, events and activities for children and young people, particularly teenagers.

6. Housing

My husband and I cannot afford a mortgage in Canberra and will be moving interstate to start a family as soon as we can line up work.³⁰⁵

- 6.1. The availability of affordable housing in the ACT was seen by submitters as a significant barrier to having children.³⁰⁶ The ACT Council of Social Service (ACTCOSS) contended secure housing is a necessary precondition to starting a family, with housing stability contributing to the overall wellbeing and development of children.³⁰⁷
- 6.2. The committee heard that some groups, including parents with disabilities, and recently arrived migrants from non-English speaking backgrounds, face a higher risk of housing insecurity, including homelessness, unaffordable housing, and a lack of suitable housing.³⁰⁸
- 6.3. This chapter will examine the availability of affordable housing in the ACT, including renters' rights, and the availability of accessible public housing in the ACT.

Availability of affordable housing

- 6.4. ACTCOSS advised that the ACT has the most unaffordable housing of any Australian state or territory.³⁰⁹
- 6.5. The Migrant and Refugee Settlement Services (MARSS) described the housing situation, both Australia-wide and in the ACT, as 'a huge crisis', stating there was an urgent need for more housing stock and more supports to get vulnerable people, including those from multicultural communities, into appropriate housing.³¹⁰
- 6.6. ACTCOSS advised that in 2019–20 (the most recent data available), only 55 homes per 1,000 people with low or moderate incomes were built or sold in the ACT.³¹¹ The Anglicare 2023 Rental Affordability Snapshot found that no rental properties in the ACT were affordable for single income households on Jobseeker, Youth Allowance or other payments, while only one rental property (0.1 per cent) was affordable for a couple with

³⁰⁵ Name withheld, *Submission 47*, p 2.

³⁰⁶ See, for example Nicole Betts, *Submission 11*, p 2; Michelle Piper, *Submission 15*, p 1; Jelena Pavlovic, *Submission 27*, p 2; Jordan Campbell, *Submission 35*, pp 1–2; Name Withheld, *Submission 37*, pp 1–2; Amy Eastwood, *Submission 41*, p 1; Anna Koestenbauer, *Submission 45*, p 2; Name Withheld, *Submission 47*, pp 1–2; Ashleigh Eason, *Submission 48*, p 2; Emma Hussey, *Submission 50*, p 2; Name Withheld, *Submission 52*, p 2; Hannah Richardson, *Submission 53*, p 1; Phoebe Wallner, *Submission 54*, pp 1–2; Name Withheld, *Submission 55*, p 2; Laura Velasquez, *Submission 57*, p 1; Roundabout Canberra, *Submission 60*, pp 4–5 and 9; Women With Disabilities ACT, *Submission 61*, p 6; Ellen Thomas, *Submission 63*, p 1; Name Withheld, *Submission 67*, p 2; Dr Liz Allen, *Submission 74*, Attachment A, p 2; ACT Council of Social Service, *Submission 78*; pp 9–10.

³⁰⁷ ACT Council of Social Service, *Submission 78*, p 9.

³⁰⁸ Women With Disabilities ACT, *Submission 61*, p 6; Ms Sonia Di Mezza, Interim Chief Executive Officer, Migrant and Refugee Settlement Services, *Committee Hansard*, 11 June 2024, p 54.

³⁰⁹ ACT Council of Social Service, *Submission 78*, p 10.

³¹⁰ Ms Sonia Di Mezza, Interim Chief Executive Officer, Migrant and Refugee Settlement Services Australia, *Committee Hansard*, 11 June 2024, p 54.

³¹¹ ACT Council of Social Service, *Submission 78*, p 10.

two children on minimum wage.³¹² The median private rental price for a unit or house in Canberra is also more than the total Disability Support Pension payment.³¹³

- 6.7. The cost of housing in the ACT means households often require multiple incomes, as Dr Liz Allen explained:

We have ... got to this point where we need dual incomes to service a house, whether that be renting or whether that be owning a home. [If] one of those in the household gives up a wage or lowers it, often going part-time [after having a child], it becomes very tricky.³¹⁴

- 6.8. This was reflected in the experiences of many individuals who raised concerns about the affordability of housing:³¹⁵

...the price of a basic family home in the ACT is so extreme compared to wages and when factoring in interest rates that it's almost impossible.³¹⁶

We would like to have children soon but with the fixed rate period on our mortgage ending later this year we have decided we need to delay until then and review our finances.³¹⁷

- 6.9. ACTCOSS advised that the cost of housing in the ACT was leading to 'crowding' – defined as 'two or more persons per bedroom' – and housing instability – defined as 'three or more moves by the age of four to five'.³¹⁸ The committee heard that overcrowded housing and housing instability have been linked to increased risks of poor child development outcomes.³¹⁹ ACTCOSS argued these also result in some families having to 'curtail having children or having the number of children that they wish because of the inability to obtain housing that would enable them not to be overcrowded'.³²⁰
- 6.10. The committee heard that high cost of housing has also resulted in more multigenerational and multifamily households. Dr Allen advised it is not clear whether these household structures are optimal from a wellbeing perspective.³²¹
- 6.11. One submitter also raised concerns about the availability of family friendly housing, with sufficient space for children to play.³²² This was supported by ACTCOSS which stated: 'Affordability is a necessary but not sufficient characteristic of housing in order for it to

³¹² ACT Council of Social Service, *Submission 78*, p 10.

³¹³ Women With Disabilities ACT, *Submission 61*, p 6.

³¹⁴ Dr Liz Allen, *Committee Hansard*, 21 May 2024, p 6.

³¹⁵ See, for example, Name Withheld, *Submission 14*, Attachment A, p 1; Michelle Piper, *Submission 15*, p 1; Name Withheld, *Submission 67*, p 2.

³¹⁶ Nicole Betts, *Submission 11*, p 2.

³¹⁷ Name Withheld, *Submission 37*, pp 1–2.

³¹⁸ ACT Council of Social Service, *Submission 78*, p 10.

³¹⁹ ACT Council of Social Service, *Submission 78*, p 10.

³²⁰ Dr Devin Bowles, Chief Executive Officer, ACT Council of Social Service, *Committee Hansard*, 28 May 2024, p 28.

³²¹ Dr Liz Allen, *Committee Hansard*, 21 May 2024, p 7.

³²² Name Withheld, *Submission 67*, p 2.

meet the needs of families with or expecting children – it must also offer minimum levels of amenity and security’.³²³

6.12. The ACT Government’s recent *ACT Housing Strategy 5 Year Snapshot*³²⁴ outlines a range of goals, including:

- expanding housing choice with reference to ‘different household types and sizes’;³²⁵
- ‘boosting social housing’ and reducing homelessness;³²⁶ and
- improving ‘the affordability of and access to’ rental housing, and ‘supporting home ownership’.³²⁷

6.13. The committee notes that the 2024-25 Budget acknowledges the ‘ongoing challenges in the housing market’:³²⁸

Housing affordability and supply is a large contributing factor to cost of living pressures felt by many Canberrans and vulnerable groups within our community face particular housing challenges.³²⁹

The budget ‘includes new housing initiatives worth \$285 million’.³³⁰

6.14. The Minister advised the committee that there were a range of market factors that ‘are beyond our control’ such as interest rates, federal policy decisions, and global events such as the COVID-19 pandemic.³³¹ Notwithstanding the work being done by government as part of the housing strategy, and those uncontrollable factors, the evidence received by the committee shows that the cost of housing is a significant factor in family decision making.

Finding 3

The committee finds that the cost of renting and buying a house is a major barrier to people deciding to have a child or children.

Renter’s rights

6.15. The committee heard calls for the ACT Government to increase renter’s rights in the Territory, particularly as increasing numbers of Canberrans are renting homes rather than buying them.³³² As ACTCOSS explained:

...people recognise that the rental market in Canberra can be a fairly volatile place, where you may be asked to move once a year. I think implicitly people

³²³ ACT Council of Social Service, *Submission 78*, p 10.

³²⁴ ACT Government, *ACT Housing Strategy 5 Year Snapshot*, June 2024.

³²⁵ ACT Government, *ACT Housing Strategy 5 Year Snapshot*, June 2024, p 7.

³²⁶ ACT Government, *ACT Housing Strategy 5 Year Snapshot*, June 2024, pp 14 and 20.

³²⁷ ACT Government, *ACT Housing Strategy 5 Year Snapshot*, June 2024, pp 23 and 26.

³²⁸ ACT Government, *Australian Capital Territory Budget 2024-25 Budget Outlook*, 2024, p 19.

³²⁹ ACT Government, *Australian Capital Territory Budget 2024-25 Budget Outlook*, 2024, p 60.

³³⁰ ACT Government, *Australian Capital Territory Budget 2024-25 Budget Outlook*, 2024, p 61.

³³¹ Ms Yvette Berry MLA, Minister for Housing and Suburban Development, *Proof Committee Hansard*, 2 July 2024, p 97.

³³² Dr Liz Allen, *Committee Hansard*, 21 May 2024, p 7.

recognise that moving is traumatic, especially if you have a small child or multiple small children and you are asking them potentially even to move schools because of that.³³³

- 6.16. MARSS advised that migrants and refugees face additional barriers to securing rental housing, due to lacking a housing history in Australia to show to prospective landlords, and in some cases a lack of stable income.³³⁴
- 6.17. Renting and occupancy laws in the ACT are provided for by the *Residential Tenancies Act 1997*.³³⁵ The *Residential Tenancies Legislation Amendment Act 2023* came into effect from 1 April 2023, introducing a number of changes to residential tenancy laws including removal of ‘no cause’ evictions, requirements for rental properties to be advertised at a fixed rental rate, greater freedom for tenants to grow food and compost, as well as energy efficiency standards for ceiling insulation.³³⁶
- 6.18. Support for tenants experiencing rental stress or severe financial hardship is also available through the ACT Government’s Rent Relief Fund, with a further \$815,000 provided for in the 2024-25 Budget.³³⁷
- 6.19. Despite these changes and additional supports, the committee continued to hear concerns about instability for renters, with one submitter advising they had been renting in the ACT for fourteen years and had moved eight times in that period. They called for ‘longer term rental leases and the ability to make a rental place more like home’.³³⁸

Committee comment

- 6.20. The committee notes the recent legislative changes and budget measures to renters in the ACT and considers the ACT Government should continue to investigate whether further legislative amendments are needed to support the rights of renters.

Recommendation 24

The committee recommends that the ACT Government explore further legislative changes to improve the rights of renters in the ACT, including ensuring more secure and stable housing for families.

³³³ Dr Devin Bowles, Chief Executive Officer, ACT Council of Social Service, *Committee Hansard*, 28 May 2024, p 28.

³³⁴ Ms Sonia Di Mezza, Interim Chief Executive Officer, Migrant and Refugee Settlement Services, *Committee Hansard*, 11 June 2024, p 48.

³³⁵ ACT Justice and Community Safety Directorate, *Renting and Occupancy Laws*, <https://www.justice.act.gov.au/renting-and-occupancy-laws> (accessed 23 July 2024).

³³⁶ ACT Government, Justice and Community Safety Directorate, *Reforms to Tenancy and Occupancy Laws in 2023*, 2023, <https://www.justice.act.gov.au/renting-and-occupancy-laws/reforms-to-tenancy-and-occupancy-laws-in-2023> (accessed 12 August 2024).

³³⁷ ACT Government, Justice and Community Safety Directorate, *Rent Relief Fund*, <https://www.justice.act.gov.au/renting-and-occupancy-laws/rent-relief-fund> (accessed 12 August 2024).

³³⁸ Jordan Campbell, *Submission 35*, p 2.

Public housing

- 6.21. The committee heard there was need for greater investment in social and affordable housing in the ACT.³³⁹
- 6.22. At the end of July 2024, it was reported that ACT public housing stock consisted of approximately 11,730 homes.³⁴⁰ As of January 2024, ‘there were more than 3,000 applications for social housing in the ACT’.³⁴¹ The committee heard that the waiting list to access public housing was too long.³⁴²
- 6.23. The ACT’s *Growing and Renewing Public Housing Program* aims to replace 1,000 older public housing homes that are no longer fit for purpose with new ones, and to add 400 additional homes to the Territory’s public housing portfolio by 2027.³⁴³ The Minister for Housing and Suburban Development advised that the government would ‘realise the total increase to our public housing and the growth and renewal program in the 2026-27 year. We are on track to achieve that’.³⁴⁴
- 6.24. When questioned about additional supports for public housing, the government advised of funding for the ‘social housing accelerator’ in partnership with the Commonwealth Government to ‘further increase the portfolio numbers for public housing’.³⁴⁵
- 6.25. The committee notes that in May 2024, the ACT Auditor-General released their Performance Audit Report, *Management of the Growing and Renewing Public Housing Program*, which found that:
- ...Although there will be more public housing homes in the ACT by the end of the [Growing and Renewing Public Housing] Program in 2027, the supply of public housing homes relative to the number of people living in the Territory will decrease, because the ACT’s population is increasing.’³⁴⁶
- 6.26. The audit found that the number of public housing homes per estimated ACT resident was expected to drop from approximately 28 in 2018 to approximately 24 in 2027.³⁴⁷

³³⁹ Women With Disabilities ACT, *Submission 61*; p 6; Dr Liz Allen, *Submission 74*, Attachment A, p 2; ACT Council of Social Service, *Submission 78*, p 10; Justice Reform Initiative, *Submission 80*, p 9.

³⁴⁰ The Minister for Housing and Suburban Development provided evidence as to the public housing stock during Budget Estimates public hearings on 26 July 2024. [Source: Ms Yvette Berry MLA, Minister for Housing and Suburban Development, Select Committee on Estimates 2024–25, Inquiry into Appropriate Bill 2024–2025 and Appropriation (Office of the Legislative Assembly) Bill 2024–2025, *Proof Committee Hansard*, 26 July 2024, p 521.]

³⁴¹ ACT Council of Social Service, *Submission 78*, p 9.

³⁴² Ms Susan Johnson, Executive Teacher, CCCares @Canberra College, *Committee Hansard*, 18 June 2024, p 74.

³⁴³ ACT Audit Office, ACT Auditor-General’s Performance Audit Report [Management of the Growing and Renewing Public Housing Program](#), 8 May 2024, p 1.

³⁴⁴ Ms Yvette Berry MLA, Minister for Housing and Suburban Development, *Proof Committee Hansard*, 2 July 2024, p 90.

³⁴⁵ Ms Jo Wood, Acting Director-General, Community Services Directorate, *Proof Committee Hansard*, 2 July 2024, p 91.

³⁴⁶ ACT Audit Office, ACT Auditor-General’s Performance Audit Report [Management of the Growing and Renewing Public Housing Program](#), 8 May 2024, p 1.

³⁴⁷ ACT Audit Office, ACT Auditor-General’s Performance Audit Report [Management of the Growing and Renewing Public Housing Program](#), 8 May 2024, p 26.

Committee comment

- 6.27. In light of the wait times to access public housing in the ACT, the committee considers further public housing is required to meet the needs of the ACT community.

Recommendation 25

The committee recommends that the ACT Government increase public housing.

Accessibility

- 6.28. The committee heard that accessible public housing is also important. Women With Disabilities ACT advocated for more public housing to meet the Gold Liveable Housing Design Guidelines:³⁴⁸

It is really hard if even the public housing that might become available is not appropriate because it does not allow your wheelchair to fit through your front door.³⁴⁹

- 6.29. The Minister told the committee:

We are trying really hard to make sure that our new builds are all as accessible as possible. I think it is in the 90 per cent range; [of] our new builds as part of the growth and renewal [program] ... [b]ut that will still mean only a smallish part of our housing stock will be completely accessible.³⁵⁰

- 6.30. The *ACT Housing Strategy 5 Year Snapshot* notes that since the beginning of the Growing and Renewing Public Housing Program to March 2024, '543 homes have been delivered to the Gold Liveable Housing Design Guidelines or Adaptable Class C standards' with an estimated 96 per cent of homes to be delivered under the program to meet these standards.³⁵¹
- 6.31. The committee understands that factors such as the size, slope, and orientation of a block of land can impact the ability to deliver accessible housing at particular sites.³⁵²

Committee comment

- 6.32. The committee notes the ACT Government efforts to increase accessibility across ACT Housing stock and considers further properties should be delivered to the Gold Liveable Housing Design Guidelines where possible.

³⁴⁸ Mx Pippa Newman, Women With Disability ACT, *Committee Hansard*, 21 May 2024, p 14.

³⁴⁹ Mx Pippa Newman, Women with Disability ACT *Committee Hansard*, 21 May 2024, p 14.

³⁵⁰ Ms Yvette Berry MLA, Minister for Housing and Suburban Development, *Proof Committee Hansard*, 2 July 2024, p 91.

³⁵¹ ACT Government, [ACT Housing Strategy 5 Year Snapshot](#), June 2024, p 21.

³⁵² Ms Yvette Berry MLA, Minister for Housing and Suburban Development, and Ms Aisla Borwick, Executive Branch Manager, Housing Assistance, Community Services Directorate, *Proof Committee Hansard*, 2 July 2024, pp 91–92.

Recommendation 26

The committee recommends that the ACT Government increase the amount of public housing at the Gold Standard for accessibility in the ACT.

7. Social and community considerations

Family and community support are essential for the ACT to be a child-and family-friendly place to raise children and young people.³⁵³

7.1. This chapter explores the social and community factors raised by submitters including:

- the transient nature of the ACT population and its impact on social support networks for families;
- accessibility of community infrastructure for children and community consultation;
- the impact of youth justice and child and youth protective services; and
- the potential for further advocacy for children during the perinatal period.

Social supports

If you have family support, it's life-changing. If, like many people you moved to Canberra for work and don't have family, it's very challenging.³⁵⁴

7.2. The committee heard that the ACT has a relatively transient population, with many residents having moved to Canberra for work or study opportunities. Individuals reported this can often leave people with limited support to raise children:

As someone who did not grow up in Canberra and followed the annual graduate pilgrimage to Canberra many years ago, I do not have a [sic] family support to assist me with raising children.³⁵⁵

We don't have any family in Canberra or anywhere close so minimal help from anyone and it is hard with two little kids.³⁵⁶

We made the decision late last year that if we fell pregnant we would look to move down to Melbourne ... to be closer to family.³⁵⁷

7.3. One submitter noted that developing friendship and community networks in the ACT could also be difficult, particularly for new arrivals:

My partner and I moved to Canberra in 2021 and in the last 3 years I have gone out of my way to make connections. I have attended social events, mothers' group, children's playgroup, work networking events, etc. Even after all that I don't know a single person outside my immediate family and I have met many others in similar situations. Ad [sic] most people are working full time, especially

³⁵³ Children and Young People Commissioner, ACT Human Rights Commission, *Submission 72*, p 6.

³⁵⁴ Bronwyn Orr, *Submission 38*, p 1.

³⁵⁵ Alicia Jamieson, *Submission 66*, p 2.

³⁵⁶ Nina Maher, *Submission 25*, p 1.

³⁵⁷ Samantha Chin-Gerrand, *Submission 4*, p 2.

working parents, it's very difficult to make time for social connections if you already don't have those connections in place before you start a family.³⁵⁸

7.4. Some groups in the ACT community were highlighted as being particularly vulnerable to isolation, including:

- Migrants and refugees – Migrant and Refugee Settlement Services (MARSS) advised children and young people from culturally and linguistically diverse (CALD) backgrounds can experience racism, which affects their sense of identity and belonging.³⁵⁹ The Children and Young People Commissioner, Ms Jodie Griffiths-Cook, noted racism can also result in 'a breakdown of support networks and community connection, which are so important when raising children'.³⁶⁰
- People with disabilities – Women With Disabilities ACT (WWDACT) argued that while community groups are valuable for parents with disabilities, few are established with their particular needs in mind.³⁶¹ Carers ACT reported instances where parents could not arrange for a relative or friend to provide childcare.³⁶²

7.5. The ACT Council of Social Service (ACTCOSS) suggested that additional resourcing for civil society organisations would assist them to fill the gap by providing additional support to families who lack support from extended family and friends.³⁶³

Recommendation 27

The committee recommends that the ACT Government provide additional funding to community groups providing support to parents, particularly to those parents who are financially or otherwise vulnerable.

Community considerations

Accessibility of spaces

7.6. The Children and Young People Commissioner, Ms Jodie Griffiths-Cook advised that access to playgrounds for parents and children with disabilities in the ACT was limited:

...not being enough play and recreation spaces that are accessible for people with disability (according to the Park Finder website, there are only ten parks that have disability access as well as accessible play equipment).

³⁵⁸ Sahejin Siddiqui, *Submission 31*, p 2.

³⁵⁹ Ms Sonia Di Mezza, Interim Chief Executive Officer, Migrant and Refugee Support Service, *Committee Hansard*, 11 June 2024, p 49; Children and Young People Commissioner, ACT Human Rights Commission, *Submission 72*, p 7.

³⁶⁰ Children and Young People Commissioner, ACT Human Rights Commission, *Submission 72*, p 7.

³⁶¹ Women With Disabilities ACT, *Submission 61*, p 8.

³⁶² Carers ACT, *Submission 69*, p 6.

³⁶³ ACT Council of Social Service, *Submission 78*, p 2.

Where it exists, play equipment for people with disability primarily comprises a swing that accommodates a wheelchair, which is inadequate.³⁶⁴

7.7. Carer's ACT concurred, arguing that parents of children with disabilities can find themselves unable to attend gatherings in public spaces such as playgrounds, because 'there are so few options available that are fenced or have the accessibility features their child requires.'³⁶⁵ They highlighted the '*Better Places to Play: ACT Play Spaces Strategy*', which includes a focus on expanding the number of fenced playgrounds in the ACT as part of efforts to 'Ensure play spaces are accessible and inclusive for a diversity of users'.³⁶⁶

7.8. Natalee Thomas advised that the inaccessibility of parks and public places in the ACT meant that she and her child often missed out:

I'm a disabled mother who uses a wheelchair and cannot access 90% of sites in the ACT designed for children. Playgrounds are inaccessible, buildings don't meet access standards and accessible parking spaces aren't built to standards. My child and I miss out because of this and it means we miss out on the community support needed when raising a child.

Make parks accessible. Improve access standards so that parents and children with disability can participate in all aspects of life!!!³⁶⁷

7.9. Ms Thomas argued that although there are four playgrounds in the ACT which were considered accessible or 'all-inclusive', in reality, practicalities such as parking spaces were not working for parents with disabilities. She cited the Boundless playground which has a limited number of accessible carparking spaces, and a playground in Wright which is classified as accessible 'because it had one accessible parking space—which I need to note is unusable—and one swing that wheelchairs could use'.³⁶⁸

Committee comment

7.10. The committee recognises the efforts made by government to improve accessibility of playgrounds as outlined in the '*Better Places to Play: ACT Play Spaces Strategy*'. However, evidence received during this inquiry indicates there is a need to reconsider the accessibility of play spaces in the Territory.

Recommendation 28

The committee recommends that the ACT Government conduct an audit of all playgrounds in the ACT on disability access.

³⁶⁴ Children and Young People Commissioner, ACT Human Rights Commission, *Submission 72*, p 5.

³⁶⁵ Carers ACT, *Submission 69*, p 6.

³⁶⁶ ACT Government, *Better Places to Play: ACT Play Spaces Strategy*, 2022, p 30.

³⁶⁷ Natalee Thomas, *Submission 12*, p 2.

³⁶⁸ Ms Natalee Thomas, *Committee Hansard*, 18 June 2024, pp 83–85.

Consultation

7.11. Concerns were raised during the inquiry relating to the effectiveness of government consultation with the community.³⁶⁹

7.12. When asked how transport options could better cater to people with disabilities, Ms Thomas highlighted the importance of effective consultation:

The key thing, and I do not believe that the ACT does it well, is community consultation... This means that, while you are designing something, you are actually including the community in that process.

I think a lot of the issues we have are because there has been a lack of consultation on the consultation.³⁷⁰

7.13. WWDACT argued that the ACT Government needed to be ‘listening to a diverse range of parent voices with lived experience’ and highlighted the impact of intersectionality on the experience of parenting.³⁷¹ ACTCOSS concurred, noting that ‘experiences of marginalisation or exclusion’ have an impact on both parents and children, making it essential to consider the ‘perspectives and needs’ of marginalised groups, such as people with disabilities.³⁷² Commissioner Griffiths-Cook also highlighted the importance of consultation with children and young people in order to ‘promote their participation in decision-making’.³⁷³

7.14. The committee understands the ACT Government undertook significant consultation during the development of the *ACT Disability Strategy 2024–2033*.³⁷⁴

Committee comment

7.15. To avoid consultation fatigue among the disability community, the committee considers there is an opportunity to use existing consultation more effectively, while also ensuring people have an opportunity to provide input on issues that are likely to impact them.

Recommendation 29

The committee recommends that the ACT Government run should better use existing consultation with people living with a disability to make sure all services are accessible for those who need them including public transport, paths, parking, playgrounds, birthing services and medical services and consider if this community would like further consultation.

³⁶⁹ See, for example Ms Natalee Thomas, *Committee Hansard*, 18 June 2024, p 87; Women With Disabilities ACT, *Submission 61*, p 5.

³⁷⁰ Ms Natalee Thomas, *Committee Hansard*, 18 June 2024, p 87.

³⁷¹ Women With Disabilities ACT, *Submission 61*, p 4.

³⁷² ACT Council of Social Service, *Submission 78*, p 12.

³⁷³ Children and Young People Commissioner, ACT Human Rights Commission, *Submission 72*, p 2.

³⁷⁴ ACT Government, *ACT Disability Strategy*, <https://yoursayconversations.act.gov.au/act-disability-strategy> (accessed 12 August 2024).

Justice and child protection considerations

- 7.16. The committee heard evidence detailing the range of challenges families face when interacting with both Child and Youth Protection Services (CYPS) and the youth justice system.³⁷⁵
- 7.17. The Justice Reform Initiative (JRI) noted the link between children interacting with the CYPS and youth justice systems, suggesting that ‘children and young people who enter the youth justice system have almost always also experienced prior contact with the child protection and OOHC [Out Of Home Care] system’.³⁷⁶
- 7.18. Some population groups are overrepresented in both the CYPS and justice systems. Commissioner Griffiths-Cook highlighted the overrepresentation of Aboriginal and Torres Strait Islander children and young people in ‘all aspects of the ACT child protection system’ – around 30 per cent, despite comprising approximately 3 per cent of the ACT population.³⁷⁷ The JRI concurred, noting that ‘27% of children detained in Bimberi Detention Centre in the ACT are Indigenous’.³⁷⁸ The committee heard that Aboriginal and Torres Strait Islander children were also ‘disproportionately’ impacted by the removal of children from families and subsequent placement into Out Of Home Care (OOHC).³⁷⁹
- 7.19. WWDACT stated that parents with disabilities are more likely to interact with CYPS because of ‘ableism, stigma, and discrimination’.³⁸⁰ The Health Care Consumers’ Association (HCCA) concurred, stating that to improve the situation for parents with disabilities ‘The priority needs to be development of effective family supports rather than the current reliance on child removal’.³⁸¹

Youth justice system

- 7.20. Several submitters stated that early support and intervention for families engaging with CYPS and the youth justice system was vital.³⁸² The JRI illustrated the potential life-long consequences for those who do not have access to supports when they are needed early in life:

You have to get to be a real problem child until you get to the point where you get that support. By that time, we have already lost the momentum of that child’s life going on the right track, probably. We know that it is, unfortunately, connected. The lineage of a child in the out of home care system or in foster care then ending

³⁷⁵ See, for example, Discrimination, Health Services, Disability and Community Services Commissioner, ACT Human Rights Commission, *Submission 75*, pp 3–4; Justice Reform Initiative, *Submission 80*, pp 3–4 and 6–8.

³⁷⁶ Justice Reform Initiative, *Submission 80*, pp 2–3. The JRI identified the social determinants of justice as a model to ‘recognise and account for the impacts of structural inequality on the likelihood of particular population groups being incarcerated and reincarcerated’.

³⁷⁷ Children and Young People Commissioner, ACT Human Rights Commission, *Submission 72*, p 6.

³⁷⁸ Justice Reform Initiative, *Submission 80*, p 5.

³⁷⁹ Justice Reform Initiative, *Submission 80*, p 3.

³⁸⁰ Women With Disabilities ACT, *Submission 61*, p 14.

³⁸¹ Health Care Consumers’ Association, *Submission 56*, p 11.

³⁸² See, for example Ms Indra Esguerra, ACT Campaign and Advocacy Coordinator, and Mr Gary Humphries, Co-Chair, Justice Reform Initiative, *Committee Hansard*, 18 June 2024, pp 77–79; Health Care Consumers Association, *Submission 56*, p 11; Women With Disabilities ACT, *Submission 61*, p 14; Justice Reform Initiative, *Submission 80*, p 7.

up in youth detention is very high. Once you are in the youth justice system, it is almost 100 per cent likely that you will end up in the adult justice system.³⁸³

- 7.21. The Minister for Children, Youth and Family Services stated that the recent raise in the minimum age of criminal responsibility³⁸⁴ had been accompanied by an investment in support programs and, noting the importance of culturally safe supports, indicated that there were ‘more Aboriginal community-controlled organisations coming into this space to support families’.³⁸⁵ The Minister also highlighted the need for early intervention:

... how do we intervene earlier when we are starting to see young people’s behaviour escalating at 10 or even younger... How do we wrap support around that.³⁸⁶

- 7.22. JRI noted that children with ‘complex and intersecting disadvantage’ need ‘long-term, holistic and wrap-around supports’ which, although costly to government initially, would reduce justice system costs in the longer term.³⁸⁷ They argued that culturally appropriate support was essential for Aboriginal and Torres Strait Islander people:

...this should be done at a younger age and certainly as soon as it is evident that it is needed. All too often, our system allows for a long list of offending behaviours to occur, before any supports are put in place.³⁸⁸

Recommendation 30

The committee recommends that the ACT Government fully fund the wraparound community services and support needed for the small number of families who have contact with the ACT criminal justice system, with a particular focus on the over-representation of Indigenous children in detention.

Child and Youth Protection Services

- 7.23. The *Children and Young People Act 2008* sets out the legal framework for CYPS, which ‘receives, records and responds to all allegations of child abuse, neglect and family violence that occur within a family’.³⁸⁹ OOHC can be required when the government takes ‘parental

³⁸³ Ms Indra Esguerra, ACT Campaign and Advocacy Coordinator, and Mr Gary Humphries, Co-Chair, Justice Reform Initiative, *Committee Hansard*, 18 June 2024, p 79.

³⁸⁴ The Justice (Age of Criminal Responsibility) Legislation Amendment Bill 2023 was passed by the ACT Legislative Assembly on 1 November 2023. It raised the Minimum Age of Criminal Responsibility (MACR) in ‘a staged approach’ to 12 years old initially, then to 14 years old at 1 July 2025. [Source: Justice (Age of Criminal Responsibility) Legislation Amendment Bill 2023, *Revised Explanatory Statement*, p 2 and 15.]

³⁸⁵ Ms Rachel Stephen-Smith MLA, Minister for Children, Youth and Family Services, *Proof Committee Hansard*, 2 July 2024, p 114.

³⁸⁶ Ms Rachel Stephen-Smith MLA, Minister for Children, Youth and Family Services, *Proof Committee Hansard*, 2 July 2024, p 114.

³⁸⁷ Justice Reform Initiative, *Submission 80*, p 6.

³⁸⁸ Justice Reform Initiative, *Submission 80*, p 7.

³⁸⁹ ACT Government, [Keeping children and young people safe: a shared community responsibility](#), December 2022, p 2.

responsibility’ for a child or young person, as provided for under the Act,³⁹⁰ and can involve kinship care, foster care, or residential care services.³⁹¹

- 7.24. The Minister described some of the government actions to improve outcomes for those who interact with CYPS:
- Additional funding has been allocated to support ‘parents with a disability coming into contact with the child protection system’. The Minister discussed disability awareness training, ‘earlier supports for parents when their children are young’, and ‘additional disability liaison officers’ when describing areas of need.³⁹²
 - The government has developed a ‘First Nations support team’ who work with ‘with Aboriginal and Torres Strait Islander families who are reported into child protection’, and operate under a unique model.³⁹³ The committee was advised that the model had worked well, with families being connect to supports in the first instance and in some cases not ‘ending up in the statutory system’.³⁹⁴ The Minister also stated that Aboriginal and Torres Strait Islander children are ‘much more likely to go to kinships placement than they would have been six years ago’.³⁹⁵
- 7.25. The Discrimination, Health Services, Disability and Community Services Commissioner, Ms Karen Toohey, advised that parents and carers can be reluctant to seek help or support ‘because of fears about engaging with these services, the scrutiny that contact can bring, and the potential for separation or removal of children’.³⁹⁶ Commissioner Toohey noted that these concerns are particularly strong for some groups, such as parents with disabilities or from a multicultural background, and that there was a perception that ‘once involved it is difficult to disengage from child protection services’.³⁹⁷
- 7.26. Commissioner Griffiths-Cook argued that when the government assumes parental responsibility for a child or young person, ‘the way the Territory takes care of these children and young people demonstrates how the Territory stands up for some of its most vulnerable community members.’³⁹⁸

Committee comment

- 7.27. The committee considers early and comprehensive support is critical to support families who come into contact with the CYPS system.

³⁹⁰ *Children and Young People Act 2008*, ss 506(1).

³⁹¹ *Children and Young People Act 2008*, s 508.

³⁹² Ms Rachel Stephen-Smith MLA, Minister for Children, Youth and Family Services, *Proof Committee Hansard*, 2 July 2024, p 107.

³⁹³ Ms Jo Wood, Acting Director-General, Community Services Directorate, *Proof Committee Hansard*, 2 July 2024, pp 115–116.

³⁹⁴ Ms Jo Wood, Acting Director-General, Community Services Directorate, *Proof Committee Hansard*, 2 July 2024, p 116.

³⁹⁵ Ms Rachel Stephen-Smith MLA, Minister for Children, Youth and Family Services, *Proof Committee Hansard*, 2 July 2024, p 115.

³⁹⁶ Discrimination, Health Services, Disability and Community Services Commissioner, ACT Human Rights Commission, *Submission 75*, p 3.

³⁹⁷ Discrimination, Health Services, Disability and Community Services Commissioner, ACT Human Rights Commission, *Submission 75*, pp 3–4.

³⁹⁸ Children and Young Peoples Commissioner, ACT Human Rights Commission, *Submission 72*, p 6.

Recommendation 31

The committee recommends that the ACT Government provide additional active and effective support to families before taking statutory intervention through the Child and Youth Protection Service.

Rights of kinship and foster carers

- 7.28. The committee heard about the importance of foster and kinship carers and their contributions to raising children in the ACT.³⁹⁹
- 7.29. Foster care involves a child or young person being cared for and supported by a community member when they are ‘unable to live with their own families’.⁴⁰⁰ Kinship care also involves the care and support of a young person who can’t live at home, but is undertaken by ‘relatives (kin), or people in a child’s extended family network or community’.⁴⁰¹
- 7.30. Carers ACT emphasised the importance of recognising kinship and foster carers, stating that ‘the OOHC system could not function without foster and kinship carers putting their hand up to care for children... Foster and kinship carers are raising children in the ACT’.⁴⁰²
- 7.31. One submitter advised that ‘my partner and I had always planned to foster...however I dipped my toe in the foster space and there are just no rights or supports for foster carers’ citing the uncertainty that occurs when care is required for long periods of time.⁴⁰³
- 7.32. Carer’s ACT advocated for foster and kinship carers to have a ‘legislated right to continue to be in that child’s life’ in instances where they have been providing care for two or more years, pointing to the benefits for both carers and the child or young person.⁴⁰⁴ They also noted that informal-kinship carers are not formally recognised and therefore not eligible for support or legal protection.⁴⁰⁵

Recommendation 32

The committee recommends that the ACT Government explore options to formalise the rights of kinship and foster carers providing out of home care in the ACT.

Advocacy

The environment into which a baby is born and raised in its earliest years determines wellbeing outcomes into adulthood.⁴⁰⁶

³⁹⁹ Name Withheld, *Submission 14*, Attachment A, p 2; Carer’s ACT, Submission 69, p 8.

⁴⁰⁰ ACT Government, *Carer Handbook: the go-to resource for kinship and foster carers in the ACT*, 2019, p 120.

⁴⁰¹ ACT Government, *Carer Handbook: the go-to resource for kinship and foster carers in the ACT*, 2019, p 121.

⁴⁰² Carer’s ACT, Submission 69, p 8.

⁴⁰³ Name Withheld, *Submission 13*, p 2.

⁴⁰⁴ Carer’s ACT, *Submission 69*, Attachment A, pp 6–7.

⁴⁰⁵ Carer’s ACT, *Submission 69*, Attachment A, pp 8–9.

⁴⁰⁶ Karinya House, *Submission 77*, p 2.

7.33. The committee heard that the ACT Government's *Best Start for Canberra's Children: The First 1000 Days Strategy*⁴⁰⁷ was one of a range of initiatives 'aimed at the perinatal and early year's period' across government.⁴⁰⁸ The Strategy describes the first 1000 days as the period from conception to around two years of age, and contends that this time is 'the period of maximum developmental plasticity, and therefore the period with the greatest potential to affect health and wellbeing over the life course'.⁴⁰⁹ ACTCOSS supported this premise, stating that 'healthy aging starts in utero', citing research which demonstrated the negative impact of maternal stress on foetal brain development.⁴¹⁰

7.34. Karinya House expressed the view that despite the important intentions of the Strategy, action across government was 'often siloed', making it challenging to track progress and meet the Strategy's goals. The organisation advocated for the appointment of a commissioner, or equivalent, for 'Perinatal and Early Years in [the] ACT':⁴¹¹

...the Commissioner would identify gaps in the legislative, policy departmental and service landscape for care givers and babies/ children during the perinatal and early year period – and propose measures to rectify these. The Commissioner would also work with Government to support alignment between currently disparate initiatives.⁴¹²

7.35. The organisation also drew the committee's attention to the inability of young children to advocate on behalf of themselves:

...just because you are a baby or an infant, and you are not necessarily able to express yourself in the way others can, we want an avenue to be able to acknowledge and try and respect your rights'.⁴¹³

Recommendation 33

The committee recommends that the ACT Government consider whether a new commissioner is needed to provide oversight for the mother or birthing parent, baby and family for the first 1000 days.

⁴⁰⁷ ACT Government, *Best Start for Canberra's Children: The First 1000 Days Strategy*, 2022.

⁴⁰⁸ Karinya House, *Submission 77*, p 2.

⁴⁰⁹ ACT Government, *Best Start for Canberra's Children: The First 1000 Days Strategy*, 2022, p 8.

⁴¹⁰ ACT Council of Social Service, *Submission 78*, pp 3 and 5.

⁴¹¹ Karinya House, *Submission 77*, pp 2–3.

⁴¹² Karinya House, *Submission 77*, p 3.

⁴¹³ Ms Lavinia Tyrrel, Chief Executive Officer, Karinya House, *Committee Hansard*, 11 June 2024, p 61.

8. Conclusion

- 8.1. The committee thanks all those who contributed to this inquiry through submissions and appearance at public hearings.
- 8.2. The committee has made 33 recommendations and 3 findings.

Ms Jo Clay MLA

Chair, Standing Committee on Health and Community Wellbeing

20 August 2024

Appendix A: Submissions

| No. | Submission by | Received | Published |
|-----|-----------------------|------------|------------|
| 1 | Name Withheld | 09/04/2024 | 01/05/2024 |
| 2 | Kate Mayer | 09/04/2024 | 01/05/2024 |
| 3 | Aaron Perrett | 09/04/2024 | 01/05/2024 |
| 4 | Samantha Chin-Gerrand | 10/04/2024 | 01/05/2024 |
| 5 | Confidential | 10/04/2024 | 01/05/2024 |
| 6 | Confidential | 10/04/2024 | 01/05/2024 |
| 7 | Confidential | 10/04/2024 | 01/05/2024 |
| 8 | Cassandra Deacon | 10/04/2024 | 01/05/2024 |
| 9 | Mitchell McLean | 11/04/2024 | 01/05/2024 |
| 10 | Tanya Fuller | 11/04/2024 | 01/05/2024 |
| 11 | Nicole Betts | 11/04/2024 | 01/05/2024 |
| 12 | Natalee Thomas | 11/04/2024 | 01/05/2024 |
| 13 | Name Withheld | 11/04/2024 | 01/05/2024 |
| 14 | Name Withheld | 11/04/2024 | 01/05/2024 |
| 15 | Michelle Piper | 11/04/2024 | 01/05/2024 |
| 16 | Name Withheld | 11/04/2024 | 01/05/2024 |
| 17 | Confidential | 11/04/2024 | 01/05/2024 |
| 18 | Name Withheld | 11/04/2024 | 01/05/2024 |
| 19 | Name Withheld | 12/04/2024 | 01/05/2024 |
| 20 | Fatima McGee | 24/04/2024 | 01/05/2024 |
| 21 | Amanda Richardson | 13/04/2024 | 02/05/2024 |
| 22 | Tara Field | 13/04/2024 | 02/05/2024 |
| 23 | Naomi Brooks | 13/04/2024 | 02/05/2024 |
| 24 | Isobel Knowles | 13/04/2024 | 02/05/2024 |
| 25 | Nina Maher | 13/04/2024 | 02/05/2024 |
| 26 | Confidential | 24/04/2024 | 02/05/2024 |
| 27 | Jelena Pavlovic | 14/04/2024 | 02/05/2024 |
| 28 | Name Withheld | 15/04/2024 | 02/05/2024 |
| 29 | Name Withheld | 15/04/2024 | 02/05/2024 |
| 30 | Name Withheld | 15/04/2024 | 02/05/2024 |
| 31 | Sahejin Siddiqui | 15/04/2024 | 02/05/2024 |

| | | | |
|----|---|------------|------------|
| 32 | Jason Yosar | 15/04/2024 | 02/05/2024 |
| 33 | Courtney Nelson | 15/04/2024 | 02/05/2024 |
| 34 | Confidential | 15/04/2024 | 02/05/2024 |
| 35 | Jordan Campbell | 16/04/2024 | 02/05/2024 |
| 36 | Name Withheld | 16/04/2024 | 02/05/2024 |
| 37 | Name Withheld | 16/04/2024 | 02/05/2024 |
| 38 | Bronwyn Orr | 16/04/2024 | 12/07/2024 |
| 39 | Name Withheld | 16/04/2024 | 02/05/2024 |
| 40 | Confidential | 17/04/2024 | 02/05/2024 |
| 41 | Amy Eastwood | 24/04/2024 | 03/05/2024 |
| 42 | Name Withheld | 18/04/2024 | 03/05/2024 |
| 43 | Cate Evans | 18/04/2024 | 03/05/2024 |
| 44 | Name Withheld | 19/04/2024 | 03/05/2024 |
| 45 | Anna Koestenbauer | 19/04/2024 | 03/05/2024 |
| 46 | Caitlin Brooks-Watson | 20/04/2024 | 03/05/2024 |
| 47 | Name Withheld | 20/04/2023 | 03/05/2024 |
| 48 | Ashleigh Eason | 20/04/2024 | 03/05/2024 |
| 49 | Confidential | 20/04/2023 | 03/05/2024 |
| 50 | Emma Hussey | 21/04/2024 | 12/07/2024 |
| 51 | Angela Jones | 21/04/2024 | 03/05/2024 |
| 52 | Name Withheld | 21/04/2024 | 12/07/2024 |
| 53 | Hannah Richardson | 21/04/2024 | 03/05/2024 |
| 54 | Phoebe Wallner | 21/04/2024 | 03/05/2024 |
| 55 | Name Withheld | 25/04/2024 | 03/05/2024 |
| 56 | Health Care Consumers Association | 23/04/2024 | 03/05/2024 |
| 57 | Laura Velasquez | 23/04/2024 | 03/05/2024 |
| 58 | Name Withheld | 24/04/2024 | 03/05/2024 |
| 59 | St Vincent de Paul Canberra & Refugee Support & MARSS | 24/04/2024 | 03/05/2024 |
| 60 | Roundabout Canberra | 24/04/2024 | 03/05/2024 |
| 61 | Women with Disabilities ACT | 24/04/2024 | 03/05/2024 |
| 62 | Avalon Yennefer | 25/04/2024 | 03/05/2024 |
| 63 | Ellen Thomas | 25/04/2024 | 03/05/2024 |
| 64 | Name Withheld | 25/04/2024 | 03/05/2024 |
| 65 | Name Withheld | 25/04/2024 | 03/05/2024 |

| | | | |
|----|---|------------|------------|
| 66 | Alicia Jamieson | 26/04/2024 | 03/05/2024 |
| 67 | Name Withheld | 26/04/2024 | 03/05/2024 |
| 68 | Lucy Wenger | 22/04/2024 | 03/05/2024 |
| 69 | Carers ACT | 26/04/2024 | 03/05/2024 |
| 70 | Confidential | 24/04/2024 | 03/05/2024 |
| 71 | Kate Gunther | 26/04/2024 | 03/05/2024 |
| 72 | Children and Young People Commissioner | 26/04/2024 | 06/05/2024 |
| 73 | Australian College of Midwives | 26/04/2024 | 06/05/2024 |
| 74 | Dr Liz Allen | 26/04/2024 | 06/05/2024 |
| 75 | Discrimination, Health Services, Disability and Community Services Commissioner | 26/04/2024 | 06/05/2024 |
| 76 | Jesse Williams | 03/05/2024 | 09/05/2024 |
| 77 | Karinya House | 07/05/2024 | 24/05/2024 |
| 78 | ACTCOSS | 10/05/2024 | 24/05/2024 |
| 79 | South Asian Research and Advocacy Hub | 10/05/2024 | 24/05/2024 |
| 80 | Justice Reform Initiative | 10/05/2024 | 24/05/2024 |
| 81 | Confidential | 13/05/2024 | 24/05/2024 |

Appendix B: Witnesses

Tuesday, 21 May 2024

Dr Liz Allen, Demographer and Senior Lecturer, Australian National University

Women with Disabilities ACT

Mx Kat Reed, Chief Executive Officer

Mx Pippa Newman, Policy Officer

ACT Human Rights Commission

Ms Jodie Griffiths-Cook, Children and Young People Commissioner

Ms Karen Toohey, Discrimination, Health Services, Disability and Community Services Commissioner

Tuesday, 28 May 2024

ACT Council of Social Service (ACTCOSS)

Dr Devin Bowles, Chief Executive Officer

Dr Robyn Sheryl Seth-Purdie, Senior Policy Adviser

Australian College of Midwives

Ms Alison Weatherstone, Chief Midwife

Health Care Consumers' Association

Ms Michelle Cullen, Chronic Conditions Network Coordinator

Ms Jessica Lamb, Senior Policy Officer

Tuesday, 11 June 2024

St Vincent de Paul Society (Canberra/Goulburn)

Ms Joanna Bragg, Youth Liaison Officer, Migrant and Refugee Program

Canberra Refugee Support

Dr Douglas Hynd, President

Migration and Refugee Settlement Services

Ms Sonia Di Mezza, Interim Chief Executive Officer

Karinya House

Ms Lavinia Tyrrel, Chief Executive Officer

Tuesday, 18 June 2024

Miss Kate Elizabeth Mayer, Private citizen

Ms Natalee Thomas, Private citizen

CCCares @ Canberra College

Mr Mark Huxley, Executive Group Manager, Education Directorate

Mr Simon Vaughan, Principal Canberra College

Ms Susan Johnson, Executive Teacher, CCCares

Justice Reform Initiative

Mr Gary Humphries, ACT Patron

Ms Indra Esguerra, ACT Campaign and Advocacy Coordinator

Tuesday, 2 July 2024

ACT Government

Ms Yvette Berry MLA, Minister for Early Childhood Development, Minister for Education and Youth Affairs, and Minister for Housing and Suburban Development

Ms Rachel Stephen-Smith MLA, Minister for Aboriginal and Torres Strait Islander Affairs, Minister for Children, Youth and Family Services, Minister for Disability and Minister for Health

Ms Jo Wood, Acting Director-General, Community Services Directorate

Ms Anita Perkins, Acting Deputy Director-General, Housing and Inclusion, Community Services Directorate

Ms Jessica Summerrell, Executive Branch Manager, Support Services for Children, Community Services Directorate

Ms Ailsa Borwick, Executive Branch Manager, Housing Assistance, Community Services Directorate

Mr Stephen Miners, Deputy Under Treasurer, ERI and Coordinator-General for Housing, CMTEDD – Treasury

Ms Tej Kaur, Executive Branch Manager, Engagement and Wellbeing Support Services, Education Directorate

Mr Sean Moysey, Executive Branch Manager, Education and Care Regulation and Support, Education Directorate

Ms Silvia Lopic, Acting Executive Group Manager, Children, Youth and Families, Community Services Directorate

Ms Jacinta Evans, Executive Group Manager, Strategic Policy, Community Services Directorate

Mr Dave Pepper, Director-General, ACT Health Directorate

Ms Janet Zagari, Acting Chief Executive Officer, Canberra Health Services

Ms Kath Wakefield, Executive Director, Women, Youth and Children, Canberra Health Services

Appendix C: Gender distribution of witnesses

Beginning in April 2023, in response to an audit by the Commonwealth Parliamentary Association, Committees are collecting information on the gender of witnesses. The aim is to determine whether committee inquiries are meeting the needs, and allowing the participation of, a range of genders in the community. Participation is voluntary and there are no set responses.

| Gender indication | Total |
|-------------------|-------|
| Female | 21 |
| Male | 3 |
| Non-binary | 2 |
| Gender neutral | 0 |
| No data | 9 |

Appendix D: Questions Taken on Notice

Questions Taken on Notice

| No. | Date | Asked of | Subject | Response received |
|-----|----------|---|--|-------------------|
| 1 | 2/07/24 | Minister for Housing and Suburban Development | Public housing numbers | |
| 2 | 2/07/24 | Minister for Education and Youth Affairs | Future of Education Equity Fund | 01/08/24 |
| 3 | 2/07/24 | Minister for Education and Youth Affairs | Parent Portal Rollout | 01/08/24 |
| 4 | 2/07/24 | Minister for Education and Youth Affairs | Future of Education Equity Fund 2 | 01/08/24 |
| 5 | 2/07/24 | Minister for Education and Youth Affairs | Transitional Support | 01/08/24 |
| 6 | 2/07/24 | Minister for Early Childhood Development | Early Childhood Centres | 25/07/24 |
| 7 | 2/07/24 | Minister for Prevention of Domestic and Family Violence | Health Justice Partnership | 26/07/24 |
| 8 | 2/07/24 | Minister for Health | Midwifery Continuity of Care | 09/08/24 |
| 9 | 2/07/24 | Minister for Health | Midwifery Continuity of Care 2 | |
| 10 | 2/07/24 | Minister for Health | Autism and ADHD assessment waitlist | 03/08/24 |
| 11 | 2/07/24 | Minister for Health | Maternity care – Waitlist and demand for free ultrasound | 19/08/24 |
| 12 | 2/07/24 | Minister for Health | Waitlist for dental care under anaesthetic | 03/08/24 |
| 13 | 28/05/24 | Ms Jessica Lamb, Heath Care Consumers' Association | Specialist services for promotion in the ACT | 12/06/24 |