LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING

(Reference: Inquiry into raising children in the ACT)

Members:

MS J CLAY (Chair)
MR J MILLIGAN (Deputy Chair)
MR M PETTERSSON

PROOF TRANSCRIPT OF EVIDENCE

CANBERRA

TUESDAY, 2 JULY 2024

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Secretary to the committee:
Ms K Langham (Ph: 620 75498)

By authority of the Legislative Assembly for the Australian Capital Territory

WITNESSES

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Amended 20 May 2013

The committee met at 2.59 pm.

BERRY, MS YVETTE, Deputy Chief Minister, Minister for Early Childhood Development, Minister for Education and Youth Affairs, Minister for Housing and Suburban Development, Minister for the Prevention of Domestic and Family Violence, Minister for Sport and Recreation and Minister for Women
WOOD, MS JO, Acting Director-General, Community Services Directorate
PERKINS, MS ANITA, Acting Deputy Director-General, Housing and Inclusion, Community Services Directorate.
SUMMERRELL, MRS JESSICA, Executive Branch Manager, Support Services for Children, Community Services Directorate.
BORWICK, MRS AILSA, Executive Branch Manager, Housing Assistance, Community Services Directorate
KAUR, MS TEJ, Executive Branch Manager, Engagement and Wellbeing Support Services, Education Directorate
MOYSEY, MR SEAN, Executive Branch Manager, Education and Care Regulation and Support, Education Directorate
MINERS, MR STEPHEN, Deputy Under Treasurer, Economic, Revenue and Insurance, and Coordinator-General for Housing, Chief Minister, Treasury and Economic Development Directorate

THE CHAIR: Welcome to the public hearing of the health and community wellbeing committee for our inquiry into raising children in the ACT. Today we will hear from ACT government ministers and officials. Thank you for coming.

The committee wishes to acknowledge the traditional custodians of the land we are meeting on, the Ngunnawal people. The committee wishes to acknowledge and respect their continuing culture and the contribution they make to the life of the city and this region. We would also like to acknowledge and welcome other Aboriginal and Torres Strait Islander people who may be attending today's event or who may be watching.

We are recording and transcribing the proceedings today, and the proceedings will be published. We are also broadcasting and webstreaming. If you take a question on notice, it is really helpful for our secretary if you can say, "I will take that on notice." This helps the committee and witnesses and makes sure that we can get our report together quickly.

I welcome, first of all, Ms Yvette Berry, the Minister for Early Childhood Development, Minister for Education and Youth Affairs and Minister for Housing and Suburban Development, and officials.

We might go around the table, as we have a lot of people here. Could you all confirm that you have received the pink privilege statement and that you agree to abide by the rights and responsibilities in that statement? Minister, we might start with you; then we will come to your officials.

Ms Berry: I have read and agree with the privilege statement. I am the minister responsible for all of the areas, I believe, that you will be asking questions around.

Ms Perkins: I have read and acknowledge the privilege statement.

Ms Wood: I have read and acknowledge the privilege statement.

Mrs Summerrell: I have read and acknowledge the privilege statement.

Mrs Borwick: I have read and acknowledge the privilege statement.

Ms Kaur: I acknowledge and very much abide by the privilege statement.

Mr Moysey: I have read the privilege statement and understand it.

THE CHAIR: Thank you. We have not been hearing opening statements, Minister; did you bring one?

Ms Berry: No, not unless you want to hear about my childbirth experience!

THE CHAIR: Weirdly, yes, but it is probably not necessary for the evidence. We will proceed with questions. Minister, we have been running this inquiry and we have had a lot of interest. We have had over 80 submissions, and we have had quite a lot of sessions with various stakeholders.

The barriers are pretty high, and there is a lot of commonality in a lot of the things people have said to us. A number of people have talked about the biggest issue they are facing in Canberra at the moment, when they are deciding whether or not to have children, or if they have children. The thing giving them the most problem is housing. We have had a lot of witnesses say, "Housing, housing, housing." That is clearly a problem. We know housing affordability is quite complex and there are a lot of federal things, but there are some ACT levers in play as well. Can you tell me how much public housing we had at the start of this term and how much public housing we have now?

Mrs Borwick: It has increased in total by 108 properties, I believe, but I would like to take that on notice to verify the end of financial year data. We have increased the amount of builds, but we have also sold some, transferred and demolished those, as part of the growth and renewal program. Net, there is an increase of about 108.

THE CHAIR: Was there anything in last week's budget that will assist with public housing?

Ms Berry: We are continuing with the growth and renewal program, and making sure that the homes that public housing tenants live in are suitable, easier and more sustainable. It makes a difference to families who are on low or no wages to be able to live in a home that is more affordable to heat and cool. In addition to that, we are growing public housing, as you know, by 400 places. We will 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.

As members will know, the challenges with our growth and renewal program around public housing availability were exacerbated due to COVID, construction supplies,

the construction workforce in particular, and wet weather. That delayed our program slightly. A number of initiatives in the budget for this financial year support the continuation of that program. I will ask Jo Wood to go into a bit more detail about that.

Ms Wood: Specific commitments in the budget include capital to continue the growth component of the program, significant investment in repairs and maintenance—ensuring that the housing we are able to provide is meeting the standards expected—and providing safe and secure housing.

There were also funding commitments related to the social housing accelerator, which is the partnership with the commonwealth, which will also further increase the portfolio numbers for public housing. There are other initiatives, for which we do not have the right official at the moment, around affordable housing.

THE CHAIR: We have had some answers back recently that show Housing ACT has knocked back 37 public homes that were offered, and we have some outstanding information with respect to how many times that has happened. Have we got to the bottom of that story of how many times Housing ACT—

Ms Berry: We have. What happens with Housing ACT is that the Suburban Land Agency will offer land that is suitable, or what they deem to be suitable, for public housing. There are a number of reasons why Housing ACT will decide not to go ahead with particular blocks. That does not mean we are building less public housing; it just means that those blocks were not suitable to put the housing stock on or to increase the current housing stock.

Some of those reasons can be around the cost of the land or the lay of the land. It is more expensive to build homes on sloping blocks. Whitlam has a lot of slopes, and it is more expensive to build homes, particularly accessible homes. We want to prioritise homes that are accessible so that we are not creating problems now for our tenants who need more accessible homes, for future tenants or for governments in the future having to retrofit or sell off, buy and build new homes that are accessible.

We know that, when we have heard from advocates in the disability space, they have a very high expectation, with accessibility across all of our homes, of 100 per cent. 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; our new builds, as part of growth and renewal, are in the 90 per cent range. But that will still mean that only a smallish part of our housing stock will be completely accessible.

Those are just a couple of the reasons why Housing ACT might not take any piece of land, because it is just not suitable. We also do not want to see, as it would not be beneficial for public housing tenants, a higher number of public housing within one suburb. Through both of our growth and renewal programs, the previous one and this one, it has been about making sure that our salt-and-pepper policy continues to occur across the city—reducing numbers of public housing where there are higher densities of 20 per cent plus. It is more beneficial for everybody who lives in that suburb, and particularly for people who live in public housing, if high numbers of people who are socially disadvantaged are not put together.

THE CHAIR: When a reason was given that Housing ACT knocked back blocks or sites for budgetary reasons, do you mean that the budgetary reasons were that the land was so uneven that it would be very expensive to build an accessible home on that site?

Ms Berry: Ailsa can talk a bit more about the kind of sites.

Mrs Borwick: Yes. In relation to the Whitlam area, we followed through on about 90 per cent of what was allocated. As the minister explained, with our type of build, we are talking about accessibility and what we actually need for the size and orientation of the block to help us achieve our energy standards. Those blocks were not as suitable for us. We would have had to pay quite a lot of extra money to get what we needed, or to get the yield that we needed. There are other ways that we will adjust that. We will pursue market acquisitions or expression of interest mechanisms to make up the yields in the area.

THE CHAIR: I understand, but I am wondering why Whitlam had a statutory target to build public housing in the first place for Housing ACT if those blocks were not going to be suitable. Did you not know that the land was not suitable when you set the statutory target?

Ms Berry: There will still be public housing in Whitlam, just not those particular blocks.

THE CHAIR: Different sites?

Ms Berry: Not less; different sites, and more.

MR MILLIGAN: Could you tell me a little bit about the Education Equity Fund?

Ms Berry: Yes. What would you like to know?

MR MILLIGAN: An overall picture of what it is, what it aims to achieve, what it covers, how people access it et cetera.

Ms Berry: The Future of Education Equity Fund came out of our conversations when we started our Future of Education strategy five years ago. Very clearly, all of the stakeholders that participated in the development of that strategy talked about inequality within schools, particularly with students. We had around 2,700 students participate in those forums, in developing the strategy. They told us they wanted to make sure that no children get left behind because they could not afford to go on excursions or buy things that other kids might be able to afford to buy.

We formed an idea that the Future of Education Equity Fund would be a way that we could support families who were experiencing disadvantage or financial disadvantage. That did not mean that they had always been experiencing disadvantage, but at this time, when we know that everybody is experiencing challenges around the cost of living, this kind of support would support families as well.

We are now in our third year of the Education Equity Fund. We have supported, at

this point in this year, around 3,000 families, and that is continuing to grow. We know that, in the ACT, there are around 9,000 children who are living in poverty, so there are 9,000 children who could participate and be able to access that fund. It is available across public schools and non-government schools as well.

We have tried to make access to the fund as seamless as possible through an online portal where you just need to show that you have a welfare card or you are experiencing disadvantage at that particular point in time. It could be that you have a number of bills to pay; you have had three whitegoods go down at one point in time, so you cannot afford to buy shoes or pay for an excursion. The equity fund comes into effect and can support families. I will ask Tej to talk to the numbers a bit more. We have also added another $1 million in this budget to the equity fund to ensure that no child misses out.

Ms Kaur: In terms of the applications, I can definitely help to establish an accurate number. We have received 2,800 applications. When it comes to approvals, 2,560 applications have been approved as of 11 June. With students who have benefited, there are over 5,000; 5,637 students have benefited from this scheme. On average, a family is getting about $1,100 into their bank accounts.

There was a question asked in terms of how the assessment process is established. The family does have to apply for this fund. It is based on a particular student or the number of kids in the family, and it is means tested. There is an application process, and it is based on the income that a family has. Based on the income, there is an assessment done as to whether or not they are eligible for the funds. As Minister Berry mentioned, the fund can be utilised for things like school equipment, excursions, any sporting goods or whatever else might be needed for a student to engage with their learning.

MR MILLIGAN: Sporting excursions as well, towards that?

Ms Kaur: Yes.

MR MILLIGAN: You mentioned $1 million. Was that additional?

Ms Kaur: Yes.

MR MILLIGAN: So, what is the yearly budget allocation for this fund?

Ms Kaur: What has happened is that we have received far more applications this year than we did last year. Our numbers last year at this point in time were 2,864—sorry, our entire round for 2023 was 2,864 applications. Up until 11 June, we have already received 2,814 applications. So considering the number of families and students who are in need of this fund, obviously more funds were needed to continue supporting families. Hence, the $1 million extra which has come in. So, altogether, we are looking at $4 million which is available to students and families for this year.

Ms Berry: In 2022, we started with $2 million, which was 3,439 students. In 2023, it was more than $2.9 million. Of course, as knowledge around the availability of the fund grows, and as more children enter our primary or high school systems, they

become aware and informed of the availability of this fund. The families that had already participated in the fund were reminded about the fund in the future years—that they could access it—and all families were provided updates when the fund was available. We start providing access to the funds early in the year, February, late January—

Ms Kaur: We started the process on 17 January.

Ms Berry: So that families can hopefully have those funds ready when they start school.

MR MILLIGAN: How does the government promote or advertise the awareness of this program other than to the families that are already qualified?

Ms Kaur: I think that is done quite broadly. We have different avenues where we have started to look at how we can reach the families. I cannot specify in terms of the platforms that we have used, but it is definitely reaching out to existing students and through our stakeholder engagement, where we broadly started to look at our social media, asking, "How do we relay information to schools, in particular, on a regular basis?" It is not something we do just once at the start of the year; we make ongoing efforts to relay the information to the community in general. This fund is not only for students in ACT public schools; it is also for students who are attending non-public schools. It is social media. It is to look at any avenue that would get the information directly into schools as well, and it is done regularly. I can actually get back to you on the specifics—

MR MILLIGAN: Yes, can you take that on notice because I think that is really important in this situation.

Ms Kaur: Yes, I can take that on notice.

Ms Berry: The other area is the parent portal, which we have been rolling out in ACT public schools. It provides a whole range of different information for families who have enrolled to use the portal. I am not sure what the numbers are for the roll out of that program. We will take that on notice as well. This is a really good way to get information directly to the families. People who have already accessed the fund—of course, we already have their details, so they are reminded each year of the availability of the fund. I am not sure how the Catholic and independent schools communicate it, but we can try and get that information. Of course, schools do send notices, newsletters and SMS messages directly to parents and families. So, we try to use a range of communication methods to make sure that no family misses out.

MR MILLIGAN: It is means-tested. You mentioned incomes. There could be some families with a relatively good income, but they have a lot of expenses coming up. Do they then provide evidence of those expenses, and then is it up to a public servant to assess that and then make a decision? Is there a hard and fast rule as to who you approve and who you do not?

Ms Kaur: There are principles, obviously, that are followed when it comes to assessing applications, and income is one of those key things that goes into the

equation of whether an application gets approved or does not get approved. I would say that most of the applications we receive do get approved because there is enough evidence of hardship which has been put forward by the families. There might be some outliers, where we have to consider whether we really drill down to what is happening for a particular family, but those circumstances are quite rare.

Sometimes you just cannot be hard and fast. If there is no evidence, then one can look at, "How do we still approve an application when there is no evidence of hardship?" But generally families are provided with the information needed that would allow for an application to be submitted so that the application gets approved. So we are seeing families pretty much coming from income pools where it is generally an acceptable way of looking at an application.

MR MILLIGAN: And the application process time?

Ms Kaur: It is very good. It can vary, obviously, depending. When the funds open at the start of the year, we do have a huge number of applications that get submitted because families are keen to get in. As the year progresses, the application numbers reduce because of the number of applications that have gone through the process, been accepted and the funds rolled out. We do have surge staff that start in the team early on so that we reduce the application time. As I said, as the year rolls out the number of applications that get submitted reduces, and the time to process applications is considerably reduced as well, so it varies. To minimise the time it takes for an application to be processed, there are surge staff that are made available at the start of the year so that we can get to the families very promptly.

MR MILLIGAN: Is it a week? Is it a month? I just need some sort of indication in terms of the application processing time.

Ms Kaur: It would be within weeks, but I can take that on notice.

MR MILLIGAN: Yes, thank you.

MR PETTERSSON: When it comes to land release and investment in housing in general, my observation is that seemingly it is largely driven by population growth. A study undertaken by the ANU, a couple of years ago, showed that the fourth most important factor for people when it comes to fertility decisions is being able to buy a home. This presents a circular situation, where people's decisions about fertility depend on how expensive housing is going to be. So my question is this: how does government decision-making consider the wants, wishes and desires of Canberrans when it comes to starting a family, as opposed to just a sheer projection of population growth? And does it?

Ms Berry: I am not sure I can give you my feelings on that. It might be something that the Coordinator-General for Housing can provide some information on. It is a bit broader than my portfolio responsibilities, but we can certainly talk about population growth projections. Stephen, you might have to introduce yourself.

Mr Miners: I acknowledge the privilege statement. I am assuming it has not changed since I last sat here.

It is a very good question, without a straightforward answer, because, yes, all those factors are things that we take into account when we are doing planning. In my other role as Deputy Under Treasurer, I have responsibility for the population estimates work that goes on, and that work does go down to a very detailed level. It looks at suburbs. It looks at where we think the growth is going to be. It matches that up with the innovative land release program to try and work out how all those bits can best be put together and the type of land that is in there. When we combine that with providing advice to government around decision-making around land release, certainly those sort of family preferences, the nature of households and all that information feeds into those decisions as well, and particularly around making sure that there are choices.

I think the world some of us may have grown up in where the only option that people worked towards was to own their own house and for that to be the end point is not the world that we are in anymore. There are people who have different housing choices over different points of their lives, and that would be much more varied and there would be many more options. So the advice we are providing is around how to make sure we have the choice out there and how to make sure that it is able to meet people's demands at all those different points of their lives—when they are starting as an apprentice or on low income through to later stages as well, and making sure all those choices are available.

MR PETTERSSON: That all sounds quite responsive. Inherent in population projection is that it is kind of dependent on the decisions that have been made. It does not, seemingly, have that ability to truly understand what the actual desires and hopes for the population are.

Mr Miners: It is very hard to base a forecast of movements based on saying, "People's expectations of what their family might look like have changed." We can always see that looking backwards, because you can see it in the numbers, and you can do the standard economic model where you extrapolate that forward. You might even see a trend in that and you extrapolate the trend forward so you have a change in those dynamics over time. It is very hard to set up an economic model where you are basically jumping into everyone's head and saying, "What is your view going to be in 10 and 15 years time?" It is quite tricky to do.

We will always go back to the data, where we can find it, but it is not that we make these things in a vacuum. There is always a large part of judgement in economic modelling. In fact, I have often said that the model is one thing, but the modeller is probably more important, because that is where you overlay those sorts of judgements. So where we see things about the nature of a town, where we know that something is likely to become an issue, or we can see some trends emerging, then we may try and work some of that stuff in. There are so many alternative scenarios that, once you start trying to almost second-guess what is in people's minds, it becomes very, very unwieldy in terms of where you end up.

MR PETTERSSON: I understand how we have arrived at this system. This is a sensible model.

Mr Miners: Yes.

MR PETTERSSON: But the challenge for me, though, is very clearly people are feeling a lot of pressure when it comes to housing, and it is showing up in the studies that people's decisions to start families are being impacted by housing. So that tells me that the model of decision-making we currently have is not picking that up, because if it was, then housing would not be the concern it is for people.

Ms Berry: There are a bunch of things that are not in our control. We identify land for development, and then the Suburban Land Agency will be provided with the indicative land release program and provide that land and make sure it is ready. But over the last five years—if we can talk about what has happened with housing in the ACT, probably across the country as well, prior to COVID—the Suburban Land Agency had 400 land spaces for sale. They were ready and for sale over the counter, but they were not selling. Then COVID came along and there were all those different grants and programs put in place. The bank pressed the button, and the interest rates went to nothing. So everybody raced in and bought all the land. It went. Within a couple of weeks it was sold. So those kinds of things can happen.

We will continue to do the work in having land available to sell, but there are things that are happening around the world, and outside of our control, that can sometimes impact on what happens and what decisions families make. So at the moment, we are back in a position where we have land available for sale because families are making decisions not to purchase land because the interest rates are so high and the market has pushed everything around a bit over the last five years.

I think, as Stephen said, you can predict as much as you can, but there are certain things that are beyond our control. I think with education, for example, there is a fair bit of predictability that we can understand through different data sources. We work with demographers at the Australian National University to understand growth patterns in parts of the city and growth areas. We can see that in your part of the hood in Gungahlin—that that is a growth area and north of Canberra is a growing area. Then we can understand through our own birthing stats on the number of children that have been born and guess, based on previous data, where they are going to attend schools, which areas they are living in and then be prepared for that as schools grow, or as new suburbs grow, and we need to build in the infrastructure around it.

As far as families making decisions—yes, that is right; those people will be looking at the interest rates and going, "You know what, I am not going to buy a home now because the interest rates are too high for me." They are the decisions they were making prior to COVID, and then changes were made, and land went out the door quicker than the blink of an eye. It was quite a remarkable time. So we can keep providing land based on what we know of in the past, but sometimes it can sit there and not sell, depending on what else is happening around the world and around us. We know cost of living is a real challenge for everybody right now. Housing is one part of it, but there will be a range of other factors, such as job security, for example—

MR PETTERSSON: Number two on the list.

Ms Berry: Yes. And access to early childhood education—whether you can afford to take time off work to care for a child or you need to go back to work relatively immediately and have your child in early childhood education, which is expensive for most families. 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.

MR PETTERSSON: Thank you.

THE CHAIR: Moving back to education, we had some really good evidence from MARSS, Canberra Refugee Support and St Vinnies about the needs of our one-in-three Canberrans who are from linguistically-diverse backgrounds. There are a lot of layers to that. They thought housing was the biggest one. But, in terms of education, they pointed out that there are not always great transitions for kids from IECs, English-language specialist schools, to mainstream schools. They say that students are not making that transition particularly well. How are we helping students with the transition from a small, supported English specialist school to our public schools?

Ms Kaur: I can answer. Transitions are a focus point for us whenever there are transition tie-ins. You have mentioned a rather specific population. I am going to look at general transitions and consider how we do general transitions, and then also the extra supports we might be looking at for that group of young people. Transitions are supported through teachers from one setting to the other setting. Transitions are also supported by wellbeing support members in terms of information that might need to transfer across to other settings. When it comes to how we are supporting schools, if there have to be some extra supports, then education support officers will come into play. Schools can ask for extra assistance from the Education Support Office as well. That is how transitions are supported in general for students who are moving from one setting to another. Sean, is there anything that you would like to add in terms of transitions?

THE CHAIR: I am happy to drill down into this. We were specifically told that there are not enough English-as-a-second-language teachers in schools to help with that transition. Can you tell me how many times schools have asked for that support and how many times it has been granted? Is there a gap between schools asking for that assistance and being given it?

Ms Berry: I think it would be difficult to find that information for each individual circumstance. There is a shortage of teachers in general across our school systems, but there is also a shortage in specialist areas, particularly in teaching in second languages, so that is a challenge. We are working every day to improve the pipeline of teachers across all areas in our school systems. I think there was only one family recently that was having some challenges around transport to school, but I cannot recall too many issues being raised with my office.

Transitions have been a really important part our three-year-old preschool program, and that includes vulnerable families and families who might have English as a second language. Free preschool program transition is an important part. Our English-language schools—Wanniassa, Charnwood-Dunlop and Dickson College—work

really hard to make sure that those transitions are as smooth as possible. They do not just leave the school and the school shuts the door on them; the school works closely with the school that the students then go to, to make sure that there is a clear understanding and support for students and families, should they need it.

THE CHAIR: That sounds very reassuring. If it is primarily in four schools, do you have any sense of how many times those schools have asked for support and received it? As we are told that it is a government responsibility to provide the extra support, do you have any sense of whether we are meeting that need, or whether we are asked to meet that need and we are not able to meet it?

Ms Kaur: I am not privy to whether any data is captured around transitions, but I can take that question on notice and look at whether any data is captured in terms of special requests around transitions.

THE CHAIR: It would be excellent if you would take it on notice. In taking it on notice, review the evidence from MARSS, Canberra Refugee Support and St Vinnies, see the point that was made, and then see if you have any data that goes to that point. That would be great.

Ms Kaur: Sure.

THE CHAIR: Mr Milligan.

MR MILLIGAN: Thank you, Chair. This might be a quick question. Does the government own any early childhood centres in the ACT?

Ms Berry: We do—the ones that are attached to our primary schools. I would probably miss one if I rattled them off from the top of my head. It is our policy now for new schools to build early childhood centres attached to our primary schools, but I will have to take on notice exactly how many we have.

MR MILLIGAN: Okay. That would be useful.

Ms Berry: We own the building, but a community based operator provides the education.

MR MILLIGAN: Do you know the hours they typically operate?

Ms Berry: I would have to take that on notice as well. It would be generally the same as an early childhood centre—7 am to 6 pm are the general hours—and then there are the preschool programs as well.

MR MILLIGAN: Have there been any discussions between the government and current providers and/or the private sector in terms of support to have childcare centres operating outside normal business hours?

Ms Berry: I am not sure how many or whether any do in the ACT. I can take that on notice and see if we can get some of that information. Do you know, Sean?

Mr Moysey: I can answer that, Minister. Family daycare usually takes up that role. There are family daycare services that can operate seven days a week, 24 hours a day. There are some services that will adjust their hours depending on their proximity to particular industries or areas, such as the airport. But, generally, the work hours that we would expect range between 6 am to 6 pm.

MR MILLIGAN: We heard from a lot of witnesses that childcare centres operating outside normal business hours are rare, hence a hesitation to have children, because they might have shift work in many different areas. My interest is whether there is a market for that in the community and whether the government has considered that as an option going forward, whether it be in the government's own centres or whether the government supports the private sector to set something up in the community.

Ms Berry: Some other areas might be in the space of out-of-school-hours care. CCCares has some arrangements that are outside of school hours as well. When I first started this portfolio in the early childhood space, I looked at early childhood settings in Finland that run 24-hour services so that families who have shift work can attend those services. I am not sure of the viability if somebody wanted to operate a service like that. There is a range of industrial conditions and we, as a government, probably do not have the levers to change them to provide those opportunities. That is not to say that could not be investigated. That certainly might be something that hospital workers, nurses and others might be interested in, but some challenging industrial barriers are in place and would need to be changed to facilitate that. I am not saying it is impossible. These things can happen.

We have an early childhood educator shortage, so, in addition, finding educators who are willing to work those sorts of hours might be challenging. There is a bunch of challenges around it. Finland does it, and they obviously have a different culture and a different system over there. It is not that we would never investigate it; it is just that our eyes are wide open to the challenges.

MR MILLIGAN: There could be a lot of benefits to it, obviously—

Ms Berry: Absolutely.

MR MILLIGAN: particularly if you are attached to our health system. We might be able to attract more health professionals back into the workforce. We obviously have a shortage and one of these types of initiatives could work towards solving that sort of problem.

Ms Berry: It could. Again, it would have to be a viable service. It would not be able to operate when there are only a couple of children sleeping over at night, for example; it would have to operate as a service that has a number of children. If it is about early childhood, then it is only about early childhood; it does not include children who might access out-of-schools-hours care in primary school. There are a number of challenges in doing something like that. It is not something we could not overcome, but it would take some time. Again, I point to the workforce crisis.

THE CHAIR: I have a supplementary on that. How is it that Finland has overcome that market barrier? I hear the difficulty of running a viable business if there are only

a couple of kids sleeping over until midnight, 5am or whatever. How did Finland get past that?

Ms Berry: They did not have to. This is something they have been doing forever. There were no industrial barriers, because they have been doing it for a very long time. We would be introducing something like that here, where we do not have a culture of free early childhood education as part of every child's life. We have an industrial system that is, importantly, responsive to our workforce's needs. We have an early childhood system which is paid for and run through our federal tax system, not by states and territories. They do not have any of those barriers—they never have—and they have always operated early childhood as an important part of a child's brain development. They have a different way of thinking about things.

As I said, what they have been doing there for decades has been natural and always the case, whereas here we have private for-profit centres, we have community based not-for-profit centres, we have a tax system that provides the CRS and other childcare benefits, we have a childcare workforce shortage, and we have industrial arrangements which would provide some real barriers.

THE CHAIR: Thank you. Mr Pettersson.

MR PETTERSSON: The Children and Young People Commissioner, in her submission, highlighted the lack of "third spaces" for young people in the ACT.

Ms Berry: Sorry—what did she say?

MR PETTERSSON: "Third spaces" are public places where people can congregate, like a cafe, a shopping complex, a park; places outside of home and work where people can gather. She identified that there is a lack of spaces like that for young people in the ACT. Some of the issues that she highlighted include the lack of lighting in parks, issues with public transport to get young people around, the inconsistency of services at youth centres across the ACT, and a general feeling that teenagers are not welcome in a lot of public spaces. How does the ACT government engage with young people to try to hear this feedback directly? And how does it go about incorporating that into what are, largely, city services decisions but also go to wider planning?

Ms Berry: We can probably answer some of that, but, as far as youth services are concerned, that is Rachel Stephen-Smith's area, and then, of course, there is the planning area.

MR PETTERSSON: I am probably more interested in the high level: how does the government listen to and respond to the genuine concerns of young people?

Ms Berry: In our public school system, we have Student Voice. We run that during the year and across a range of age levels. Our Youth Advisory Council facilitates the discussion. Through Student Voice, they talk to us about what their issues are. They send a report to us, and the government responds to it. We have the Youth Parliament and we also have the Youth Advisory Council, which I know you have visited, spoken to and listened to. There is something else that I am missing. I will hand over to Ms Wood.

Ms Wood: From the CSD end, we support the young people of the Youth Advisory Council. We have worked hard to ensure that the membership of the Youth Advisory Council is representative of young people across the community. Obviously, different young people have different capacities to participate. That group of young people does their own planning and looks at what their priorities are, what they want to work on and whether they want to advocate to government about the work that they do. Ms Perkins may have more detail about their current set of priorities.

Ms Perkins: The Youth Advisory Council is currently working on its forward work plan, which they will be providing to the minister for endorsement shortly. Regarding the issues that they are particularly focused on at the moment, the themes that we have been hearing from the Youth Advisory Council go to issues around access to education and health care, but there is also an emphasis coming through about access for people with disability, people with mental health concerns, cultural safety, and trauma-informed practice. We are hearing about a broader set of priorities for the Youth Advisory Council than the issues that were put forward. As Jo said, the council also participates in a great number of consultations that occur across the ACT government, as well as committees and hearings like this one.

Ms Berry: The one I missed was that we are setting up a Student Voice for young people with disabilities under our Disability Strategy so that they are able to talk to government about inclusion more broadly.

MR PETTERSSON: On one hand all of these wonderful mechanisms exist; on the other hand I have this report in front of me that says we actually miss providing all of these spaces that young people want. Do you have any idea why there is maybe a disconnect? Is it potentially the case that not all of government is interested in engaging with young people, just certain parts of government? Potentially, are there missing links?

Ms Berry: We reach out across a range of different forums to try to access as diversely as we possibly can, to make sure we are getting as many young people as possible, from a variety of different backgrounds, engaged across government, and particularly in our education and youth space. It might be that their priority issues are not the ones that have been identified by the children's commissioner in this particular circumstance.

For young people—we have seen surveys and reports submitted by a variety of organisations—we hear that mental health is a real challenge, and cost of living is a real challenge. What happens after school, moving towards adulthood? Those are the kinds of things that we hear about, and it is similar to what these national organisations are saying. That is not to say that what the Children and Young People Commissioner has heard is wrong. She is probably right. All of us who have grown up anywhere can recall not finding places that you want to hang out in, that are safe and have appropriate lighting, or are accessible as well.

There is probably more that different parts of government can do in those spaces, in listening to young people about what they need, to make sure that those areas are more inviting. The Suburban Land Agency are not here today; with their development

of parks in new neighbourhoods, they engage with the community in those neighbourhoods to understand what they need from those parks and what they want to see. They probably fill the gap with some of those older young people, in the 16 to 25 age group, where they are not accessing government as much as they could be. They have different wants and needs, maybe, than younger children and students have.

We talk about skate parks and places like that, appropriate lighting and access to wi-fi. That has been a great success in our skate parks—wi-fi and lighting. It needs to be in a place that is safe, where there is easy access by public transport, to get to and from the area. Not everybody wants to hang out at a skate park; not everybody wants to go to youth centres; not everybody wants to hang out at a playground. We want to make sure that those areas are all available and that they meet the needs of all young people, whatever their age may be.

THE CHAIR: We had a chat to Karinya House, and there are a lot of really great agencies working with women and birthing people in difficult situations. We know that domestic violence spikes up during pregnancy. If you are subject to domestic violence before pregnancy, you are more likely to be subject to more severe DV during pregnancy and afterwards.

We had some pretty good evidence that you can really change life outcomes by intervening at this point in lives. Women are at decision points and, if they are given really good support, they are often likely to end up on a different life trajectory. What new help have we introduced for places like Karinya House and for women who are experiencing domestic violence during pregnancy?

Ms Berry: One of our really successful programs is the health justice lawyers in hospitals and health centres program, where women who are at a point in their lives where they are more susceptible to domestic and family violence can access legal support at a place to which they would normally go. That could be a child and family centre; it could be through a hospital, through a maternity visit or some other visit. They can be referred to the lawyer who is on site and can offer the support and advice right there, instead of the person having to go somewhere that they might be restricted from going to. These are places women go to pretty much on any day of their pregnancy to get support for a range of different reasons.

Ms Wood: The design of that Health Justice Partnership was actually based on that insight that a first pregnancy, particularly, is a time of either violence beginning or escalation of violence, in a relationship with domestic violence. It is in a trusted place, and the thing that emerges when there is engagement with lawyers in that setting is that it allows women to have a confidential conversation so that they can explore their options before they decide what action to take.

We find with clients in that service that they may have a range of issues—financial issues and financial abuse, tenancy arrangements, as well as housing, family law and other potentially criminal matters around the DV. There is a bundle of legal issues that people may have at that time, and it is a way to start connecting them with a range of help. It can be quite holistic in looking at someone's full circumstances.

Ms Berry: The feedback that we have heard from nurses in hospitals in particular,

about having somebody there that they can direct a person to, has been so positive; they have been so welcoming of this work. The person is connected up at a time when they might be at the pointy edge of a potential domestic violence incident; they can then be put on to a range of different services and supports. Nurses are then able to say, "We've got somebody who can support you," instead of having them go somewhere else.

Ms Wood: It is a very warm handover of one trusted relationship to another. What we have found with that program as well is that it is reaching people who would not otherwise come through. Some people may access the Domestic Violence Crisis Service or Women's Legal Centre, but there are people who benefit from this service who probably would not seek out that help. When it is actually brought to them—maybe not immediately; it might take a few conversations before people feel that they want to take up that option—it means that it is bringing the help to them, where they are.

THE CHAIR: It sounds very promising. Some of those issues can be addressed really well with legal advice, particularly legal advice and representation. Some of those issues are probably more practical. If housing and financial issues are at the heart of it, what are you finding from clients who have used the Health Justice Partnership? Do they have the practical assistance and access to housing that they would need to be able to follow through on the useful advice that they are given?

Ms Wood: The program aims to connect people with a range of different practical supports. Legal support is one part of it, but there are a range of ways that connect with and refer to other services. We can take on notice providing a bit more detail about client numbers and those kinds of referrals.

THE CHAIR: Yes, take it on notice. I would love to know client numbers and, of those clients, in strands, which of them had particular needs, housing needs, and how many of those through the service could have those needs met, as well as the legal advice.

Ms Berry: We might not have that level of data because it could be interconnected across a range of different areas.

Mrs Summerrell: Yes. Some of that level of detail is not provided because of legal professional privilege, in relation to the exact streams that clients go on to access. I can say that, within the child and family centres, what happens in that situation is that there is a partnership between the Health Justice Partnership lawyers and the child and family centre caseworkers, and there is that wraparound support service.

If something is identified that is outside that legal advice situation—it might be financial support, parenting assistance or even just to work alongside a woman to plan and look at that situation—complex case management is a service that is provided through the child and family centres, in partnership and in conjunction. They are highly trained, highly skilled professionals who have that domestic and family violence lens, in the case management support that they provide.

We are very cautious, in terms of the information we publish in relation to this service,

because it is a very safe and trusted place for women to be able to go to.

THE CHAIR: We might wind up. Before we finish, Minister, is there anything that you want to add?

Ms Berry: No.

THE CHAIR: On behalf of the committee, thank you, witnesses and Minister, for attending today. We thank you for your time. We have had a few questions taken on notice today. If we could get the answers back within five days of us sending you the transcript, that would be fantastic.

STEPHEN-SMITH, MS RACHEL, Minister for Aboriginal and Torres Strait Islander Affairs, Minister for Children, Youth and Family Services, Minister for Disability and Minister for Health
WOOD, MS JO, Acting Director-General, Community Services Directorate.
EVANS, MS JACINTA, Executive Group Manager, Community Services Directorate.
LAPIC, MS SILVIA, Acting Executive Group Manager, Community Services Directorate.
PEFFER, MR DAVE, Acting Director-General, ACT Health Directorate
ZAGARI, MS JANET, Acting Chief Executive Officer, Canberra Health Services.
WAKEFIELD, MS KATH, Executive Director, Women, Youth and Children, Canberra Health Services.

THE CHAIR: We welcome Ms Rachel Stephen-Smith, Minister for Health and Minister for Children, Youth and Family Services, and we welcome the minister's officials. Could everybody confirm that you have received and read the pink privilege statement and that you agree to abide by the rights and obligations in there.

Ms Stephen-Smith: I acknowledge the privilege statement.

Ms Wood: I also acknowledge the privilege statement.

Ms Evans: And I acknowledge the privilege statement.

Ms Lapic: I acknowledge the privilege statement.

Ms Zagari: I acknowledge that I have read the privilege statement.

Mr Peffer: I acknowledge that I have read and understand the statement.

Ms Wakefield: I also acknowledge the privilege statement.

THE CHAIR: Thank you very much. Minister, have you got an opening statement?

Ms Stephen-Smith: No.

THE CHAIR: We probably asked you not to bring one, so thank you very much for complying. That is great.

Ms Stephen-Smith: I could talk for an hour, but—

THE CHAIR: We will kick straight off. Minister, having just directed traffic, I am going to start with my traffic direction question. We had a chat to Women with Disabilities ACT, and they said that parenting support is not always easily available to parents who have a disability. Sometimes that is because services are not available. Sometimes it is because people cannot find the services; they need help navigating those services. They suggested that a parent navigator, to help connect parents with a disability with the right support, would be useful. That idea came up in a few different rounds with our health system. It came up a lot with people who had chronic or

special needs—that just finding the right systems and supports was tricky. Have you heard that idea before?

Ms Stephen-Smith: Thank you very much. It is a really good question. We have been having a conversation about parents with disability ever since I have been in the children, youth and family services portfolio, and its predecessors, and in the disability portfolio, around child protection in particular. I think the first lot of those conversations was on the extent to which the NDIS is able to support parents as parents, recognising that parenting, for many people, is part of living an ordinary life, which is what the NDIS was set up to enable people to do. It is about how they transition their plans or maybe even get a new plan if they become a parent and need support, which they did not need prior to being a parent, to live their daily life.

Part of that question is around navigation that relates to the NDIS and the services that are available. That navigation conversation probably feeds into the conversation we are currently having among state, territory and commonwealth ministers on navigation and foundational supports. 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. I will throw to officials to talk a bit more about specific things that I have missed or that you might have additional questions about. It also aligns with the conversations we have been having about child protection over many years.

You might know that under the Next Steps for Our Kids strategy, one of the commitments we made was for additional supports for parents with a disability who were coming into contact with the child protection system. We allocated $1.85 million in this latest budget 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.

The three areas there are around ensuring that Child and Youth Protection Services are more disability aware. That means additional disability liaison officers. We already have one under the Disability Justice Strategy. It means support and advocacy for parents who are having some engagement with the statutory system and earlier supports for parents when their children are young.

We have not allocated that funding yet—obviously, it is only coming through in this budget—but those were the areas where we understood that we needed more support. It is about really making sure we have got that early support available for people who are considering having children or who are pregnant. It is about understanding the services support they need, the navigation they need and the support they need and setting up the systems around them for when the baby comes.

I know that some providers are really good at doing that work. I would particularly give a shout-out to the ACT Down Syndrome and Intellectual Disability Association, which provides really good advice and support for people with disability who are

starting families about building a network and a safety plan for when the child arrives. That is one area where we do want to see more investment and commitment. I am not sure if that is heading in the direction that you were interested in.

THE CHAIR: Yes. You have actually cut across and into the child removals area, which is very helpful. Is that $1.85 million new annual funding for one year?

Ms Stephen-Smith: That is new funding in this budget.

THE CHAIR: Yes; for one year?

Ms Stephen-Smith: It is not annual funding. It is over the four years.

THE CHAIR: It is $1.85 million over the four years.

Ms Stephen-Smith: Yes.

THE CHAIR: Okay. That is going to get a couple of FTEs or something. You might use that for a navigator—or are you not quite sure what you would use it for?

Ms Stephen-Smith: Part of it is for an assistant disability liaison officer in Child and Youth Protection Services. There is already a disability liaison officer; they are pretty busy. I think Ms Wood has the detailed information in front of her, so I might hand over to her to talk about how we have considered that. It is effectively two or three community-based FTE in relation to that early support, navigation and advocacy support.

THE CHAIR: Yes.

Ms Stephen-Smith: Exactly how we are going to do that within that resource is something we still need to talk to the sector about.

THE CHAIR: Do you imagine that those resources, however they are allocated, would help people access the NDIS as well as local services? Will they help people put together the whole federal and ACT picture?

Ms Stephen-Smith: Yes; I would expect so. They would also assist their interaction with other areas of ACT government: mainstream services and other services that might be available to support them as a parent.

THE CHAIR: Great. Thank you.

MR MILLIGAN: The Australian College of Midwives said that they wanted to see an upscaling of the midwifery continuity of care model. Can you tell us a little bit about that?

Ms Stephen-Smith: I can. We have a commitment, through the Maternity in Focus strategy, to ensuring that by 2028 at least 50 per cent of women and pregnant people have access to continuity. Thanks to Ms Clay's motion, we also have an additional commitment that by 2032 we will see at least 75 per cent of women and pregnant

people having access to continuity as their model of care during pregnancy.

We absolutely recognise that that is not going to be the model chosen by everyone. What we are seeking to do, through Maternity in Focus, is to establish services that are women and baby focused and give people choice and self-determination in their pregnancy journey. I will throw to Ms Wakefield to talk a bit more about how we implement that expansion of continuity.

Ms Wakefield: We are working closely with our counterparts at North Canberra Hospital and looking at our continuity of midwifery care at both the public hospitals. We are always recruiting and looking at how our models can best serve those women. We agree with the College of Midwives about that being beneficial and that the evidence supports continuity, which is why we are working hard to meet those goals in Maternity in Focus.

MR MILLIGAN: Where are these facilities currently located? Where is the continuity of care available in the ACT currently?

Ms Wakefield: We have continuity of midwifery care at Canberra Hospital. That is where it is based, but it does not mean that that is where the care is always provided. It could be a home visit; it could be in one of our antenatal clinics that are spread throughout the ACT. There is also some at North Canberra Hospital.

Ms Stephen-Smith: Yes. North Canberra Hospital and Canberra Hospital offer continuity programs, and each has a birth centre within their maternity suite of facilities. For higher risk women and higher risk pregnancies, it is only Canberra Hospital that has maternity services.

MR MILLIGAN: How do women access it? Are they aware of it? How does the government promote it and how they access it?

Ms Stephen-Smith: Do you want to talk about evolution and maternity options?

Ms Wakefield: I am fairly new in the role, but I can speak to what we are doing now, if that is helpful. Where women are referred—it could be through self-referral or through their GP—for birth, either at Canberra Hospital or at North Canberra, we have a triaging process where we look at a few things that might be specific risk factors for a woman and at what some of her preferences are. We have an antenatal clinic appointment where we talk through any risk factors and give them information on what models of care are available to them.

Some women might have risk factors that might mean that they have to be cared for in our maternal Fetal Medicine Unit, for example. That would have to be at Canberra Hospital. Others may choose a home birth. They are able to talk that through with their midwife. They may like to continue shared care with their GP. If they identify as Aboriginal and Torres Strait Islander, we do offer them antenatal care through Winnunga or the Aboriginal and Torres Strait Islander support care at Canberra Hospital, if they would like to receive it.

Ms Zagari: I might just add to that, Mr Milligan. The woman does not need to know

that continuity of midwifery is the model that she would like to access. They do not have to know to ask to be referred into that service. It is just that they are pregnant and will be looking to birth. The service then talks through the multitude of options that are available that might suit that particular birthing mother. It supports them to understand what choices are available to them.

Ms Stephen-Smith: I think that it is fair to say, however—and this is the reason that we have committed to continuing the expansion of continuity—that there are people who are aware of the continuity of midwifery care model and do come in with a preference for that up-front. At the moment we cannot meet demand for that preference. There are people currently who would prefer to go through continuity who do not get access to that model because there are simply not enough spaces available. That is why we have committed to the expansion.

MR MILLIGAN: That was to 50 per cent by 2028; is that correct?

Ms Stephen-Smith: Fifty per cent by 2028 and 75 per cent by 2030.

MR MILLIGAN: What does it sit at today?

Ms Stephen-Smith: It is 30-something—

Ms Wakefield: I am sorry; I do not have that.

Ms Stephen-Smith: We might take that on notice and get you an up-to-date number.

MR MILLIGAN: And that estimate to go to 50 per cent by 2028 will cater for current demand?

Ms Stephen-Smith: That is probably not clear. What I might do, Mr Milligan, is take on notice what we know about the numbers of people who have requested continuity and not been able to access it. That will not necessarily fully reflect all of those who would have chosen continuity if it had been more widely available. I have some recollection about some of those numbers, but it is better if I take it on notice and we come back to you.

MR MILLIGAN: Okay. Thank you.

THE CHAIR: It is great to see the really deep commitment and the expansion over time. We only have a third—or whatever the number is—of the places in continuity of care for women and birthing people at the moment. Are we using any kind of triage to offer those to high-risk and more vulnerable women first, noting that that will get the most bang for buck?

Ms Wakefield: That is an active conversation that we are having at the moment. There are some women that are more vulnerable and high risk who might actually get continuity of midwifery care through another part of our service. But, yes, we are looking at now at how best we serve those vulnerable populations.

THE CHAIR: Prioritise. Great. Thank you.

MR PETTERSSON: I want to highlight a particular submission that was made to the committee. I will read a short excerpt of it. This submitter says:

> I had to take out a personal loan to afford medical related expenses for my third pregnancy. The bill is up to $2,000 on scans, blood tests, non-PBS government medications, GP visits, and I am only half-way through my pregnancy.

Noting the role of the federal government, what is the role of the ACT government in trying to limit or respond to some of these price pressures for people accessing health care?

Ms Stephen-Smith: I might go to Ms Wakefield to talk about the degree to which scans and that kind of thing are available in the public system. I have had a conversation recently with a couple of GPs about this. This is obviously not something that is unique to the ACT. I must admit that, until that conversation, 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. As to what we then can do to take the pressure off in the ACT public system, I do not know if Ms Zagari or Ms Wakefield want to add to that.

Ms Wakefield: Generally, their first scan would be arranged by their GP or primary healthcare provider. That is before the hospital gets involved. After that, most of our midwifery services and obstetric services are free of charge to the public. If you need multiple scans or more frequent scans because they are searching for something, particularly in the maternal Fetal Medicine Unit, we have that service onsite at the Canberra Hospital, with sonography and reporting services, all as part of our maternal Fetal Medicine Unit.

Ms Zagari: The referrals can be made to the hospital for sonography services. Those are available free of charge through the hospital. We will take on notice to understand if there is a wait time or demand issue at the moment that might be contributing to that. Certainly, we offer testing free of charge to the patient, unless there is a circumstance where this is a Medicare ineligible person, for example. There will be circumstances where people are not eligible for Medicare-funded health care. Otherwise, ACT Pathology will provide those blood tests free of charge. Non-PBS medication is clearly outside the remit of the health services.

MR PETTERSSON: Related to that, a common theme throughout the submissions has been challenges for young families in accessing a paediatrician. What is the ACT government doing to increase the number of paediatricians?

Ms Stephen-Smith: You would be familiar with the Child and Adolescent Clinical Services Plan which was released in September last year. That has given us some great guidance from our expert panel around where we should focus additional resources in child and adolescent clinical services. The four objectives that they identified for the ACT to focus on include improving care access and processes for

seriously unwell children using ACT public hospitals, which is something that we have focused on a lot over the last 12 months, and we had additional funding in the budget to continue that work.

Another objective is improving care and services for families of children with chronic and complex conditions where care is shared with the Sydney Children's Hospitals Network. That recognises that there will be complex conditions and chronic conditions. There is a relatively small cohort of children in the ACT. We just cannot sustain that specialty and children will need to travel to Sydney. Part of the response to that has been the establishment of the Paediatric Liaison and Navigation Service, which has been really welcomed by many parents of children sharing care between Sydney and Canberra.

The third thing is improving care and processes for children and families requiring local outpatient and community based services. That is probably not an area that you are focusing on. Then there is enabling the health system to better respond to the needs of children and families. Part of what we are doing in relation to shared care—and this goes to your point—is constantly looking at the services that we can bring to the ACT, including bringing shared clinics to the ACT. There are a number of areas for which the Sydney Children's Hospitals Network provides clinicians who come to Canberra to deliver services. The CHS and the Sydney Children's Hospitals Network have a heads of agreement for the delivery of paediatric services in paediatric rheumatology, paediatric neurology, paediatric oncology and paediatric cardiology. Under that arrangement, specialist teams visit the ACT to provide services to children, and that reduces the amount of travel that families have to undertake.

Mr Peffer: Could I add more to that. One of the areas of focus that CHS has had in recent times has been Aboriginal and Torres Strait Islander kids. We know that many of them have been on waitlists for an extended period of time. In February 2023, we kicked off a dedicated project looking at Aboriginal kids on waitlists for a full range of specialties. Over the last 14 months, of the 710 patients, there are now 292 remaining. That was at the end of April. I am aware that a number of clinics have run since then, so that number will have come down. There has been a marked improvement in the number of kids waiting for access across a full range of specialties.

MR PETTERSSON: Thank you.

Ms Stephen-Smith: Chair, I just realised that I probably did not go to the first part of Mr Pettersson's question, which was more around what we do. For the record, I can say that there are local specialist services for general paediatrics, community paediatrics, allergy, dermatology, diabetes, endocrinology, gastroenterology and respiratory, and a range of screening services as well. I did not want to leave the community with the impression that we do not do any specialist services. There is a wide range that we do, and we are constantly monitoring and trying to understand the data better about what we could establish or support here in the ACT.

MR PETTERSSON: Noting those local services, what has arisen in submissions and what I have heard in the community over many years is the sentiment that it can be challenging to find a paediatrician. I acknowledge that those services exist, but what

work is underway to recruit more paediatricians to be here in the ACT and not necessarily just visit?

Ms Stephen-Smith: Part of what we hear is that it is really challenging to find a private paediatrician in the ACT. Even people with private health insurance find it very difficult to access paediatrics privately. We have had a targeted talent acquisition team looking at recruitment for Canberra Health Services. It looks like you are raring to answer that question, Ms Wakefield.

Ms Wakefield: Yes. Being fairly new to the service, something that the team told me when I was beginning is that they have managed to recruit quite a number of paediatricians in the last year, and, more recently, having had a busy paediatric service, they have had all hands ready to help and manage that load. We have increased the number of paediatricians, and recruitment efforts have been more successful in recent times.

Ms Zagari: I could also add to that. With the opening later this year of the Critical Services Building, or Building 5, as I like to call it, we have been really successful in recruiting paediatric emergency medicine specialists—paediatric FACEMs—which really starts to round out the suite of paediatric offerings by Canberra Health Service. It creates an ecosystem where people who specialise in paediatrics can practise across the breadth of that specialisation, which increases the attractiveness of the ACT for people moving here.

MR PETTERSSON: It sounds like the programs within CHS are for people working within the public system. A large number of people are accessing private services. Is there a body of work to try to bring in more paediatricians to service the private market? I do not know that you can do both.

Ms Zagari: What happens is that, as we bring paediatricians into the service, they will generally work a portion of time with CHS, but they may also enter private practice at the same time. By bringing new specialists to the ACT, we find that we actually service the private market at the same time. It allows us to bring in more people to do both bodies of work, which is a benefit.

MR PETTERSSON: Is there a magic number of paediatricians we want to see in the ACT?

Mr Peffer: More than we have now!

Ms Zagari: I do not have a number.

Ms Stephen-Smith: I am conscious of time, but that probably goes to the work that the Health Directorate has been doing around whole health workforce planning. Canberra Health Services has its clinical services planning and its workforce planning associated with that, but the Health Directorate has been working with the Australian National University, the Capital Health Network, which looks after primary care, and CHS to look at the public, private and primary care systems across the territory to understand what our workforce planning needs look like and who we need to partner with to fill some of the gaps that we have, and to plan for the future.

MR PETTERSSON: Thanks.

THE CHAIR: We received a submission from the Justice Reform Initiative. We had a really good session with them. I would encourage you all to look at the transcript. They explained that this was probably an unusual inquiry for them to submit to—they usually submit to the JACS inquiries—but the reason is that there is such a high over-representation of First Nations people in our prison systems, in Bimberi and AMC, and such a high proportion of First Nations children in our CYPS system, but the number of individuals is quite low. They said that, for instance, if we could provide really good wraparound support to five families and provide all-over support to those five families, we would be able to address lots of these problems and avoid a lot of the intergenerational impacts that we have. They had a quite holistic approach to it. Have you had a good think about how we would provide less siloed support and more wraparound support to the low number of people who would really benefit from that help in Canberra, and that it may cut across lots of different needs?

Ms Stephen-Smith: Yes; that is a constant topic of conversation for the CSD portfolios, and, of course, we now have Youth Justice again as well. That is what has really driven it. We had the *Our Booris, Our Way* report, and we have been implementing the recommendations from that. We have obviously done a lot of work alongside the raising of the minimum age of criminal responsibility in talking about how we intervene earlier when we start to see young people's behaviour escalating at the age of 10, 11 and 12, but also even younger—how we wrap support around that.

One of the challenges, and it is reflected in the National Agreement on Closing the Gap, is building safe supports for Aboriginal and Torres Strait Islander children, young people and families that they feel safe to engage with, and which will engage well with them, and having more Aboriginal community controlled organisations in the space. Some of the things that have made a huge difference are things like partnering with Gugan Gulwan to deliver Functional Family Therapy-Child Welfare, and partnering with OzChild, the mainstream service organisation in the child and youth protection space, to deliver that service. It has made a huge difference to the families who have engaged with that program. It is exactly the kind of wraparound, empowering and capacity-building support that you are talking about.

Our investment in the minimum age of criminal responsibility response includes investment in Functional Family Therapy-Youth Justice. We partnered with OzChild to deliver that program as a pilot a little while ago. We are starting to see more Aboriginal community controlled organisations coming into this space to support families, whether it is the Justice Reinvestment partnership, Yarrabi Bamirr at Winnunga, the Aboriginal Legal Service or Yeddung Mura. Some of the work that Yeddung Mura is doing is about families with a parent in AMC. Also, there is the establishment of Yerrabi Yurwang and its recent registration as a care and protection organisation, which enables it to provide services in the care and protection system, including for families who are, as we would describe them, at the edge of care—those who are starting to come to the attention of the child protection system. Yerrabi already has a Commonwealth contract under Connected Beginnings to do that wraparound and supportive work with families with younger children. Gugan is doing a lot of that work with young people and their families.

It is something that we have been working closely with the Aboriginal and Torres Strait Islander community on. It is not something that we can dictate or do entirely ourselves, but we have been putting resources into it. It is really important to recognise that we have seen an impact from that work. We have seen the number of Aboriginal and Torres Strait Islander children and young people coming into care trending down; we have seen the number of children in the care of the Director-General starting to trend down; and we have seen the overall number of Aboriginal and Torres Strait Islander children in care stabilise and starting to come down, whereas every other jurisdiction is continuing to see increases in those numbers.

It is challenging because a lot of those children and young people are now in care with stable kinship families and they will stay in the care system until they are 18. What we are seeing is a switch. A lot of the children and young people who come into care are much more likely to go to a kinship placement than they would have been six years ago, when they would have been more likely to go into foster care placement. They are much more likely to be restored to their families within a couple of years, or quickly sometimes. There might be a need for emergency action to be taken and for them to enter care, but they go back again very quickly once the safety planning is done and CYPS can be assured that they will be safe with their families. That safety planning is about family group conferencing, working with the whole family to build a plan to keep the children and young people safe, and working with the community controlled organisations and other culturally-safe mainstream organisations to build a plan around those families.

Having said all that, there is still a way to go. There are still families and young people who are engaged with the statutory system, where there are some really significant challenges that we still need to address, but there is a lot of work going on to understand those challenges and, in a lot of cases, it is a quite bespoke response to an individual child or family or even a group of young people.

THE CHAIR: It is a very tailored response. It is good to hear that some of those numbers are trending down, noting that it is statistically difficult because the impact on people is really significant but the number of people is quite low, so we need to be careful in reading that. Have you published those figures?

Ms Stephen-Smith: Yes. We publish a snapshot report on out of home care every six months and table it in the Assembly. There is also our response to the *Our Booris, Our Way* recommendations, and every six months we provide an update to the Assembly. I think the most recent one was tabled in April or May. It was relatively recently.

THE CHAIR: Noting it is working and it is helping—that is great—is the major barrier to working with the community finding enough people to do the work, or do we still need to actually put more funding into that work?

Ms Stephen-Smith: In every budget, we have been putting funding into that work. It is a bit "lumpy" sometimes and there are staffing challenges. I might stop talking and hand over to Ms Wood.

Ms Wood: Thank you, Minister. There is the change the minister is talking about, our response to the *Our Booris, Our Way* recommendations and the Next Step strategy. That has meant that we have looked at and reshaped the way we use the resources that we have, particularly internally. We are taking on the commitment to early support for families and the intention to keep as many families out of the statutory system as possible, particularly Aboriginal and Torres Strait Islander families. We have reshaped our resourcing to put more supports into a family services model.

The first test of that was developing the First Nations support team, which is a dedicated team to work with Aboriginal and Torres Strait Islander families who are reported to Child Protection. The difference in that work is enabling that team to develop their own model of working—not assuming that we are going to overlay the way we always work in child protection but actually creating the space for them to innovate and really shape how they want to work with families. That has seen some really positive results in terms of families being reported to child protection—having a really different response and being connected with other supports and communities, and not ending up in the statutory system. Using that experience, we are also developing those kinds of models for other families as well. It is about really emphasising the early support aspect.

There is the work that we are doing to support the growth of the Aboriginal community controlled sector in both supporting and funding existing Aboriginal community controlled organisations such as Gugan, as well as Functional Family Therapy for intensive family support. There is a range of emerging Aboriginal community controlled organisations. The commitment in the budget provides us with a stream of funding to support capability-building. We know that organisations will need a range of things to be at the point where they can step into service delivery and actually do the work for the community that they want to do. We now have the capacity to make that kind of investment.

THE CHAIR: Thank you, Ms Wood; thank you, Minister. I will hand over to my colleagues. Thank you for that answer.

MR PETTERSSON: One of the issues that Health Care Consumers identified in their submission involved the challenges in accessing assessments for neurodevelopmental conditions. What work is underway within ACT government to address some of these issues?

Ms Stephen-Smith: There was a specific budget commitment, probably two budgets ago, around increasing the neurodevelopmental service within community paediatrics. There has been quite a lot of change in that space over the last couple of years. I will ask Ms Wakefield to talk about what that looks like now.

Ms Wakefield: Yes, we have had a really concentrated effort in the community paediatric space in the last few months. We have had some extended waits, so we have had a concentrated effort with the multidisciplinary team meeting, phone-calling all of those consumers and undertaking face-to-face triage. That means when you are meeting with a nurse, a social worker or an occupational therapist, for example, they can identify tests that might need to be done or services that can help a family or young person in order to help inform a meeting or a consultation with the

paediatrician. It might be things like hearing tests, for example. That face-to-face triage is underway and that is starting to help some people now.

Another part of the concentrated effort is where we have an intake meeting with the community paediatricians, and we can help to identify and prioritise certain young people, as well as ensure that they are getting some of the services that might help that family now, whilst they are waiting for their appointment.

MR PETTERSSON: Does that mean there are new resources available or is it just a reallocation of existing resources?

Ms Wakefield: We have a multidisciplinary team that supports our enhanced health services. They have been realigned to focus on this work as a priority for us. There have been some additional team members that we have managed to add to the effort. It is around saying, "This is our priority, and this is what we are focusing on right now."

Ms Stephen-Smith: In terms of budget funding, the 2022-23 budget allocated about $4.8 million to increase the specialist health services for children and young people, including the neurodevelopmental and behavioural assessment and treatment service, which is not actually called that anymore. The 2023-24 budget allocated $15.7 million to expand paediatric services, including the workforce, paediatric hospital in the home, gender service and upskilling of emergency staff. There was also $6.7 million for outpatient services, which included paediatric. This budget has built on that, with additional funding for paediatric critical care and paediatric beds.

We have certainly taken on board the focus that they had in the Child and Adolescent Clinical Services Expert Panel on the need to continue to build our outpatient and our community based services. Of course, you will be aware, Mr Pettersson, that we have a commitment to a neurodiversity strategy. I am sure that this will come up more in that context as well. Finally, on that, I would note that the Child Development Service, which reports to Minister Berry, does some of the work around assessment—autism assessment as well. Those services, the community paediatrics and Child Development Service, work very closely together in a shared model of care for those young people.

MR PETTERSSON: I appreciate that this is a couple of steps removed, but one submitter said, "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." In line with this recent activity, could you take on notice providing what the waitlist for a public assessment looks like now?

Ms Stephen-Smith: Yes, we can take that on notice. It is long, and it is something that we are very conscious of.

THE CHAIR: New funding is always welcome. I think I wrote down $4.8 million for the specialist health neurodiversity, versus $15.7 million for paediatrics and $6.7 million. They are quite small amounts of money, really, in an $8 billion or $9 billion budget, particularly given how much we spend on hospitals. Do you think that is the right level of funding for preventive health care, which is cheaper and, generally

speaking, is in stark need in Canberra?

Ms Stephen-Smith: As I just said, certainly, the view of the expert panel was that we do need to put more resources into outpatients and into our community-based services. It is a constant challenge, with the cost escalation that not only Canberra Health Services but every health system across the country has been facing in the services you have to deliver and cannot avoid, like the hospital acute-care services. You need to try to find room in the budget to ensure you continue to grow your investment in community-based and preventive services.

It is something that I am certainly very committed to, and it is also part of the expansion of our health centres across the city. We are doing this in Molonglo. It is about delivering child health services and maternal and child health services into the community. It is about having partnerships with non-government organisations like Asthma as well. It is about what Canberra Health Services can deliver; it is also about how we are partnering with the Child Development Service or non-government partners to ensure that those range of services are available.

There will always be a demand for more resourcing in the health system and there is always that challenge of absolutely having to do it. As someone said to me the other day, "If someone is giving birth at two o'clock in the morning, you need to have midwives there." You also need to invest in preventive care.

THE CHAIR: On a similar trend, we have the lowest bulk-bill rates in the country, I gather. Health Care Consumers Association also told us that, even if you have private health insurance, our out-of-pocket expenses are five times higher than in some other jurisdictions. It is pretty challenging for a lot of people.

We also have pretty poor access to dental care here. We had a fairly harrowing story put to us in the hearings and in submissions about a woman whose son needed dental work, and the advice was pretty much to wait until he was in excruciating pain, at which point she could go to the hospital and have it dealt with. Other than that, she was not able to access any treatment. Do we have any services that are assisting with access to bulk-billed GPs and access to dental?

Ms Stephen-Smith: I will deal first with the GP aspect. Yes, we do fund a range of primary care services, particularly for more vulnerable people. We currently fund youth primary care services through the Junction. We fund Companion House for migrant, refugee and asylum seeker community primary care. We fund Directions to deliver primary care to some of the more vulnerable people—homeless people and people in insecure housing. For example, in partnership with the Early Morning Centre, they provide services.

Some other primary care funding is targeted to other specific cohorts, including a partnership with Meridian to ensure that there is safe access for the LGBTIQ+ community. So there are some targeted places. Of course, we provide free abortion access, for medical abortion as well, to ensure that that very time-critical care can be accessed without a cost barrier.

There are a range of challenges in the way Medicare works around state and territory

governments subsidising bulk-billed services. We have managed through some of those things. We are currently in a primary care pilot partnership with the commonwealth, funded by them, where Canberra Health Services are providing in-kind resources through specialist and allied health, liaison navigation services and nursing care, with GPs being the primary care holder for some more vulnerable patients. Some have been identified by GPs themselves and some have been identified by Canberra Health Services as high users of the hospital system. They are then engaged with a GP providing no-cost care. I will not say they are bulk-billed because there are two types of funding models. Some will be bulk-billed and some will be fully funded by the primary care pilot.

There are a range of things that we are trying to do to increase access to bulk-billing. I am pleased to say that the Albanese Labor government's tripling of the bulk-billing incentive—the latest data has just come out today, actually—has seen our bulk-billing rate increase from 51.5 per cent in October last year to 57 per cent. I would note that that is far and away the lowest in the country; the next lowest is more than 72 per cent. We are a long way behind other jurisdictions. GPs will tell you that we also have a significant proportion of the population who can pay, and that is part of the challenge that we face in our jurisdiction.

I know that Ms Zagari has everything in front of her and is able to answer your question on dental.

THE CHAIR: Ms Zagari, I might put the specific situation to you that was put to us.

Ms Zagari: That would be helpful, certainly.

THE CHAIR: The situation with this particular family was that they were told the waitlist for dental work to be done under anaesthetic was 18 months. The recommendation, because there were problems and they were not yet acute or excruciating enough to be accelerated, was to have six-weekly appointments until it got bad enough that they might get bumped up the list, and they would not have that 18-month waitlist. Is that a story that you often hear? It was quite distressing for the parent to have to relate that story to us about her child.

Ms Zagari: It is not a story that I have heard before in my time with Canberra Health Services. We will undertake to understand—

THE CHAIR: It is in the Health Care Consumers submission. It is actually in one of the written submissions.

Ms Zagari: Thank you. We will explore that and understand what families are being advised in most circumstances. We will come back with advice on the current waitlist for dental care under anaesthetic. It is a specific set of circumstances. Broadly speaking, there are oral health services available to families with children. Dentistry under anaesthetic is specialised, both from potentially a dentist perspective but actually from the anaesthesia perspective, and as to whether there are special needs of the child involved as well. We will take it on notice and come back to you with some clear advice to the committee around those circumstances.

THE CHAIR: That would be great. Take on notice this particular case; also, if that is an unusual case, could you bring back on notice what is the usual situation? That would also be very good.

Ms Zagari: What I will bring back on notice is the usual circumstance, rather than the specifics of an individual's healthcare journey, which would be inappropriate without us having a clear consent mechanism for that to happen.

THE CHAIR: Sure, but you can probably read about this person in the submission.

Ms Zagari: We can, yes.

THE CHAIR: You could probably deduce what happens in that situation, I would imagine—

Ms Zagari: That is what we will do.

THE CHAIR: without any breach of privacy.

Ms Zagari: Yes. We will do both of those things—an extrapolation of these circumstances and a more general response.

THE CHAIR: That would be great; thank you. It is the end of a long day, Minister. We might pause and see whether there was anything that we have touched on that you did not get to cover fully. An acceptable answer is no.

Ms Stephen-Smith: I might go with no. We could all talk under wet cement about supporting children and young people and their families, but I am happy to leave it at that.

THE CHAIR: Minister, we thank you and officials for your time. We thank broadcasting and Hansard for their support, as always. If any member has a question to place on notice, please put it on the parliamentary portal as soon as practicable. We have had a few questions taken on notice. If we could get the answers back within five days of your receipt of the transcript, that would help us greatly. We will now adjourn.

The committee adjourned at 4.53 pm.