LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON SOCIAL POLICY

(Reference: Inquiry into Annual and Financial Reports 2023-24)

Members:

MR T EMERSON (Chair)
MS C BARRY (Deputy Chair)
MR J HANSON
MISS L NUTTALL
MS C TOUGH

PROOF TRANSCRIPT OF EVIDENCE

CANBERRA

TUESDAY, 11 FEBRUARY 2025

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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

APPEARANCES

ACT Health.....**77**
ACT Official Visitors.....**138**
Canberra Health Services.....**77**
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Privilege statement

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Amended 20 May 2013

The committee met at 10.33 am.

Appearances:

Stephen-Smith, Ms Rachel, Minister for Health, Minister for Mental Health, Minister for Finance and Minister for the Public Service

Canberra Health Services
Peffer, Mr Dave, Chief Executive Officer
Aloisi, Mr Bruno, General Manager Mental Health Justice Health Alcohol and Drug Services

ACT Health
Cross, Ms Rebecca, Director-General
Miller, Dr Sarah, Coordinator-General, Mental Health and Wellbeing
Kipling, Ms Wendy, Senior Director, Mental Health and Suicide Prevention Division
Cidoni, Prof Anthony, Chief Psychiatrist, Office of the Chief Psychiatrist

THE CHAIR: Good morning and welcome to the public hearings of the Standing Committee on Social Policy for its Inquiry into Annual and Financial Reports 2023-24. The committee will this morning hear from the Minister for Mental Health.

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

The proceedings today are being recorded and transcribed by Hansard and will be published. The proceedings are also being broadcast and webstreamed live. When taking a question on notice, it would be useful if witnesses used the words, 'I will take that question on notice.' This will help the committee and witnesses to confirm from the transcript questions taken on notice.

We welcome Ms Rachel Stephen-Smith MLA, Minister for Mental Health, and officials. We have several witnesses for this session. I remind witnesses of the protections and obligations afforded by parliamentary privilege and draw your attention to the privilege statement.

Witnesses must tell the truth. Giving false or misleading evidence will be treated as a serious matter and may be considered contempt of the Assembly. When you first speak, could you please confirm that you understand the implications of the statement and that you agree to comply with it. We will now proceed to questions.

I have a question on the community sector's involvement in mental health service delivery. Although the community managed mental health sector provides two-thirds of mental health services in the ACT, my understanding is it receives just 13 per cent of the overall funding allocated for mental health services. I am wondering how much of this is due to the government's insourcing policy.

Ms Stephen-Smith: I have read and acknowledge the privilege statement. Mr Emerson, I am not sure where you get the two-thirds figure from.

THE CHAIR: That is from the Mental Health Community Coalition ACT 2024-25 budget submission.

Ms Stephen-Smith: I think it depends how you calculate what a mental health service is. The vast majority of mental health services are actually provided by primary care in the ACT, so most people would receive their mental health support from their general practitioner; they would do most of the work in supporting people with mental illness and mental health challenges in the ACT. That is probably the starting point.

The second thing to say is that, across the mental health services that are funded by ACT government, there are varying levels of complexity. I do not think it is a reasonable thing, in saying that two-thirds are delivered by the community sector, to compare the intensity of services delivered by the adult mental health unit or Dhulwa forensic mental health facility, to the intensity of mental health services that are delivered in the community sector. So, I dispute the starting point for your question.

Having said that, the community-based mental health sector and the contribution of non-government organisations is vitally important. We know that there are a range of services that are better delivered by non-government organisations and that there is an element of trust in non-government organisations that does not always exist with government services, particularly for those people who do have an experience of attending an acute mental health service. It is not always a positive experience for a lot of reasons, not because our clinicians do not do a great job, but, by the nature of it, there may be an alternative service provider that is going to have a higher level of trust.

We have continually grown, over past terms of government, our investment in community-based mental health services. We have continued to expand those; for example, the establishment of the Belconnen Safe Haven, which is delivered by a non-government organisation. There are a range of other examples where we have grown community-based mental health services. And now, having said all of that, I cannot actually remember what your specific question was.

THE CHAIR: You have said that they have grown. My question was almost about the opposite. Is there a policy to insource more of that service provision? And I acknowledge there are different services and that very severe mental health episodes are dealt with by government services. In this case, we are talking about people that, hopefully, do not end up in that place.

Ms Stephen-Smith: Yes.

THE CHAIR: Do you have an understanding of whether the trend is in one direction or another and if there is more being spent on the community-based service delivery or government service delivery?

Ms Stephen-Smith: I think the answer is that we have been expanding both. When

you look at funding for Step Up Step Down, for example, that is community, non-government organisation, delivered. When you look at the eating disorder residential facility, the decision was made to establish that under Canberra Health Services, so that was an insourced service. And as we continue to invest in the expansion of mental health services, we will make those decisions on a case-by-case basis, depending on what the service looks like.

I don't know if Dr Miller, has anything to add in terms of the directorate's funding of community-based NGO services.

Dr Miller: I acknowledged the privilege statement, thank you. Yes, the minister is correct in her statement that we are expanding both. There are certainly some initiatives that have been taken over the course of the last year that were decided to be Canberra Health Services—so we have the public mental health end of the spectrum. But we recognise the system in the ACT is psychosocial support through to acute mental health care, and, as appropriately identified, those services can be best delivered in the community and by NGOs. I confirm her comment.

THE CHAIR: Thank you. Related to that, I am hearing a lot about the so-called "starvation cycle" in our community sector. Obviously, government experiences its own challenges; we all do. Is there a plan for filling gaps that might emerge should community sector organisations be forced to vacate this space?

Ms Stephen-Smith: That is something that we consider in every budget. Every budget cycle we receive more community budget submissions than we could possibly fund through any single budget cycle. I have been saying this for years: the vast majority of those are great things that we would really love to fund if we could afford to do everything. We have to make decisions in every budget. In each budget we only have a limited amount of discretionary funding that we can actually allocate to new or expanded activity.

One of the real challenges we have in health, of course, is when we see demand for our non-discretionary services increase—our services that we absolutely can't not do, like the emergency department, intensive care and those kinds of things. We have to fund them; we cannot not fund them. Then that leads to the challenge: how do we balance that across the budget?

But I would say, in every budget that I have been involved with, mental health has been a priority for our funding, and we have probably allocated across our discretionary funding a higher proportion of funding to mental health than the overall funding it currently makes up of the system. That is in recognition of the fact that mental health has historically been taken less seriously than it is today, so in every budget cycle we have prioritised investment in mental health. We will continue to do that, and we will do that looking at both our public services and our non-government services. We have election commitments across both.

THE CHAIR: I have one final question on that. Is there some kind of mechanism in place, when you are seeing extra pressure on the non-discretionary spending, to look at early intervention? And I understand a lot of what is in the wider community sector is kind of in that early intervention space. There might be a temptation to not fund

those services, when you know that you have got people showing up at emergency. I understand the Victorian government has an Early Intervention Investment Framework they are trying to use to tackle this issue. Are we doing something similar?

Ms Stephen-Smith: Yes, I think that is actually a really good point. I have worked in social policy for a long time, and we always talk about the benefits of early intervention and funding early intervention. We often talk about re-investment in earlier support services, but to get to that point, you do have to fund both. Some examples of where we have done that, from an ACT government perspective, are in things like the WOKE Program, Stepping Stones, and Youth Aware of Mental Health, which were, variously, commonwealth funded or ACT government funded, where we have made election commitments to continue that funding, and in things like the Recovery College, which was ceased. We have got an election commitment to reinvest in the Recovery College, and we will continue to look at how we can redirect funding to early intervention.

I 100 per cent agree with you that it is very important to do that. That will be part of the consideration of the mental health services plan that we are committed to delivering by the end of 2026 as well. I think that it will be a really important part of that and of considering how we do that.

THE CHAIR: Thank you. Ms Barry?

MS BARRY: Thank you. Minister, I know the Official Visitors annual report has flagged concerns about the lack of secure accommodation for consumers exiting the adult mental health unit and what is described as an inappropriate transfer to aged-care facilities. Can you please provide data on the number of consumers exiting the adult mental health unit being transferred to aged-care facilities with a breakdown by age?

Mr Peffer: Thank you, I have read and acknowledge the privilege statement. We would need to take that question on notice, but we would certainly be able to provide disaggregation by age and destination aged care. We will just have to have a look at the data and see if we can provide it in a format that will be useful.

MS BARRY: Thank you. And what impact does inappropriate transfer to aged-care facilities have on consumers exiting the mental health unit?

Ms Stephen-Smith: At a broad level, ACT government has had a long-term commitment to try and reduce inappropriate admissions to aged care; for example, for people with disability, we worked really hard with the NDIA to get people out of aged care who were young people in aged care, which was a significant issue. From a policy perspective, we would obviously seek to reduce inappropriate admission to aged care as much as possible.

Part of the challenge, I think, in answering your question, Ms Barry, is going to be that we are probably not talking about a large number of people, and there will be case-by-case considerations in relation to those individuals. Certainly, I meet regularly with the Official Visitors, and I will also have a conversation with them

about the particular circumstances that they were raising.

MS BARRY: Is there anything you are doing right now though? Is there anything that you can tell us that you are doing to address that, since it is an issue that you are obviously aware of?

Mr Peffer: Not just within the mental health portfolio but for the hospital system as a whole, we have obviously got a very large interface with aged care. That operates in two ways. Firstly, we may have aged-care residents present or brought to hospital for a range of reasons. Secondly, we may have people that live in their homes, and something happens and they are no longer able to return home for whatever reason, so then we interface with aged care.

We work very carefully with those teams in terms of the behaviour plans we might have in place to demonstrate to them what works and what we have put in place alongside patients, our consumers, and their families or decision-makers—whatever that might look like.

I have to say, though, realistically, that does not always work, and our experience is we have many patients who are unable to transition in a timely way to aged care, despite that being the most appropriate setting for them, when they are medically well and able to be discharged from the health service. We do find that we have got a growing number of patients that we talk about being "medically well", or of a maintenance-care type, that we are unable to place successfully into aged care.

Ms Stephen-Smith: I think I might just add—and sorry, Ms Barry that I did not think of this earlier—that we have focused on the aged care piece of that, but I think that the initial point was lack of alternative accommodation.

MS BARRY: That is correct, yes.

Ms Stephen-Smith: There has been a piece of work that was funded, either in the 2024-25 budget or 2023-24, looking at alternative accommodation for people with significant psychosocial issues in the community That is a piece of work, and I cannot say where that piece of work is up to, but I think Dr Miller might be able to talk about that.

Dr Miller: Yes; I believe you are referencing the older persons mental health strategy: Towards our Vision: Re-envisioning Older Persons Mental Health and Wellbeing in the ACT. We have an action plan, and we have been delivering against that for the last 12 months. On that are some actions related to ensuring that there is a smooth pathway and recognition of capacity building of the sector to be able to support people who have these needs. I can give you some more specific information related to accommodation if that is sought.

MS BARRY: You have addressed what you are doing in terms of the older population. The Official Visitors report also identified that young people are being transferred to inappropriate accommodation. What are you doing in that space to address that as well?

Ms Stephen-Smith: What I was thinking about was a 2024-25 budget initiative called "Better care for our community—Housing for Vulnerable People". We invested $2.8 million in this initiative. You will find it on page 140 of the 2024-25 budget paper. It says:

> … provide additional support to help improve mental health outcomes for people with high intensity mental health support needs … includes community-based programs that support people with severe mental illness to live independently and participate in the community. Supports include psychosocial support, tenancy support and clinical mental health services.

That particular initiative was about recognising the problem that you were talking about and working to identify solutions.

Part of the issue that we have is that there is a real intersection between what should be an ACT government responsibility and what should be an NDIS responsibility. For people with significant psychosocial needs that require accommodation support as a result of their psychosocial disability, our argument would be that they should have an NDIS plan and the NDIS should be supporting them to live independently in the community in response to their psychosocial disability.

We often see that is not what is happening, so, in addition to the intersection with aged care that Mr Peffer was talking about, there is a significant intersection for people with psychosocial disability with the NDIS and some real challenges in getting the NDIS to step up and provide the level of support that people with psychosocial disability require to live independently in the community when they have stepped down from an acute mental health facility. This was part of that work. We will continue to work with the NDIS on how we best deliver accommodation. We know a lot of people end up in Housing ACT public housing properties as well and then get the community based support. It is a complex set of relationships between policy areas and governments and agencies, which is why some of the policy work is really important.

MS BARRY: Sorry, Minister, to go back, you mentioned that there are two streams. There are aspects that we deal with and then there are aspects that the NDIS deals with. On the aspects that we deal with, what are we doing to improve—

Ms Stephen-Smith: That is what I was talking about in relation to our budget initiative for 2024-25—looking at what more we can do to ensure that. That policy work is underway around housing for vulnerable people.

MS BARRY: Thank you.

Ms Stephen-Smith: Wendy could speak to that. I knew that, if I found it, someone would be able to speak to it. Apparently, Bruno can also speak to this.

Ms Kipling: I acknowledge the privilege statement. I am not sure that I have much more to add, because the minister was very thorough in what she said. Certainly, we did get $2.8 million in the last budget to look at how we support vulnerable people, particularly people at the intersection between being with the NDIS and not being with the NDIS. We are looking at developing and building on a really successful

initiative that New South Wales has implemented, which is the HASI model: the Housing and Accommodation Support Initiative. We are working really closely with our colleagues in Housing ACT and also our colleagues in CHS. Housing, in terms of mental illness, has been a long-term policy issue. The issue around the interface with the NDIS is a really critical one. We continue to work with the agency and our colleagues in the Commonwealth to address these concerns.

Mr Aloisi: I acknowledge the privilege statement. In addition to what has already been said, I could speak to a few of the partnerships that we have in terms of community sector partnerships. They are a very small piece, but they are a piece of the housing issue. We have a number of mental health supported accommodations that we run in partnership. It was a tripartite arrangement between the Community Service Directorate and Housing ACT, and we have a community agency providing the psychosocial support in the houses. We also have a community housing provider providing the tenancy management. That is one model of longer term accommodation that we have available in the community.

When we think about accommodation, we are thinking about it across the spectrum, from crisis accommodation to transitional accommodation. Within that remit, and particularly for people who might be stepping down from an acute inpatient admission, we have Step Up Step Down units. We have a child and adolescent one, we have a youth one, and we have adult ones on the north and south sides of Canberra. Those Step Up Step Down units are shorter term accommodation options, along with providing psychosocial support for the individuals. I thought it was worth mentioning those two.

MS CASTLEY: This is related. You mentioned children. The Official Visitor annual report also raised concern about the transfer of children from the children and adolescent unit to the Adult Mental Health Unit. I believe three were transferred in the past year. Can you provide us with an update on the number of times this occurred in 2024?

Mr Peffer: The 2024 calendar year?

MS CASTLEY: Yes; that is right.

Ms Stephen-Smith: We will have to take that on notice.

MS CASTLEY: Do you agree with the Official Visitors that it is problematic to have kids in the Adult Mental Health Unit?

Ms Stephen-Smith: It has always been problematic having young people in the Adult Mental Health Unit. That is why we built the child and adolescent unit. Unfortunately, the level of complexities for some young people means that the child and adolescent mental health unit in the Centenary Hospital for Women and Children is not an appropriate environment for them, for their own safety and the safety of others. That is when they would transfer to the Adult Mental Health Unit. Bruno, I do not know whether you want to add anything.

Mr Aloisi: Minister, I think you have covered it. I will use a generalised example that

I have made up. You might have someone who is still under 18 or younger, but, in terms of their physical presence and the level of aggression and agitation, they present a risk to other people in the unit. It is really for their safety. We have arrangements when we transfer them to the Adult Mental Health Unit, in terms of the level of supervision they get when they are transferred. As the minister pointed out, unfortunately sometimes we need to do it on occasion,

MS CASTLEY: Just to confirm, you will take the question on notice?

Mr Peffer: Yes; we will take that on notice.

THE CHAIR: On that line of inquiry, is there any plan to discontinue that practice or provide some kind of other solution? I understand that you are protecting people who are around those individuals, but the issues that were raised were about the safety of the individual being accommodated with adults. Is there any plan to change that practice?

Mr Aloisi: There is no current plan to change that practice. Obviously, we do try to minimise it, as we pointed out. Often that is around looking at what other supports we can put in place in the child and adolescent unit, if we can maintain that. We try to do that, but sometimes, unfortunately, there is a necessity because the risk is too great.

THE CHAIR: It could be helpful if you took on notice a comparison over recent years. Perhaps you could expand the scope to the last five years: how many incidents occurred in transferring children to the Adult Mental Health Unit each year.

Mr Peffer: The child and adolescent unit was not operational—

Ms Stephen-Smith: Because the child and adolescent unit is quite new, could we provide the number of admissions of young people under 18 to the Adult Mental Health Unit over the last five years?

THE CHAIR: Yes. Thank you.

MISS NUTTALL: To clarify, are there any feasible alternatives to moving a child or adolescent to the Adult Mental Health Unit? Is there support that they can receive at another location or is that really the only alternative?

Mr Aloisi: For that kind of presentation, that would probably be the only alternative. To put them somewhere else—for example, in a community or residential environment—would present risks as well. The presentation that got them into the child and adolescent unit in the first place necessitates them being in an acute setting.

MS TOUGH: My question is about emergency department presentations. Annual report output 1.1 is about acute services and talks about emergency department performance. Can you provide information about the work that has been undertaken to improve performance for people presenting with a mental health condition?

MS STEPHEN-SMITH: Yes. There are probably two aspects to that. One is a diversion piece—to reduce the number of mental health presentations. One of the

commitments that we have made, in addition to the establishment of Safe Haven Belconnen in the last term of government, is to implement mental health nursing in our walk-in centres. That again aims to divert unnecessary presentations to the emergency department. We know that many people do need to present to the emergency department when they are in a mental health crisis. The team has done a really great job in reducing the number of people who spend a long period in the emergency department after they have presented. I will hand over to Mr Peffer and Mr Aloisi to talk about that.

Mr Peffer: I will talk at a broader level around the emergency department and some of the operational work that we have done there, and then I will ask Mr Aloisi to talk a little more specifically. The way that we operate the health services has fundamentally changed over a number of years. It was the case that we managed it on the basis of different divisions that were largely anchored to a particular type of clinician or clinical workforce. That essentially created points of transition right through someone's journey in hospital. That was not always a great experience for patients, so what we undertook over the last 18 or so months is to stand up an operation centre.

The operation centre is not anchored within a clinical division; it is anchored to the patient. It uses technology—the Digital Health Record—to map all of the points of congestion right across the health service so that we can track a patient's journey right the way through and start to anticipate what they will need at a point in time and how we could start to speed things up—what a patient might need from the system and from our service, including the dozens of departments that need to come together to make something work. It works in a much more timely way and the patient's experience is much better.

We have seen considerable improvements in the timeliness of care, from the initial presentation to transition into the emergency department environment. We know that is not always an ideal environment for people to spend a long time in. Over a number of years we have tracked the number of patients who find themselves there for 24 hours. That has been a key focus for us as a health service, as a quality indicator. A lot of the success has been due to the mental health and emergency department teams themselves coming together and saying, "We need to solve this problem. How are we actually going to do it?" There is quite a structured approach in terms of the liaison functions and how the two teams work together to actually move patients through much more effectively.

Mr Aloisi: To add to that, certain positions within our organisation will help support that flow across. When we look at the number of beds across the ACT, including on the north side, the ability to use those beds and manoeuvre—the flexibility that it enables us to have in bed movements—is probably greater now. We have had extra inpatient beds added to the system over the last few years, and that has also assisted. Bed coordination and the availability of beds has been a real focus for the team. Planning around discharge starts at admission. The idea is to make sure that we have capacity in the system so that we do not have people waiting in emergency departments for an extended time. That has definitely contributed strongly.

As our CEO advised, there is also the relationship between the mental health area and ED. Significant work has been put into those areas. On the other side of it, there is

also the work that has been done in the community in terms of preventing people from coming to the emergency department. There is the support that is provided to people once they transition out of the wards. There has definitely been a focus on that from our perspective.

MS TOUGH: Thank you. You mentioned trying to keep stays in the emergency department to under 24 hours. The annual report target was that zero per cent would stay for longer than 24 hours and the outcome was one per cent, which is still pretty low but not quite zero. Are they the measures to get to the target of zero per cent?

Mr Aloisi: Yes. My understanding is that they would mostly be related to the north-side hospital. There is a difference between our mental health emergency department consultation and liaison services across the sites. It is absolutely on our agenda to make sure that we equate the services. There is currently a service gap in terms of the hours of service at the north-side hospital, but that is something we are aiming to address more broadly to unify the two sites.

MS TOUGH: Thank you. Do you have any indication of when they might align, or is that ongoing?

Mr Aloisi: It is ongoing, but that work is progressing this year.

MS TOUGH: Thank you.

MS CASTLEY: Where could I find information on the change in mental health related presentations in ED over the last couple of years? Is there a report that shows what the increase has been?

Mr Peffer: We should be able to take that on notice. What you are looking for, Ms Castley, just so that I am clear, is not overall emergency department presentation growth, but the cohort of patients presenting for mental health?

MS CASTLEY: Yes. You also mentioned—

Mr Peffer: Actually, we might be able to provide that right now.

Mr Aloisi: For Canberra Health Services—this is comparing 2022-23 with 2023-24 financial data—

MS CASTLEY: I would love to hear about the last three years. Go ahead.

Mr Aloisi: We have seen a seven per cent increase in those presentations that are classified as mental health; that is classified using the international classification of disorders process. There has been a seven per cent increase.

MS CASTLEY: You mentioned, in answer to Ms Tough's question, that there are increased beds. How many beds have we increased that by?

Mr Aloisi: The bed units I was referring to specifically were in 12B, which was 10 beds, but it has flex capacity to move to 14. It is another 10 beds that were added into

the system a few years back.

MS CASTLEY: With the goal of having people go within 24 hours, do we have an understanding of how many people are being discharged from ED without receiving mental health treatment due to capacity constraints or without a mental health plan, once they are discharged after 24 hours? Do we know what happens to them and how many of those people there are?

Mr Aloisi: I am sorry; I am not sure that I understand the question.

MS CASTLEY: I understand that the goal is to have treated someone within this 24-hour time frame. Do we know how many people are discharged at that point or are discharged from ED that have not had any mental health treatment?

Ms Stephen-Smith: There are probably a couple of elements to that. Our performance indicator, the proportion of people staying in the ED 24 hours or more, is zero per cent. The sooner we can get people either admitted or treated and discharged home the better. The intention is that nobody stays for 24 hours. That is not part of the treatment plan.

Anybody who is either discharged or admitted—correct me if I am wrong—would have some kind of plan associated with that. The only reason people would leave without a plan is if they leave without being seen, without treatment or without a plan being fully developed—if they self-discharge, as it were. But not everybody who presents to the ED will be admitted to the hospital. The alternative to being admitted would be—

Mr Aloisi: It would be follow-up in the community, generally. A plan would be formulated around what that looks like.

MS CASTLEY: Do we have a figure for self-discharge? We must know why they are admitted to ED. Do we know how many just decide to leave because they have either waited for too long or they have changed their mind?

Mr Peffer: As we have seen the performance of the emergency department improve, we have seen the "did not waits"—DMWs, as we refer to them in our reporting—also track down. Some years back, that was hovering at around eight per cent. It is now down to about two per cent. I think it is sitting below two per cent at the moment, so it is a marked improvement.

In terms of what those people may have presented for, it might be a little more challenging to produce a report on that. Some of them may have come in, not received any treatment at all and departed. Perhaps they have looked at the waiting room and said, "I might wait for the GP tomorrow," or "I might head to a walk-in centre," or something like that. That might be a little hard for us to produce.

MS CASTLEY: Surely, you must have an understanding of someone who did get to that triage stage and who did not wait. How many of those are there? Do we have that ability—

Ms Stephen-Smith: We will take on notice whether we can break down the "did not waits" into mental health and non.

MS CASTLEY: That is great; thank you.

MS BARRY: Obviously, the goal is to reach zero per cent within 24 hours. Is there a way you track that that does not drive doctors to discharge people because they want to meet that KPI? Is there a way of checking that system to make sure that that is not happening?

Mr Peffer: Yes, there are ways of checking that system. We actively manage this during someone's stay in the emergency department. We do not wait until the point of 24 hours and say, "That's terrible; it shouldn't have happened," and come at it after the fact. I mentioned the operations centre before. It actively monitors what is happening in our emergency departments, in an attempt to intervene or create capacity where it is required in the system, so that we can move people through. I have lost my train of thought. Ms Barry, could you repeat the question?

MS BARRY: My question was: is there a way of tracking that the zero per cent within 24 hours is not an incentive for doctors to discharge people when they probably need more care?

Mr Peffer: The clinicians will make a decision about what is most appropriate for the patients. With those who are waiting for 24 hours, I would say that the vast majority are being admitted to our service. The reason they are waiting is that they are waiting for a bed. They are waiting for a suitable location to which they can be admitted. It is a marker of quality, the timeliness of moving people through an emergency department. The ACT is performing very well on that front compared to our state and territory peers at this point in time. Certainly, for those individuals, they are coming into the health system. We are not waiting for a long time to discharge them home.

MISS NUTTALL: I am keen to hear a little more about the Safe Haven in Garran. Could you please provide us with an update on progress?

Ms Stephen-Smith: We are having another look at the Safe Haven at Canberra Hospital. It is scheduled to open this year. We also know that Belconnen Safe Haven is currently only funded until the end of June 2026, and Belconnen Safe Haven only operates for, I think, five days a week for limited hours.

One of the considerations—and this aligns with the conversations that we had immediately post election—is: how do we ensure that we are prioritising community-based access to an alternative to a hospital? Given the constrained funding environment, ensuring that the Belconnen Safe Haven can continue and potentially have expanded hours is the priority.

We are also looking at what the commonwealth is doing on the south side, particularly in Tuggeranong, with the hub that is being developed there. We are currently looking at the Canberra Hospital Safe Haven, and whether delaying that activity might be the best decision in the current environment that we are facing.

MISS NUTTALL: Is that with a view to prioritising the more—

Ms Stephen-Smith: The community-based services, yes.

MISS NUTTALL: What is the estimated cost right now of the Garran Safe Haven, should that go ahead?

Ms Stephen-Smith: The funding that was allocated in the 2023-24 budget was $1.6 million of expense funding and $700,000 of capital funding. As a service for which we do not really have a strong evidence base, it is a reasonable amount of funding. The other thing I should have said is that we are waiting to see the evaluation that the commonwealth has been undertaking, the national evaluation of the Safe Haven model, to see whether there are lessons learned out of that, which I understand is quite close. I think the evaluation is finished, but I have not seen anything on it yet.

MISS NUTTALL: I am eager to understand that data. What evidence do you currently collect on the efficacy of Safe Haven? Do you collect waiting lists, attendance and things like that?

Ms Stephen-Smith: I know that we collect attendance numbers. I will hand over to Dr Miller to talk about that.

Dr Miller: The information that we gather is the number of guests and their experience at the centre—whether they have had a positive experience while using the centre, and what the average reduction was in subjective units of distress. It is called a SUD scale. We collect information at their entry and departure. I have some statistics here for the last period. Eighty-eight per cent of guests reported a positive experience using the centre, and we had an average reduction of 25 per cent in the subjective units of distress between arrival and departure.

MISS NUTTALL: In terms of attendance numbers, how often was the centre at capacity? Were there times when you had to turn people away due to demand for services?

Dr Miller: I would probably have to take on notice how often it was at capacity. I can tell you that the figures, in terms of average visits, were 19 visits per week, and 81 unique guests were supported over the course of the time, which is about 6.2 visits per guest. This was in the period January 2024 to June 2024. We also had an additional 489 phone sessions that were delivered during that time.

MISS NUTTALL: Phone sessions were quite a big component of it. Is Safe Haven the only service that provides that kind of phone component? Is it on an ACT-specific or super-local basis?

Dr Miller: Yes. There are many ways to answer that question. There are some national phone lines that are well regarded and well utilised. We have some local-based services that do that. MindMap is a navigation tool for youth that would specifically help to direct people to the appropriate place for their care.

MISS NUTTALL: Just briefly, on the Tuggeranong hub that you mentioned, I

apologise that I am not across this. I am thrilled to hear that there is a Tuggeranong centre.

Ms Stephen-Smith: This is the thing that was called Head to Health and Head to Health Kids that is now called the Medicare Mental Health Centre. Dr Miller might be able to talk more about the commonwealth investment.

Dr Miller: Under the National Mental Health and Suicide Prevention Agreement and the bilateral schedule that the ACT government has with the commonwealth, we have a number of initiatives specifically focused on youth. One of those is the Head to Health Kids, or the Medicare Mental Health Centre for Kids. We are in the process of developing that initiative, and the site that has been decided is in Tuggeranong. We are hoping to develop that into a hub on the south side, which would help to address some of the specific needs of youth and young people.

MISS NUTTALL: What is the expected demographic for that? What sort of ages will it serve?

Dr Miller: Head to Health Kids is zero to 12 years.

MISS NUTTALL: Comparing that to Safe Haven, Safe Haven, to the best of my knowledge, goes to a slightly older cohort.

Dr Miller: That is right, yes.

MISS NUTTALL: Would Belconnen probably be the only services for young people outside that zero to 12 cohort?

Ms Stephen-Smith: The idea for the Medicare Mental Health Centre for Kids is to co-locate it with the Medicare Mental Health Centre for Adults, which I think is already established in Tuggeranong, isn't it?

Dr Miller: It is already established in Civic and there is an intention to have a satellite in Tuggeranong, but that has not been confirmed yet.

MISS NUTTALL: Would that adult service be equipped to support young people 12 and up as well?

Dr Miller: The adult version?

MISS NUTTALL: Yes, in Tuggeranong.

Dr Miller: I want to say 16, but I would like to confirm that, please.

Ms Stephen-Smith: We will take on notice and provide a full breakdown of where those commonwealth and ACT community-based services are. Part of the challenge for us is that, with headspace, there is one in Civic and, with these other services, there is quite an ecosystem of different things. Part of the challenge is understanding what that looks like in the community and ensuring that our investment is building on a more navigable system, rather than adding another thing that will be a little bit

different, but kind of the same, and people do not really know where to go.

MS CARRICK: With the location, I am interested in understanding whether they are located in town centres or places that are accessible by public transport, so that people can get to them. I am curious to know whether the commonwealth one is subject to budget funding from them in the upcoming election budget. If that does not eventuate, would you consider looking at having the Garran Safe Haven in the Woden town centre, so that it is in a community environment, as opposed to a hospital environment?

Dr Miller: The first part of the question was about the location, in terms of accessibility. There was a large community consultation, both with the sector and with young people and our lived experience group, as to where the best location for accessibility would be. This was a priority as a part of the decision. The site that has been chosen is accessible by bus. It has free parking nearby and it is close to another Tuggeranong health centre, so there can be a co-location nearby to some of the other health services. What was the second part of your question?

MS CARRICK: Is that subject to commonwealth budget funding and, if that does not eventuate, would you consider the Garran Safe Haven being in the Woden town centre so that it is in a community environment, as opposed to the hospital environment?

Dr Miller: In terms of the Safe Haven, that has not been considered at this point, but, as the minister referred to, there are some considerations about it.

Ms Stephen-Smith: Ms Carrick, probably the two things are a bit separate. Obviously, commonwealth ongoing funding is a matter for the commonwealth. Separately, in terms of the Garran Safe Haven, certainly, some of the feedback we have had from consumers is that another community-based Safe Haven may be a better investment than a hospital-based Safe Haven. Certainly, in putting a pause on the Garran Safe Haven, as we come to the 2025-26 budget, we will be thinking about how we direct that investment to the best use.

The other element is that, in Belconnen, as I said, the Safe Haven is only open for certain numbers of days. I had someone describe it to me as, "You really have to plan your crisis to access the Safe Haven," which, obviously, is not ideal. It is about looking at the national evaluation of Safe Haven and thinking about where the best location is. We do, as I am sure you are aware, have a health centre in Phillip. It is right in the middle of Woden town centre. It is an ageing facility, and one of the things that we have on our forward plan is a review of all of our community-based health facilities and how we reinvest in those into the future.

MS CASTLEY: Do we have any idea how many people have presented to emergency after having been to Safe Haven? I am trying to understand the stats. Eighty-eight per cent of people reported a positive experience and there was a reduction of 25 per cent in the subjective scale—

Dr Miller: Subjective Unit of Distress.

MS CASTLEY: Do we know how many people have gone through Safe Haven—approximately 6.2 visits per guest—and presented to hospital, after having visited Safe Haven?

Dr Miller: I do not have that information.

MS CASTLEY: Is there any way we would know that? We do not ask patients if they have accessed—

Dr Miller: I will take that on notice.

Mr Aloisi: In terms of the data, we do ask, if someone presents. It is just a matter of how it is captured in the system. We do not necessarily have a menu that says they have come from Safe Haven or they have come from somewhere else. That is the challenge in terms of the data. The information would probably be captured in the assessment, that the person may have come from Safe Haven, but it would not actually be recorded, I do not think, in the data in that way.

MS CASTLEY: With regard to the Chief Psychiatrist's annual report, can you explain why there was a 25 per cent increase in the number of people placed in emergency apprehension compared to 2022-23?

Ms Stephen-Smith: I will ask the Chief Psychiatrist to explain that.

Prof Cidoni: I have read and acknowledge the privilege statement. The reference was in terms of the data—apprehension?

MS CASTLEY: Yes, it has increased 25 per cent. Could you explain a little bit more about that? Why is there such an increase?

Prof Cidoni: We have looked into the data and there is not a commensurate increase in presentation overall, so it is something that has fluctuated over time. If you look at 2021-22, it was similar to the 2023-24 data. In the year before, it was quite a lot more—1,869. The figures have fluctuated year to year.

I am not aware of any particular issues in terms of the cohort, but we are aware that there is significant work around educating our police and our ambulance professionals in relation to detecting mental health issues and being aware of them. The answer to the question is that we do not have a particular explanation for that year-to-year fluctuation. It does fluctuate year to year, and that is something that we will be monitoring going forward.

MS CASTLEY: You noted that you would address it as appropriate; are you addressing it or are you just maintaining a watching brief on these figures?

Prof Cidoni: If we look at the translation to involuntary detention, the next aspect of that is the ED3, or the three-day detention. Those numbers have not changed year to year, so that suggests there is a component of the apprehensions that have not translated into an involuntary detention. That would suggest to me that perhaps these are people being captured by the emergency apprehension provisions that may not

have required that, because the actual translation into the ED3, the next part of the process, has not really gone up year to year.

MS CASTLEY: Since 2020, have we seen—I could be reading this wrong—quite a large increase?

Prof Cidoni: ED3 is in table 65; it is those that translate from the first part of the involuntary process, the emergency apprehension, to the ED3, which is a three-day order. Those numbers are fairly static.

MS CASTLEY: What about the initial emergency apprehension, before the ED3?

Prof Cidoni: Those numbers were very high in 2019-20. We changed the provisions to require police and ambulance to be satisfied that someone requires a mental health assessment and is refusing that. The criteria changed, which is why the numbers dropped significantly from 2020-21 to 2021-22.

MS CASTLEY: On directives to any professionals about emergency apprehending, has there been any change? What are we doing to change it? How are we fixing it?

Prof Cidoni: In terms of fixing it, what we want to do is have the least restrictive treatment possible provided. We want to avoid involuntary treatment wherever possible. We are encouraging engagement and assessment and ensuring that consumers are aware of the process and aware of the importance of engaging in mental health treatment. We have the PACER model, which is where we have mental health clinicians co-located with police and ambulance to help facilitate those assessments and ensuring that we are not apprehending people, not bringing people to hospital if needed. That is really trying to keep people in the community. We have ongoing education and ongoing liaison in terms of police and ambulance as there are different mechanisms—for example, there is a governance committee. We also have regular liaison. I have regular liaison with the Chief of Police in terms of ensuring that there is appropriate education and training. Overall, I think we are wanting to make sure that we are only using our involuntary provisions wherever necessary.

MS CASTLEY: Thank you.

Prof Cidoni: With the chair's indulgence, I would like to add something briefly on the Child and Adolescent Unit. There is just one thing I wanted to add. They do have a de-escalation space and a seclusion space that cannot be used because of architectural reasons. I have been out there, and there will be some modifications made to that area within the Child and Adolescent Unit which would mean that you would not have to be transferred to the adult unit if you require high dependency or seclusion; it can be done within the Child and Adolescent Unit. So that will probably reduce, if not eliminate those transfers.

MS CASTLEY: And do we know when that will happen?

Prof Cidoni: It has been commissioned. I am not sure when that build is scheduled. My understanding is that the works have been approved. I would not be able to speak to whether those works have commenced or not.

Ms Stephen-Smith: We will take on notice when it is expected that those works will be completed.

MS CASTLEY: And it will be appropriate that the seclusion will be used, if required?

Prof Cidoni: Yes.

THE CHAIR: Can you give a sense of what the architectural reasons are?

Prof Cidoni: Yes. There is an issue in terms of the doorway access. There is a seclusion room that is built and is fit for purpose. The de-escalation space still has access issues in terms of doors. There needs to be some realignment to ensure that there is adequate access.

THE CHAIR: You cannot get into the room?

Prof Cidoni: You can but there is a clash in terms of the access from the sensory room—one aspect of the ward—and the main part of the ward. There is concern about the way the doors open on to each other. It is an architectural reason. But that will reduce the need for transfer, because it will be managed—

Ms Stephen-Smith: I think it probably will not fully eliminate it in some cases but it will also be reviewed.

THE CHAIR: Thank you.

MS CARRICK: I have a question about the cost of seeing mental health professionals. The Productivity Commission's RoGS data says that, with respect to people who delayed seeing or did not see a mental health professional at least once in the last 12 months due to cost, the ACT is the highest at 25.6 per cent compared to the Australian average of 20.9 per cent. Can you explain why our costs are the highest?

Ms Stephen-Smith: Probably not in terms of being able to fully explain it. It is consistent, though. This would be in relation to non-government, private providers of mental health. It kind of goes back to the original question around that the vast majority of mental health. I said that it was in primary care but it is actually in primary care and private psychology and psychiatry. That would be the majority of mental health treatment in the ACT. That is partially funded by the commonwealth through the Medicare Benefits Scheme. We know that there is a shortage of psychiatrists in the ACT, as there is in many parts of the country. So people have waits, even if they can afford to see someone. There are high out-of-pocket costs in the ACT for both primary care and for specialist services, including psychiatry.

Why that is particularly so in the ACT is not entirely well understood. Anecdotally, I think there is an element of a view that people in the ACT can afford to pay. Of course, many people in the ACT can afford to pay, but lots of people cannot. So you do get this quite high proportion of people putting off seeing either a primary care general practitioner or a specialist because the Medicare benefit schedule payments

have not kept up with the costs of delivering that service and the income that those health professionals expect to receive. It has been an ongoing issue for the ACT that the specialist out-of-pocket costs are high here.

MS CARRICK: With respect to the RoGS data, there are gaps in parts of the data like cost of care and mental health outcomes of consumers in specialised public mental health services. In some of the areas there is no data for the ACT. Can you explain why that is?

Ms Stephen-Smith: That may have to do with the data remediation project with the Digital Health Record, I suspect.

Ms Cross: I have read and understand the privilege statement. There can be a couple of reasons. There is some data that we do not release because of sample size. You might have a very small sample, and so the ACT would not include data. More generally, since we have introduced the Digital Health Record, we have been working on the capture of data to meet the standards that are required for RoGS. We are pretty well advanced with that. So we have good data on elective surgery, emergency department, admitted patients and non-admitted patients, and the next group that we are looking at to improve is mental health. There have been some reports over the last couple of years where we have not been able to provide all of the data that we normally would. We are in regular contact with the reporting bodies and the funding bodies. They understand this is quite normal once you make a major change to your health system. But, over time, we will get to the point where we can provide all of the required data unless, as I said, we have got a small sample size, in which case you just would not release. Sometimes when you are looking at data on suicide, for example, you will get aggregated data for the ACT over five years rather than a single year just to protect people's privacy.

MS CARRICK: Is there a timeframe for that data work that is ongoing?

Ms Cross: Yes, there is.

MS CARRICK: This is obviously important data that would inform decisions that the government made.

Ms Cross: We would expect all of the major datasets—and the last one is mental health—to be completed by around the middle of this year. That is data which we reuse in multiple different reports for multiple different purposes.

MS CASTLEY: We knew DHR was not going to be able to report everything years ago when it was increased. Do you think that if we had a prioritised mental health, we would be in a better situation to understand the demand and what is required for Canberrans?

Ms Cross: We still have a lot of data on mental health which we can use. It is just getting it to the exact standard that we can use for the commonwealth reporting which is tied to funding. We do have a lot of data. In previous years we collected it manually and included it in reports. It is just that we are trying to get to the point where we can automatically pull it from the system. So it is not that there has been no data; it has

just been that there has been a lot of work to pull it together. The other thing with mental health data is we are about to, if it is signed off by ministers, move to activity-based data funding for mental health rather than block funding. That will be a change that we need to put through the system. We have had data on mental health; it is just that it has not been easy to extract from the system.

MS CASTLEY: Activity-based rather than block?

Ms Cross: Yes. This is the national funding arrangements, which have been activity-based funding for most health services for a number of years. Nationally, they have had two or three shadow years where they have been looking at providing activity-based funding in the mental health area as well. Subject to a final decision by ministers, that will commence next financial year, I believe.

THE CHAIR: Ms Carrick asked about the cost of service delivery, and the answer was that the private sector is more expensive. I assume we see a similar increase and mismatch in our public expenditure in the public system, which is also higher than other jurisdictions. First of all, is that the case? Will that agreement account for that?

Ms Stephen-Smith: It is the case that small jurisdictions have overall, because of the lack of economies of scale. There are some costs associated with being regional and regional hospital but there are also some efficiencies in having a live system. We have provided data to the Independent Health and Aged Care Pricing Authority around the additional costs of being a small jurisdiction. All of the small jurisdictions—ACT, Tasmania and the Northern Territory—have been arguing in the context of the National Health Reform Agreement that there should be a small jurisdiction supplementation on the National Efficient Price, as there is for remote and as there is for Aboriginal and Torres Strait Islander, and we do not get either of those. So, yes, it is more expensive to deliver services in a small jurisdiction. Obviously, there are some elements of remuneration costs. We have relatively well-remunerated staff, and that affects our costs as well. It is definitely a factor for us that our lack of economies of scale and our competition with the private sector can mean that we end up paying more.

MS CASTLEY: I have one supplementary on Ms Carrick's initial question about the out-of-pocket costs. What analysis has the government done about out-of-pocket costs for mental health care, and what are the policy responses?

Ms Stephen-Smith: I am not sure that we have specifically done an analysis of out-of-pocket costs in the private sector.

Ms Cross: We have the data that is reported nationally, which is what you are referring to. Certainly with GPs, that is a commonwealth responsibility, and we just use that data to lobby for additional funding for the ACT. The other analysis is really just done as part of the RoGS report. We can see what that analysis is showing, but it is not relating to the services that are offered by the ACT government, which are free point of service.

THE CHAIR: Except insofar as you might have more people going to the public system if the private system is excessively expensive.

Ms Stephen-Smith: As part of the mental health services plan that we committed to in the election context—we committed to completing that plan by the end of 2026—my expectation is that we would be looking across the whole system and where the ACT services fit in and what we are seeing across the whole mental health system as we develop that plan, in the same way that, when we developed the ACT Health Services Plan we took into account what happens across our whole system in order to plan our own ACT clinical services and prioritise investment.

MS CARRICK: You said that mental health was the last dataset to be sorted out. Is that right?

Ms Cross: The last of the major datasets that are in the Digital Health Record. There are some other small ones like palliative care. But of the five main ones, which are the bulk of activity and result in the bulk of funding from the commonwealth, the fifth one is mental health.

MS CARRICK: How long has it been since the other four or five were sorted out? When were they—

Ms Cross: We have been reporting on these since the Digital Health Record. The sorting out bit is that we have got it far more automated so that we can pull it out of the system quickly. Elective surgery and emergency department were pretty much finished last year. With the admitted patients, I think the sign-off was around January this year. Non-admitted patients should be March/April, and then mental health will follow after that, and we would hope that that is close to midyear.

MISS NUTTALL: Are there any services right now that are not collecting the kind of data for the Digital Health Record that, anecdotally or based on our own data, would actually really benefit from commonwealth funding? Are there gaps there?

Ms Cross: All of the public health services are collecting data that goes straight into the Digital Health Record. That is part of the improved patient care that we use in the Digital Health Record. There is a process where you can go to the national funding body and nominate a community service which is clinical in nature and say, "This actually should be eligible for commonwealth funding as well." So you go to the national funding body, you put in a submission and they decide whether or not it meets the criteria. There are some small services offered by NGOs, including in mental health and drug and alcohol, where potentially we could put in a submission. The National Health Reform Agreement negotiations were very much about broadening the scope of what is covered under the agreement. So a lot of these services may well have been picked up. If you have seen the news recently, you will have seen that we have just signed a one-year funding agreement. So those negotiations for the longer-term agreement are ongoing. So the answer is there are some small services that would not necessarily go into the Digital Health Record but they would be collected and could potentially attract commonwealth funding. But it is not huge amounts of money, and there is a quite lengthy process that we would need to go through first.

Ms Stephen-Smith: I would just add as a sort of reassurance that the implementation

of the Digital Health Record and the data we have been able to gather through that has resulted in more activity being recorded than was previously the case. We have seen not only real growth in activity and in presentations to our hospital and health services but also better data capture through the implementation of the Digital Health Record. If there was not a cap on commonwealth funding growth year on year, we would be eligible for considerably more commonwealth funding than we are currently getting. That is one of the conversations that we are having with the commonwealth alongside the small state National Efficient Price conversation.

MISS NUTTALL: Are you able to share which services or the function that the services provide that would be beneficial to refer to the national funding body?

Ms Cross: I can take it on notice and provide you with a list of the ones which we think might be eligible. I think we actually have submitted one of them. We will see how we go with that one and then we will continue. So I can provide that on notice.

MISS NUTTALL: Thank you very much. We appreciate that.

MS BARRY: Just for my own benefit rather than anything else, we do know that there are intersections between mental health, community services and housing—a cross-sector. Is there a plan to cross-reference this health data with other services for a more wholistic approach to patient care?

Ms Cross: There are a couple of projects underway. One is an ABS project that is looking at data linkage across a whole range of social services and the other is an agreement we have with the ANU, which, again, is looking at how we can link up not just ACT government data but also commonwealth data, because often the people we are talking about are accessing a range of commonwealth services as well. So there are two projects. You could take further questions on that to CMTEDD, who are managing them, if you wanted.

MS BARRY: Thank you, because my next question was going to be: what is the update?

Ms Cross: We are involved because health data would be a key part of it, but it crosses a number of different portfolios.

MS TOUGH: This might be putting the cart before the horse a bit, but, with the merge of CSD with Health, is there a look to bring on the child and family development clinic services into the MyDHR so that, if someone is accessing services through that child development service and also accessing other health services, it is all in one spot?

Ms Cross: The benefit of having a digital health record is that, once you have introduced it, everybody can see the potential uses. We have a long list of enhancements that people would like and we have an exhaustive process with CHS of working out which are the highest priorities. But it is fair to say that there are many, many things we can do now, and it is just a question of prioritising them with the funding that we have available.

Ms Stephen-Smith: More broadly on the child and family services and the development of the child and family network, there is ongoing work to better integrate the CHS community paediatric service, the Child Development Service and the Child and Family Centres. So that work will continue.

MS TOUGH: Wonderful.

THE CHAIR: I have a quick follow-up on that merger. I had some concerns about potential cultural problems within CSD. Is there any consternation within ACT Health about the merger and what that might mean for—

Ms Stephen-Smith: Can I just say that we are here on the mental health portfolio. I am not sure about this kind of segueing off a bit in terms of mental health. I think there are some real opportunities on the mental health side in this merger. There are some real opportunities overall. I guess, Chair, I would be guided by you, but we have only got a very short period of time to talk about mental health, and this is probably a question for the wider health portfolio.

THE CHAIR: Obviously, mental health is part of that. It can be a quick answer. We can raise it again next time we meet.

Ms Cross: Just very briefly, as the minister said, there are a lot of opportunities for mental health. For example, being in the same portfolio as housing and homelessness services, there is obviously a strong overlap there and, with children and young people, if you are into prevention and early intervention, then that is a really important connection. We are looking forward to the opportunities and the potential of bringing the two portfolios together. Obviously, any time you bring two organisations together, you need to work on coming up with a new culture for the new organisation, a new strategic plan and all of those things. That will all be part of the proposed arrangements.

THE CHAIR: Thank you. For what it is worth, I think that it looks like a good thing. I was not intending to say the opposite. Very specifically on mental health, should we go to Ms Castley for—

MS CASTLEY: Thank you, Chair; I appreciate that. I have a question about the health strategic indicator 1.2. It is about improving the mental wellbeing of Canberrans, but it seems that the mental wellbeing is declining rather than improving. I am referring to pages 53 and 54 of the report. Why has the percentage of adults who self-report their mental health status as "good" or "excellent" fallen? Do we have data on that?

Ms Stephen-Smith: I will hand over to Dr Miller, but I think one of the challenges with some of these indicators is that the causes of overall wellbeing improving or declining are going to be quite complex and often not in the control of the ACT government. We have seen significant fluctuations during and post the COVID-19 pandemic. I think there has been some commentary more broadly around the impact of the cost-of-living crisis and financial pressure feeding into people's mental health and wellbeing over the last couple of years. I don't know if Dr Miller wants to say something more educated on that.

Dr Miller: That sounded very educated to me. You will see on page 54 of the annual report that there was a small decline over the years during and around COVID, and some of the impact of the factors the minister has referred to. There has been a slight increase. As you can see, we are coming up to higher levels. The target is 60 per cent, and we are tracking at 51 per cent over the course of the last time.

I think the key point for us is this: what can we do to make sure that we bring it back on track? To do that, one of the key items of our strategic objectives, of the Office for Mental Health and Wellbeing, is working with our lived experience workforce. We have employed a director of lived experience, who is a person who has a lived or living experience of mental illness, to connect up with the community sector and to speak to the reference group about what factors they see may be involved in why they would self-report that way. So, our lived experience work and the work of that particular area of the office is critical to helping to bring that back up to be a bit higher.

MS CASTLEY: Thanks. I have questions about the lived experience policy team. Can you tell me what their KPIs are?

Dr Miller: The lived experience team? I might have to take that one on notice.

Ms Cross: The KPIs that we have are for the portfolio, and then within teams, obviously, you have got priorities for each team. Their priorities would really be associated with the projects that they are working on.

MS CASTLEY: Can we see what those priorities are?

Ms Cross: Yes.

MS CASTLEY: Can you take that on notice?

Ms Cross: Yes.

MS CASTLEY: Because I think the question is—if we are failing to meet targets, I am trying to understand where the gap is. Does the team not have enough resources? Why is it?

Ms Cross: I think, as the minister said, a lot of the things which contribute to this come from outside the health portfolio or the mental health portfolio. When I look at that, one of the long-term strategies we have is the work that we do with the Education Directorate—everything we can do to support wellbeing and mental health for young people.

Some of the things which we are doing are long-term; they are really important, and we have got a very strong focus on young people in the mental health portfolio. It may not be that it is a lack of resources. It may just be a whole lot of societal pressures, and we are looking with all directorates to see what we can do to address them.

THE CHAIR: As part of the National Mental Health and Suicide Prevention

Agreement, the ACT Health Directorate participated in a cross-jurisdictional analysis of unmet need for psychosocial support outcomes. My understanding is this project was scheduled for completion in March 2024 and involved estimating the sufficiency of psychosocial supports outside of the NDIS in each state and territory. Can you provide the outcomes of this analysis for the ACT, including the number of people with unmet need for psychosocial support?

Ms Stephen-Smith: The health and mental health ministers met in August, from memory, last year and did agree to release the analysis of unmet need for psychosocial supports. I have not got a copy of the report on me, but it is public, and Ms Kipling can talk more about it.

Ms Kipling: Thank you. As the minister said, the health policy analysis report was presented to health and mental health ministers in August, and the health ministers and mental health ministers commissioned officials to work on that report and look at a more detailed plan in terms of psychosocial support.

In terms of the figures and the report estimates—and I think it is important to acknowledge that when we did that work in the ACT with the commonwealth and across the country, it was very much an estimate in terms of the criteria—in the ACT, there are approximately 4,000 people with a severe mental health condition from ages 12 to 64 that haven't been able to access supports. Another 4,000 people with a moderate health condition haven't been able to access support. That is the data that is being published in the health policy analysis report.

THE CHAIR: And is there concern that that level of unmet need will increase, given what we are seeing with the NDIS changes?

Ms Stephen-Smith: That has certainly been a concern for ministers, and one of the strong pieces of advocacy from all jurisdictions, including from the ACT government to the commonwealth, is that we want an assurance that there will not be a diminution of support through the NDIS for people with psychosocial disability while the conversation is ongoing around foundational supports, and, indeed, until appropriate foundational supports are in place. We certainly know, anecdotally, that people are having their NDIS plans reviewed and, potentially, their support reduced. All jurisdictions have been very strongly advocating with the commonwealth—that they must be maintained until we have an appropriate foundational support system.

THE CHAIR: Ms Kipling, was that within a financial year? What was the time scale?

Ms Kipling: I might need to get back to you. I probably will be able to get back to you in this session on the timeframe. I believe it was for two years, so it was very much for a point in time that that work was done. We are working really closely with the commonwealth and our colleagues across jurisdictions in terms of what some options would be and what this would look like. I think the difficulty is that the NDIS work and the foundational supports work is still being developed as well, so we need to balance and have that fine line in terms of a response.

THE CHAIR: And is there a timeframe for developing a response?

Ms Kipling: Officials have been tasked to go back to ministers early this year.

THE CHAIR: Early this year?

Ms Kipling: Yes.

THE CHAIR: Like Q1?

Ms Kipling: Yes.

THE CHAIR: First quarter of the year?

Ms Kipling: Yes. And, again, that will be dependent on things like the federal election.

THE CHAIR: Those things!

Ms Stephen-Smith: Health ministers are not meeting again until May.

THE CHAIR: Okay. And for the record, can you confirm that is a public report?

Ms Kipling: It is a public report, yes.

THE CHAIR: It was made available in August?

Ms Kipling: Yes.

THE CHAIR: Thank you. Ms Carrick?

MS CARRICK: I have a question about the Towards our Vision: Re-envisioning Older Persons Mental Health and Wellbeing in the ACT Strategy. How has funding been allocated in 2024-25, and how much of this is new funding? Can you indicate what this funding has been used for?

Ms Cross: A number of the initiatives in that strategy, from memory, were going to be taken up using existing resources, so there may not be a direct budget allocation for some of the actions. If it is okay, we would like to take that on notice and come back. But there will be, from memory, some actions that we, or directorates, have taken up using our existing resources. I am not sure if there is anything specifically being allocated, but I will check that for you.

MS CARRICK: Thank you.

MS BARRY: Minister, I note that a grant total of $564,814 was awarded over five years to Mental Health Consumer Network, and it finishes in 2027. What is this grant meant for?

Ms Stephen-Smith: That would be a peak body-type grant, I assume, but Dr Miller might have some more information.

Ms Cross: We can see if we can get some further information on that for you, but generally we provide funding to the peak association so that they can represent the views of the individuals that their organisation represents. Occasionally, there might also be a specific project which we fund them to do. I have not got the information on that grant in front me, but we could take that on notice and provide that for you.

MS BARRY: That would be really useful. Thank you very much, Ms Cross.

MS CASTLEY: It is a lot of money over five years to not have to hand. Was the grant provided under a competitive tender process?

Ms Cross: It was a commissioning process around the grants for peak bodies.

MS CASTLEY: And with that, I know you have taken it on notice, can you also let us know what the KPI is for the grant and what sort of review will be undertaken to ensure that the goals were met?

Ms Cross: Yes.

MS CASTLEY: Okay; thanks.

MS TOUGH: I am going to be really quick, because I also want to get to lunch! Can you tell us what you have heard from the mental health sector across the community to date, what their key priorities are and how that is aligning with what the government is doing?

Ms Stephen-Smith: I think there are a range of priorities that we have not talked about today. Perinatal mental health, for example, and our commitment to a residential mother-and-baby unit and a community-based safe space is something that always comes up with the mental health sector. Then, going back to Mr Emerson's first question, the need to continue to invest in early intervention and prevention as a priority. Then, I think Dr Miller talked, as well, about the development of the peer workforce. That is something that is well understood as being a priority across the sector and something that the Office for Mental Health and Wellbeing has really been working on.

The last thing I would touch on, given the time—there is a lot—is the Child & Youth Mental Health Sector Alliance that the Office for Mental Health and Wellbeing runs with Youth Coalition. That has been a really great initiative in better understanding the child and adolescent mental health environment and how we can work together to improve not just the number of services that are available but the way that services are delivered in terms of things like trauma-informed service delivery and what the gaps are in services for children and adolescents. There are a lot, but, certainly, we have worked very closely with the Mental Health Community Coalition, the consumer network, Youth Coalition and the Health Care Consumers' Association to really understand where people are seeing those gaps.

MS TOUGH: Thank you. Where is work up to with the perinatal centre?

Ms Stephen-Smith: We will be considering that through budget processes.

MS TOUGH: Awesome; thank you.

Ms Stephen-Smith: If I can, Chair, seek your indulgence for one moment. In terms of your first, early question about community sector mental health contracts and grants, you might be interested to know that our data would indicate that we have actually grown the investment in mental health community sector contracts and grants by almost 120 per cent over the five years from 2019-20. Our records would indicate that in 2019-20, just under $10.5 million in grants were allocated, and in 2023-24, it was just under $22.9 million in grants allocated to the mental health community sector, so that is a very significant increase in investment in that sector.

Ms Cross: And, Chair, if I could answer one of the other questions we took on notice: the report on psychosocial supports is for the 2022-23 financial year.

THE CHAIR: Thank you all very much. I thank you for your attendance today. If you have taken any other questions on notice, please provide your answers to the committee secretary within five business days of receiving the uncorrected proof of *Hansard*.

Hearing suspended from 12.01 to 1.00 pm.

Appearances:

Berry, Ms Yvette, Deputy Chief Minister, Minister for Education and Early Childhood, Minister for Homes and New Suburbs and Minister for Sport and Recreation

Community Services Directorate
Rule, Ms Catherine, Director-General
Windeyer, Ms Kirsty, Deputy Director-General, Housing and Inclusion
Borwick, Ms Ailsa, Executive General Manager, Housing Assistance
Valler, Ms Megan, Executive Branch Manager, Infrastructure and Contracts Branch, Housing Assistance
West, Ms Kate, Executive Branch Manager, Client Services Branch, Housing Assistance
Balaretnaraja, Mr Ash, Executive Branch Manager, Housing and Homelessness Policy and Programs, Housing Assistance
Pirie, Mr Mitch, Deputy Under Treasurer and Coordinator General Housing, Treasury

THE CHAIR: Welcome back to the public hearings of the Standing Committee on Social Policy for its inquiry into annual and financial reports 2023-24. The committee will now hear from the Minister for Homes and New Suburbs. The proceedings today are being recorded and transcribed by Hansard and will be published. The proceedings are also being broadcast and webstreamed live. When taking a question on notice it would be useful if witnesses used the words, "I will take that question on notice," which will help the committee and witnesses to confirm questions taken on notice from the transcript.

We welcome Ms Yvette Berry MLA, Minister for Homes and New Suburbs. We have several witnesses for this session. When you first speak, please state your name and the capacity in which you appear. I remind witnesses of the protections and obligations afforded by parliamentary privilege, and draw your attention to the privilege statement. Witnesses must tell the truth. Giving false or misleading evidence will be treated as a serious matter and may be considered contempt of the Assembly. When you first speak, please confirm that you understand the implications of the statement and that you agree to comply with it.

We will now proceed to questions. I have a question about OneLink. My understanding is that the OneLink contract needs to be renewed or is being renewed. I heard that bids for the contract were going in late last year, around October, and that there was a transition commencement that was supposed to be Monday of this week, with a transition date intended for 1 May. Is that still the case?

Ms Rule: I have read and acknowledge the privilege statement. We are currently in procurement for a contract to replace the services provided by OneLink. That process is towards the end, and we are aiming to have a new provider in place by 1 April this year.

THE CHAIR: Have you generally been satisfied with the OneLink model? I understand it was kind of a newer model of centralising homelessness services

through this place and then outward.

Ms Rule: There have been some pros and cons of going to a centralised model. As we have gone to procurement for new services, we have tried to look at the things that have worked well and the things that need some enhancing. There is a need to, in the future, look to other ways potentially to do this work. But we will wait and see what the procurement process yields before we make decisions on what the next phase might be. But there have been some real benefits of going to the centralised model.

THE CHAIR: So we are waiting to see how that procurement process unfolds. Does that mean it is quite open to different proposed models, or is it, "This is exactly what we want"?

Ms Rule: I will get Ash to talk a little bit about the process as much as we can—noting it is still a live procurement process—in terms of what we have gone to the market for.

Mr Balaretnaraja: I have read and understood the privilege statement. The OneLink model, through commissioning activity, went through a review. That review was publicly available. Through commissioning exercises with the sector, with other stakeholders, there were a series of changes that were recommended. Those have made their way to the statement of requirements that is currently in the market. It is an open tender process; so there is not too much else that we can say about that process until that plays out.

THE CHAIR: Is one of the considerations there the difficulty of getting in touch with OneLink? This is something that I have heard directly from people actually sleeping rough. I was speaking with someone on Friday. I met her at my local shops, a single Aboriginal woman escaping violence. She is having to try to get onto OneLink and unsuccessfully doing that and not getting follow-ups. I also heard a report of her experience. Is that something that you have heard? Is this a common concern? I have had conversations with people along those lines a couple of times.

Mr Balaretnaraja: Prospective clients can get in touch with OneLink as simply as picking up the phone. There can sometimes be challenges with call-backs because of the nature of clients. Not everyone has a phone. Not everyone has access to a phone. Clients can also come in to OneLink themselves in Emu Bank. We also have other organisations, such as Street to Home, that we can deploy to go and engage with people who are rough sleeping or experiencing homelessness, and who can also facilitate that engagement between individuals and the service as well. That is a really important mechanism that we have as a part of our program delivery.

THE CHAIR: Is that something that OneLink will do? I actually met someone at Dickson shops and they said that they had been using the public phone to try to call OneLink and had not had success. They spoke with me and I contacted someone I know at Vinnies and they did the Street to Home and they sent someone out. But was just because he had happened to have a conversation with me. Is that something that OneLink does as well, or is that kind of a separate pathway?

Mr Balaretnaraja: It is something Street to Home does. Anyone can call Street to

Home and give them information on someone who is experiencing homelessness or rough sleeping. We will get calls on an almost daily basis about people who might need support. There will sometimes be circumstances where people are not engaging with that support as well. There are limited things that Street to Home can do, but connecting them through to OneLink is certainly one of those main elements that they focus on.

MS BARRY: Would you have a percentage or a number for the call-backs that you have had to do in the last 12 months?

Mr Balaretnaraja: That OneLink has had to do?

MS BARRY: Yes.

Mr Balaretnaraja: I do not have that information in front of me. I can see if we can gather that information through the course of this hearing.

MS BARRY: That would be useful; thank you.

THE CHAIR: Are they collecting data on the number of people who they are not able to help? I know I am using personal examples, but I think it is a compelling way to frame the questions. This woman I spoke with essentially was not eligible. Things had not got bad enough in the family violence situation she was in to get support from DVCS for crisis accommodation. So she is still kind of at the shops seeking support and sleeping in her car. Are we tracking how many people are in that sort of a situation?

Ms Berry: Sorry; just before you go on about how we are sort of identifying these individuals, often we know about who they are through the work that Street to Home do. That is what we contract them to do—to reach out to individuals who are sleeping rough or are seeking support for homelessness.

THE CHAIR: Sorry, Minister, but would you mind acknowledging the privilege statement?

Ms Berry: Oh, I beg your pardon. I should say that I did not do that yesterday either; so I will do it as overall. I do acknowledge I have read, understand and acknowledge the paper. I did not do that yesterday either. So that covers me for all hearings now, doesn't it, or do I have to do it each time?

THE CHAIR: I think we have to do it each time.

Ms Berry: That is fine. On the individual, I do not know, Mr Emerson, if you have contacted my office or not about that individual—you have?—because we can then put that person in contact with other organisations that might be more suitable to support her, if that is the case. But Street to Home are probably the best go-to and anybody, as we have said, can put referrals to Street to Home so that people can be supported where they are.

THE CHAIR: We heard yesterday that consideration has been given to using vacant

public housing dwellings as crisis accommodation for people escaping violence in their homes. Where is that work up to? Do we a timeframe on that?

Ms Borwick: I have read and acknowledge the privilege statement. Certainly one of the strategies that we are looking at because of the crisis and transitional accommodation is our hotel brokerage services but also looking at what we can do within our vacant properties. Currently we do use that as transitional types of accommodation at times when we have people within the public housing context who need a transfer. We are now looking at and assessing whether we can do that more broadly in using some of those properties, which lends itself to those escaping family and domestic violence because you need some sort of temporary accommodation. What we are doing now is actually looking at how we assess that, how we would furnish that and how we would support that. That is not a typical part of our business model at the moment. So we are just going through and investigating and understanding what that would look like as part of our considerations.

THE CHAIR: I am quite supportive of the idea, though curious about what is happening with these properties anyway? Is it that they are not in a condition to be leased? Is it that it is not appropriate accommodation for the many thousands of people who are on that waiting list? I am just trying to understand how we would pull these out of the system that we already have.

Ms Borwick: We can talk to our vacant profile. There are a number of reasons why a property may be vacant. It might be because we have got new stock that has come on board and where we are at in the cycle of the growth and renewal program. We have a lot of new builds that are coming on. So, again, we are looking at how we optimise the allocation within those properties and making sure we have got a balance of people there. We are also seeing, as we use those properties to transfer people within the public housing current footprint, that we have some people whose needs may have changed since they had their original property. Perhaps they have a disability and they need a more accessible home, they ageing in place or they need to relocate to be closer to relatives and kinship carers? We may look at that. But that actually then releases other properties within the portfolio. So we have more properties available than we have had over the last couple of years as we move through that. We have them in different states of repairs and maintenance. We often receive correspondence or get asked questions around, "That one is vacant." It might be one that is scheduled for sale or demolition as part of our normal process. So it might be okay for a temporary residence for a couple of weeks, but it is not going to be something that we would utilise long term, because it needs significant repairs and maintenance, or it is on a pathway as an asset to go elsewhere. Those are some of the circumstances where we may think to use a vacant property for a temporary or transitional basis and it is optimising the portfolio for as long as we can.

Ms Berry: Just on the vacant properties, though, that is using them particularly for people who might be experiencing or escaping domestic and family violence. We have used vacant properties in the past, a while ago now, for new arrivals to Australia and to the ACT through our refugee settlement service. It has been challenging to actually have vacant properties available. As Ms Borwick has said, we have now got more properties available again, which is great, and we are able to allocate properties to people. So we can start having a look at whether there are properties available for

use outside of the normal process.

THE CHAIR: Within Housing ACT, how close is that interaction with the supply that is being built? It sounds like there are properties coming online and then allocations become aware of them. Is that how it works, or is there a sense of, "Here is the future pipeline"?

Ms Borwick: It is a real mix. Certainly where we have our construction program, you are on a project delivery timetable and we will know a little bit more about the certainty of when those properties will be available for occupancy. What we do there is we work with our tenants and allocation teams to get them to come out and have a look at the properties, understand what the properties look like, and start that matching process against the needs that have been articulated from people who have applied for public housing or who are looking to have a transfer within the property. That can take quite some time to prepare and do those processes. Where properties are being returned to us because maybe somebody is moving into a private market or there has been a death, those sorts of things are less predictable for us to understand what that pipeline is. So we might be more responsive to people at a particular point in time. It just varies depending on the type of vacancy that comes.

THE CHAIR: Do you have figures on new builds from when, "Okay, construction is complete; this one is good to go,"—the timeline from that point to when someone actually occupies the dwelling?

Ms Borwick: For us, we will have a general sense of what that looks like, and, the closer we get to the delivery point, the more certain those timeframes become. But it does come down to some of the certification and occupancy certificates and other processes with other providers to do that. Sometimes that can move around a little bit. It is only ever a point in time for us and a general approach to what we expect those timeframes to be, as with any build.

Ms Rule: We have put additional resources into the allocations teams to make sure that that process is happening as quickly as possible. Particularly over the last 12 months where the Growing and Renewing Program has really delivered a large number of new properties, we have been mindful of the need to get people into those properties as quickly as possible. So we have put some extra resources into that work. People get a little bit of time to think about it. We do not ring them and say, "You have got to accept the offer now." They can go and inspect the property. They have got a little bit of time. It is not always within our control how quickly that can happen, but we have certainly, as I said, put many more people on to making sure that that process of matching people to new properties happens as quickly as possible.

THE CHAIR: It would be good, if you have that data—and I am not sure you have it in front of you—on what that average timeframe is between certificate of occupancy and someone occupying new dwellings, if there is an average.

Ms Borwick: I think we do have that.

Ms West: I have read and acknowledge the privilege statement. The average time at the moment is about 14 days between when a property becomes available for

allocation and when we have been able to house somebody.

THE CHAIR: Is that for all properties or just new builds?

Ms West: That is all properties. As I said, that number fluctuates all the time.

THE CHAIR: Thank you.

MR CAIN: Since assuming the role of shadow minister for housing services, and previously in my capacity as an MLA, I often receive feedback from Housing ACT tenants and Canberrans more broadly regarding the performance of housing services. A recurring theme is the lack of appropriate correspondence or support from housing managers. Minister, how many housing managers does Housing ACT employ and what is the allocated FTE for these?

Ms Valler: We have 45 housing managers that we employ.

MR CAIN: Is each of those full-time?

Ms Valler: Full-time, yes.

MR CAIN: How many properties does each housing manager have carriage of?

Ms Valler: It completely depends on the complexity of tenants that somebody might look after in their housing portfolio. There can range from anywhere between two hundred to three hundred properties. As I said, it depends on a range of factors in terms of how much support each tenant needs.

MR CAIN: Could you confirm the total stock that is being managed?

Ms Berry: Currently? Is it 12,000?

MR CAIN: Or roughly, or you can take that on notice.

Ms Rule: It is 11,845 as at December.

MR CAIN: Thank you very much.

THE CHAIR: Sorry, Ms Valler, but would you mind acknowledging the privilege statement?

Ms Valler: Apologies. I have read and understand the privilege statement and the implications.

MR CAIN: How many times do housing managers inspect each property within their caseload per year?

Ms West: It completely depends, as I said, on the complexity of the clients. We undertake to do at least one client service visit each year. We did over 11,000 in the last financial year.

MR CAIN: Are you tracking the impact of whether the properties are inspected or not and whether there is a relationship between monitoring and the actual outcomes for tenants?

Ms West: What do you mean; sorry?

MR CAIN: Are you monitoring the effectiveness of the housing managers' performance, particularly as it seriously impacts the tenants' liveability and quiet enjoyment of their premises?

Ms West: Yes. Part of the client service visit is that housing managers will go through a range of discussions with our tenants about their range of support needs. They might need maintenance and they might need other connection to other support services. The visit will entail all of those things that they will go through with our tenants.

MR CAIN: How many housing managers would need to be employed to ensure that every Housing ACT property is inspected at least once a year?

Ms West: As I said, we did over 11,000 visits last year, and that is more than the number of tenants that we have.

MR CAIN: Are you saying that that means that each property is inspected at least once a year?

Ms West: I am saying that we do the number of inspections equivalent to the number of houses that we have.

MR CAIN: Are you comfortable that every house gets an inspection each year?

Ms Rule: That is certainly our intention, but that is not always possible, for a range of reasons. These are the homes of the people that live in them, and it can depend on the circumstances of that person—they may be unwell; there may have been a turnover in the tenancy; there has been some type of circumstance impacting the people that live in that home. It is not necessarily possible for us to do an annual inspection for 100 per cent of homes 100 per cent of the time. But I think the data that Ms West has shared with you shows that there are certainly very regular visits to every housing property from our housing managers.

MR CAIN: What is the average vacancy rate for housing manager positions and what is the staff turnover for these positions?

Ms Rule: We will not have that data for those specific positions with us today. We track overall, I can tell you that across the directorate. There are 1,200 staff in the directorate across nine portfolios. We would have to go through individual by individual to look at the turnover rates for that specific role.

MR CAIN: Could you take on notice to provide what you are able to provide?

Ms Rule: Yes, we can take that on notice.

MR CAIN: Are there any Housing ACT tenants who do not have a housing manager?

Ms West: No; all of our positions are currently filled.

MR CAIN: They are all covered; they all have someone. What pastoral care systems are in place to support housing managers to perform their duties, and are they being properly supported?

Ms West: Yes. We have a range of supports for our housing managers. We have internal supervision and regular check-ins with our staff. We have a debriefing after any incidents or after check-ins in the field. We also have EAP services available and they are regularly on site, every week, so that housing managers have access to those supports.

MR CAIN: Are there any things that you find you need to modify about that type of support? Is there cause for you to review that and enhance it?

Ms Rule: We have. That has been active work over the last 12 months. We have been very focused on ensuring the wellbeing of all Housing staff. There has been significant work to implement some of the measures that Ms West has talked about. Certainly the feedback from staff, in terms of the level of support that they are getting, is very positive.

MR CAIN: Finally, could you take on notice to give me an overview and a sense of the coverage of the different support programs for Housing managers?

Ms Rule: I think we just did, Mr Cain. We have EAP on site. There is regular debriefing. There are supervision sessions in place. When staff need to, they go out in pairs. There is a whole range. We have just outlined the main measures for Housing managers, as well as people who work in our shopfronts and other client-facing roles.

MR CAIN: This is part of your annual reporting as well and we should be able to find it on your website?

Ms West: It is normal.

Ms Rule: It is part of our normal business in terms of staff wellbeing. It is certainly not part of our statutory reporting obligations. There may be some reference in our annual report to it—I cannot remember—but I would not expect that we would detail the staff wellbeing initiatives across all of our business lines in our annual report.

Ms Berry: I can assure committee members and visiting members that the Housing ACT workforce is well organised in their union, so, when issues that arise, the CPSU is very quick to bring them to our attention, which we very much appreciate.

MS CLAY: There are some discrepancies in complaints data in the annual report. If you look at page 105, at table 8, it says that the number of complaints in 2022-23 were 2,171, but, if you look at the 2022-23 annual report, it says the number of complaints were 2,528. It seems to have dropped by a few hundred complaints this year. What is going on with that?

Ms West: I will have to take that on notice.

MS CLAY: If you could take that on notice, we would love to know why the figures changed from one annual report to the next.

Ms West: There were two different figures for the same year?

MS CLAY: The 2022-23 annual report says that the number of complaints received by the facilities manager was 2,528. In this year's annual report, for that year, that number has changed and it is much lower. I would love to know why you have different figures. I am happy for you to take that on notice. I have another question on the same line, but we would like to know why that figure changed.

Ms West: I will need to take it on notice.

MS CLAY: Between 2022-23 and 2023-24, it looks like the number of complaints has gone up a lot. There were 2,171 complaints, or whatever the other number is, and that has risen to 2,849 complaints. It has gone up by over 600 complaints—25 per cent. Why is that? Why has the number of complaints gone up so much?

Mr Balaretnaraja: You are right: the number of complaints has risen by 30 per cent between the 2022-23 financial year and the 2023-24 financial year, which is this reporting period. There are a number of factors at play. It is very difficult to specifically attribute what is causing that rise. I can step you through a number of factors that may be contributing to this.

In the reporting period, CSD finalised its review and implemented review of its complaints-handling and management policy. This aimed to try to improve access to complaints-handling processes and to support clients in making complaints more easily. We also, across the breadth of the ACT government, improved and centralised the ACT government website, which again looked at trying to improve access to complaints processes and to also publish what those complaints processes are.

In addition to that, client visits and engagement with Housing managers have also increased, with a key focus on being able to facilitate the lodging of complaints in a formal manner. Beyond that, a number of other broader elements may be at play. There is the challenging fiscal environment at the moment, which means that, when people are charged with things around general maintenance and tenant-responsible maintenance, they may not be as willing to pay for those and that can create a dispute.

One thing I will bring to the attention of the committee is that the number of complaints that escalate to the ombudsman's office have dropped by 80 per cent. That tells me is that, when people are engaging in that complaints process, they do not have to escalate it beyond Housing ACT, and that means that they are generally satisfied with the outcomes or that they are more satisfied than they have been in the past.

MS CLAY: Can you tell me when that new complaints system was introduced?

Mr Balaretnaraja: I will have to take that on notice. That is a different part of the

organisation.

MS CLAY: It would be great if you could take that on notice. Thank you very much.

MS TOUGH: I understand that the ACT government is currently implementing the Vulnerable Household Energy Support Scheme, which includes ceiling insulation and electrification upgrades to public housing. How many properties have benefited from these upgrades since the program started?

Ms Valler: More than 1,950 properties have been insulated and more than 880 properties have been electrified.

MS TOUGH: Wonderful. When is the end date of this scheme, or is it going to continue while all the properties are upgraded over time?

Ms Valler: We have a target of 3½ thousand properties to be insulated by 2026. We are a little bit over halfway on that. For electrifying properties, we have a target of 1,800 by 2026. We are about 49 per cent under that target.

MS TOUGH: Regarding the 3½ thousand to be insulated, is that because a lot of the newer stock is already insulated?

Ms Valler: Yes.

MS TOUGH: That is to bring everyone up to being insulated. Is it the same with electrification?

THE CHAIR: How are they determined? Is it on the basis of lowest cost? In that case, it is probably for the newer properties. How are we prioritising which homes are electrified and which get insulation?

Ms Valler: For insulation, there is a national regulation. I will take it on notice, but I think properties built after 1992 are okay. I think it is for any home that has less than R2 insulation. I will take it on notice and will give you the answer.

Ms Rule: I can answer that now. It is in the briefs. All residential rental properties, including public housing, with no ceiling insulation or insulation with an R value of less than R2 are to install or upgrade to a minimum of R5. This program lets us get our stock up to the national regulatory requirement.

THE CHAIR: And hitting 3½ thousand will cover everything that is insufficient?

Ms Rule: We believe so—yes.

THE CHAIR: What about electrification? How is it determined who gets their home electrified?

Ms Rule: The commitment is to electrify all feasible community and public housing properties in the ACT by the end of 2030. This program started with us doing an audit of our housing stock to work out what was needed and where, and to prioritise the

work and assess. We had to assess the R2 and R5 status of insulation—all those things. It is based on a thorough data collection exercise of auditing properties as we work our way through the stock that we have.

THE CHAIR: Regarding that target of 1,800 by 2026, have we done a complete audit so we know how many feasible properties exist? What is the total number? Is it that all of our properties can be electrified or is it just a subset?

Ms Rule: We are targeting 1,800.

THE CHAIR: That is the full program?

Ms Rule: Yes.

THE CHAIR: How many do we have in total?

Ms Rule: There are 11,845 at the moment.

THE CHAIR: So it is a relatively small proportion.

Ms Rule: Yes.

THE CHAIR: Why are they not feasible? Why can't they be electrified—the 10,000 that cannot?

Ms Rule: Because they will already have high-functioning electric appliances and will be energy efficient.

THE CHAIR: They are already fully electrified. Understood. Apologies. Thank you.

MS CLAY: It is fantastic that we are insulating and electrifying. It is really good to see that policy continuing. Some of the people might find themselves getting a bill they were not expecting in winter. How are we going with installing solar panels on all of our public housing? Where is that bit of the program up to?

Ms Berry: That is not part of a program.

MS CLAY: We have no plans to install solar panels on public housing?

Ms Berry: For new builds, we have some solar panels.

Ms Borwick: It is certainly for some of our new developments. Strathnairn has a requirement that housing has solar panels. About 200 properties have solar panels, so it is about less than one per cent of our portfolio.

MS CLAY: What are we doing about the other—

Ms Borwick: I just want to go back. You asserted that they might get a bit of bill shock after the new appliances are put in. The work that we are doing when we check in with our tenants helps prevent heat loss, as does having more energy-efficient

appliances. I hope that is not what is experienced. I have not heard that to date. I just wanted to make that statement.

MS CLAY: I also share your hopes, but we will certainly pass on complaints as we receive them. What are your plans for the other 99 per cent of public housing tenants who do not have solar panels? Will they have no ability to get solar panels?

Ms Borwick: We have no plans at this stage to install solar panels.

MS CLAY: That is not a piece of policy that the government is looking at? That is resolved?

Ms Berry: A range of newer properties already have solar panels. Strathnairn is one of them, as well as Gungahlin Common Ground and Dickson Common Ground. There is a range, particularly some of the bigger builds where we have been able to put on solar panels post-construction. I think it was at Gungahlin Common Ground that we did that during a solar panel program. I think it had funding shared with the federal government. I cannot quite recall. At the moment, there is a significant amount of work happening in our public housing properties to make them more sustainable through the electrification program and the insulation program. There is quite a bit of work to do in the ACT. There are no plans at the moment to install solar panels on all of our properties. The program that we have now will make a significant difference to the cost of heating and cooling tenants' homes in the first instance. That is the program we are getting through at the moment.

We are going really well in meeting our targets across both the insulation and the electrification program. There will be a point at which it becomes more challenging as we get to tenants' homes where we might not be able to get access straightaway to do all the work that is required, but we are certainly well on the way to meeting the targets that we have set. We will certainly spend all the money—do not worry about that. At the end of that program, there might be an opportunity to start looking at other things that we can do to support public housing tenants. What we are doing now is making a difference.

MR CAIN: I have been advised that the total energy cost for tenants with a heat pump or an electrified heating system will be significantly higher than having a mix of gas and electricity, and you are not providing solar support or battery support to give them another option to keep their electricity costs down. Is the government intending to support tenants who will have a significantly higher energy bill because of this program, without solar or battery support?

Ms Berry: The insulation program and filling the gaps in older homes that might be less sustainable and harder to heat or keep cool is working. That will hopefully mean that homes will not need to use heating all the time, and it will lead to more affordable heating and cooling.

MR CAIN: They will still need hot water, whether their homes are insulated or not.

Ms Berry: Ms Clay said that she would provide any instances that she comes across with regard to potential bill shock, and we will definitely work with tenants on that.

Ms Borwick: I am not sure what the advice is that you are referring to. While actual results will vary between households, for a typical home that uses gas for all three end uses—heating, hot water and cooking—savings on energy bills are estimated at between $735 and $1,700 annually. That is the information that we have in relation to that, when they are upgraded to energy-efficient appliances.

I have fielded some questions in the past in relation to increased costs with heat pumps, where they are providing cooling and heating, when cooling has not been provided before, so that may be factoring into that. It is a balance between helping the tenants adjust to meeting needs in hotter summers as well as cool winters—providing the amenity that tenants have certainly spoken to us about, particularly people who have a number of health or other conditions and seek a more constant temperature.

MR CAIN: Do you keep track of the energy costs per public house?

Ms Borwick: No. The bills are held in the name of the tenant, so that is not something we have visibility of.

MR CAIN: Has there been an increase in calls for assistance after the installation of heat pumps?

Ms Borwick: Not that I am aware of.

MISS NUTTALL: According to the latest annual report, there are 11,731 public housing properties, which is about 5.9 per cent of the total housing stock. With your target to add 30,000 homes to the ACT by 2030 and the target you have announced of how many public homes you will build by 2030, there will be less public housing per head than we have now per head of population. Why are we not building more public housing?

Ms Berry: Thanks for that question. Something that the ACT government and the community have been focused on is making sure that we continue to grow public housing in the ACT. People always refer to a time when the ACT was a new and growing city and public housing was provided for workers in the ACT who were building the city and growing Canberra as we knew it. Public housing is now very different to what it was when Canberra was evolving, but we have the addition of community housing. We did not have that previously. In the ACT we are looking after our public housing and are building more public housing, but we are also providing opportunities through partnering with organisations and through support from the federal government, through the Housing Australia Future Fund, to build more homes that are affordable for many more people to rent.

Other challenges with building all of these homes and meeting the targets include challenges that we are beginning to see an end to, such as construction supply and the construction workforce. The weather is starting to calm for a moment, so we are not having to deal with the wet summers that we have had. And COVID, of course, had an impact on building supply and building more homes more generally. We are working through some challenges to get as many properties as we can, knowing that public housing on its own is not a solution and that there is no silver bullet in building

more homes for people who need them. That is why the government has taken the position to have a variety of different approaches, including the private market building affordable rentals, in the very aspirational goal of 30,000 homes.

We are not suggesting that it is going to be easy. It is going to be a challenge to deliver that, given the circumstances that I have already talked about. Whilst it is becoming easier, we are still not quite spitting out homes every 12 weeks, which is what we need to do. We are not leaving any stone unturned. We are looking at every opportunity to build more homes, particularly public housing, as quickly as we can.

MISS NUTTALL: Based on the current ACT government targets, could you estimate how many public homes there will be in 2030?

Ms Berry: Our target is to build at least an additional thousand. Things might change between now and then, with more support for public housing and perhaps governments working in partnership with organisations. At the moment, our goal is to have at least 1,000, as well as a bunch of other housing types and opportunities.

THE CHAIR: Is the 1,000 just for public housing or is it for public and community housing?

Ms Berry: Public housing.

MISS NUTTALL: Yesterday we heard that DAs and new builds were at about half of what they usually were, in 2023-24, and that they will not get back to normal until 2025-26. This year is obviously looking a bit grim too. Does the slowdown affect public housing too, or is public housing free of the problems affecting private housing development?

Ms Borwick: Public housing is subject to the DA approval process. We are not seeing a slow-down. We have been in the rhythm of this program for several years, so it is just part of what we do and part of the processes that we factor in. We are on track to meet our delivery targets through to 2026-27 at this stage.

MISS NUTTALL: Understanding we might have a few slow years, it would really need to accelerate in 2026-27, or have the targets been adjusted down?

Ms Borwick: I cannot really compare to the private market and the processes that they go through. All I can do is say to you that the current program that we have is on target to deliver and we are going through the standard processes.

MISS NUTTALL: I was really pleased to hear that an application has been submitted for HAFF funding. I just want to confirm why it is for only 400 dwellings.

Ms Berry: I will fill some space while Mr Pirie is coming to the table. The first round was focused on providing supports for community housing providers. ACT Housing decided that we would wait for the second round to access the fund and be more focused on public housing. I will hand over to Mr Pirie to talk about the second round.

Mr Pirie: I have read, understand and acknowledge the privilege statement. With

regard to HAFF round 2, the ACT's allocation advised from Housing Australia was 85 dwellings, reflecting our share of the national population. But we sought, through our application, to submit more, over 100 dwellings, as the minister has mentioned, the hope being that other jurisdictions will potentially not meet their share of their quota and we might seek to get an above per capita share of what is currently on the table. So, certainly with that round 2 application, we have sought to give Housing Australia as many options as possible for them to look at and consider.

MISS NUTTALL: Are you intending to ask the commonwealth if you can submit a further application for more funding for HAFF to build more public housing in Canberra, particularly if other states and territories do not meet their—

Ms Berry: Yes, absolutely. Unsurprisingly, the Housing Australia Future Fund is very popular. In the first round, community housing providers in the ACT put in more applications and had more success, we understand, than any other state or territory per capita. We are excited to find out who actually was successful. We are just waiting for the contracts to be mailed in the first round. In the second round, we are hoping to be just as successful and hoping to know about that by the middle of the year, I think. In a future HAFF round, we will again apply, depending on the circumstances that they put around the future HAFF.

MISS NUTTALL: Just to confirm: is the 100 that we have applied for considered as part of the 1,000 dwellings that we are planning to build, or is that a separate 100?

Mr Pirie: How I would characterise this is it is a funding source to help meet the government's commitments for public housing.

MISS NUTTALL: Existing targets—got you. It looks like the Social Housing Accelerator is to deliver 55 to 65 dwellings for the commonwealth funding. Has design work commenced on those dwellings in the Social Housing Accelerator?

Ms Rule: Yes. We have secured 17 dwellings in Coombes that are due for delivery in the next 12 months. The remaining 38 to 48 will be made up of either the ELI function purchase or construction on new land, and those 38 to 48 are under consideration through government processes at the moment.

MISS NUTTALL: Beautiful. If you do not mind me asking, how many contracts have been entered into for the construction or design of the dwellings?

Ms Rule: Accelerator?

MISS NUTTALL: Yes.

Ms Rule: That is the 17 dwellings.

MISS NUTTALL: Thank you.

THE CHAIR: Can I just quickly clarify: I think you said over 100 dwellings in round 2. What is the number? Or is it 100?

Ms Borwick: I am conscious that we are in an application process for consideration by the commonwealth. I would prefer to take it on notice, because I am not sure if we can talk through all of that.

Mr Pirie: Yes, we might take that on notice and get back to you on that one.

THE CHAIR: Okay; sure.

MR HANSON: With regard to the new housing developments, how many are actual single dwellings, as opposed to multiunit dwellings?

Ms Rule: Over the life of the program?

MR HANSON: Yes. Do you have a balance that you are trying to roll out there in terms of the old salt-and-pepper type arrangements where you are trying to spread it out? How many are multiunit dwellings in the program?

Ms Rule: I would have to take that specific question on notice around what is a single dwelling and what is a multiunit in terms of—

Ms Berry: It might be helpful to add that the reason that we built more multiunit dwellings is that that is the need that we are identifying on our waitlist. Does anyone have any—

Ms Borwick: Yes. Demand at the moment within the public housing waitlist is highest in the one- and two-bedroom property types. That lends itself to building infrastructure that meets that demand—some of those multiunit properties. But there will be sites, particularly within the growth and renewal program, because we are renewing on existing footprints across Canberra, though some of those sites will not lend themselves to that type of development. We do replace those with those two-, three or four-bedroom freestanding properties.

MR HANSON: A previous ACT housing minister—it was Mr Rattenbury, I think—said that you do not want a development going over about 15 dwellings, but the ideal is about 15. How many of your sites that you have identified would go over that number?

Ms Berry: I think the general idea is that around 20 to 30 is probably the maximum amount. However, if you have a management team on site to be able to support the tenants—you might have a partnership with a community housing provider, for example—in a housing development that is 60 units, a relatively new one, 30 of those are public housing and around 30 are community housing affordable rentals. But the community housing provider is on site, and so provides support to all of the tenants on the development to build a strong and safe community. But, yes, if you put too many people together who are socially disadvantaged, it does not help them and it does not help the community. So it is about making sure that, if we have bigger developments, we have the supports on site.

MR HANSON: So you would not have any public housing developments that would exceed 30, then, without that sort of—

Ms Berry: We did have mixed tenancies like Common Ground. The Common Ground at Dickson is 60—or is it 40? Anyway, somebody will get the number for us, but it is a different range of tenancies. So it does have a lot of public housing but it also has affordable rentals and community housing. That works as a mix as long as there is tenancy support on site. We have trialled the tenancy support on site across a range of different sites now, and that seems to work quite well. So we would be reluctant to build the kind of public housing that we had previously, like the BAC flats, where there were hundreds of people living together in not appropriate accommodation.

Ms Rule: We also look carefully at the mix of tenants when we are allocating tenancies in multiunit properties. We have some new stock that came on line last year in the southern part of Canberra, where we made sure that was a similar mix of tenants in terms of young families or older people, to make sure that we were going to not have some of those issues of highly concentrated tenancies. So I think we manage those carefully. There is not a hard and fast rule that says we cannot go over a certain number, but experience has taught us, as the minister said, that we do not want higher concentrations. The team has just told us that the number at Common Ground is 40 dwellings on one site. But it is a much more intensive model in terms of the types of support. We try to maximise the use of the land that we have available to meet the demand and to deliver the stock but also to deliver the best outcomes that we can for the people who will be homed in those places.

MR HANSON: Thanks very much.

MS CLAY: Minister, I am really pleased to hear that you are leaving no stone unturned and building more public housing. That is really good to hear. We got new provisions in place in November 2023 that would allow the planning minister to declare public housing a territory priority project. I do not think I have seen any declarations under that since November 2023. Have there been any declarations?

Ms Berry: No. Of course, there is legislation that has been presented to the Assembly to make it very clear that public housing and health facilities would be part of those priority projects.

MS CLAY: Given that we already have some provisions, though, can you tell me how many times has Housing ACT applied to the minister to have public housing declared to be a territory priority project?

Ms Berry: I will take that one on notice.

MS CLAY: Okay; excellent. When you take that on notice—you might not be able to answer any of these questions—I am wondering what happened when Housing ACT asked for a declaration. Was it declared? Was it dismissed? What happened with the outcome there?

Ms Berry: We will take that one on notice as well.

MS CLAY: Okay. I am also interested in knowing how many development

applications Housing ACT has submitted for additions to public housing. Part of the legislation we have on the table is to change the existing provisions, and that would also be to change the existing provisions so that territory priority projects can be declared for housing maintenance and for housing additions. Can you tell me how many times you have lodged—

Ms Rule: When you say "addition", do you mean like an extension to an existing property and extra bedrooms and—

MS CLAY: I believe so. We have a bill before us at the moment which would allow Housing ACT to have additions declared as a territory priority project and would allow Housing ACT to have declared maintenance. I am interested in knowing how often Housing ACT right now has lodged DAs for additions and for maintenance.

Ms Rule: It is not typically part of our housing mix to do additions to existing properties.

MS CLAY: No, I was interested to see it in the legislation myself. Can you check? I actually do not mind what range, like the last year or the last three years or whatever it is, but we have some legislation that would enable this. Can you tell me how many times that has come up?

Ms Rule: Certainly in the last year it has not come up. We either repair and enhance existing properties—the kitchens, bathrooms and all that sort of stuff—or we make a decision about whether we make different use of that stock. We might demolish and build something new, we might sell that stock, whatever it might be, or we acquire new land and build new dwellings. It is not part of the housing mix. Because we are building so quickly, we can look at what the requirements are on the waitlist of three bedrooms, one bedroom or two bedrooms. So adding onto an existing property is not part of the mix.

MS CLAY: So you are not actually lodging DAs for extensions because you do not do it?

Ms Berry: No. Ms Clay, we have just checked with the team and they have advised there has been done.

MS CLAY: That sounds pretty reasonable. Can you tell me how many times since 2019 you have had to lodge DAs for repairs and maintenance?

Ms Rule: None.

MS CLAY: That tallies up. I am interested to see that we have some legislation to allow you to do that more easily in the future, given that you have never had to do it in the past, since 2019.

Ms Rule: The nature of our housing stock is changing, though. We are doing a lot of new builds, and that is meeting current need, or aiming to meet current need, but it does not mean that there will not be flexibility required in the future, as that need may change. As the population ages or young families move into different areas, there is

different demand for stock in different parts of the city, depending on the age profile, level of disability and all those sorts of things. So, as the city changes over time, it does not mean that that kind of flexibility will not be required. Our current focus has been on increasing overall stock numbers. But, as that stock increases and over time hopefully stabilises, maintaining that stock and making best use of that stock may mean that those things are required in the future.

MS CLAY: I think I have actually got the information I need, but I might close with this. I think you have either confirmed that you have never asked for a territory priority project, but you will check and find out about that, or—

Ms Rule: No; we did not say that. The question was about whether we had asked. The minister took on notice the territory priority projects. We will take that on notice.

MS CLAY: That is great.

Ms Rule: On the question about whether we have applied for a DA for extensions or for maintenance, the answer is no we have not.

MS CLAY: Has Housing ACT asked the planning minister to extend the powers? Given that there is a bill now that would allow Housing ACT to do these things, did that come from Housing ACT?

Ms Berry: Sorry; it is a matter before the Assembly at the moment. So I do not think it is something we can go into a lot more detail on at the moment. But I would say that I was pleased with the introduction of the bill. There have been many development applications for public housing which have been held up through ACAT processes—as well as community housing, which is not covered in the bill at the moment but I think we should, as a government, discuss opportunities in that space. We currently have one housing dwelling that would grow from 10 to 30 dwellings that is been delayed through an ACAT process, At the moment, there is, I think, a six-month delay in the building of those dwellings. Under this new process, if it is agreed by the Assembly, we could go through the whole planning, development application and consultation process, but it could not be held up for such long periods of time that more and more people are having to wait and languish on the waiting list because of those delays.

MR HANSON: I appreciate that timeliness is an aspect but, equally, is getting the developments right and making sure that they are sympathetic with the community and a range of other issues, and that has to be balanced. Of the number of new dwellings that went through ACAT, how many were changed as a result of that ACAT decision?

Ms Berry: We can take that on notice.

MR HANSON: If you could do it over five years? I certainly recall back in 2017-18, there were five new developments—one in Holder, Monash, Wright and Chapman-and these developments were put forward.

Ms Berry: I know them very well, Mr Hanson.

MR HANSON: You recall them, right?

Ms Berry: Yes.

MR HANSON: They went through ACAT—a number of them—and there were modifications made that one could argue a court looked at and said, "These are appropriate changes." I am just wondering how many over the last five years that have been subject to ACAT have then resulted in a change to that development being ruled on by ACAT. Are you able to take that on notice?

Ms Berry: So just to clarify, a ruling by ACAT?

MR HANSON: A change in it—the process being taken to ACAT and then, either through mediation or a ruling, a change to that development. One would presume that that change was then a change for the better—though that could be a matter of opinion. I am just wondering, statistically, over the last five years, of those housing developments that went to ACAT, how many were then subject to change—not necessarily the date for the change, which would be pretty laborious, but how many then had a change as an effect?

Ms Rule: Any change?

MR HANSON: Yes.

MR HANSON: If you can provide any more information, that would be great—but if it went from 30 dwellings down to 18 or something. If you can provide that level of detail, it would be great, but I just wanted to get a sense of what happened.

Ms Berry: We can take that on notice. I would say, though, that Housing, all the way through both the Growth and Renewal programs, always works as closely as possible with the existing community and neighbours to make sure that they get the best outcome. The last thing we want to do is put public housing tenants into a housing development where the community does not want to welcome them. We want to make sure that the dwelling itself is appropriate and meets the needs of our public housing tenants and that it fits in with the existing community. I would say that Housing ACT, probably over and above any other housing build, even in the private sector, goes out of its way to make sure that they are consulting with the existing community.

MR HANSON: I do not doubt that. But the large number that end up in ACAT would suggest that that process is not always successful.

Ms Rule: We have some data that we can share with you now to show you that it is not actually a large number.

Ms Berry: It is large enough to be a problem that people are going to be waiting on the waiting list, but—

MR HANSON: Sure, but there is a balance here, right?

Ms Berry: That is right. There is also a larger number of homes that do not go to ACAT as well where we work with the community and get the outcomes. That could mean adjustments outside of an ACAT process by working with the community. This is to avoid prolonged periods of waiting for homes to be approved and then being built, so that we can get people off the waiting list into homes of their own. Sorry; I interrupted. Go ahead.

Ms Borwick: Over the life of the program, we have submitted 205 development applications. Of those 205, there have been 15 appeals. So when we say "go to ACAT", that is the appeal.

MR HANSON: In what period is this?

Ms Borwick: From 2019 to December 2024. I take your point around changes. That will be quite a lot of information, because it could be as simple as shortening a room or a door handle or something like that.

MR HANSON: Sure.

Ms Borwick: But, of those 15 appeals, we have lost seven dwellings over the life of the program.

THE CHAIR: Does that give us the number of how many of those appeals? It is not the percentage that we asking for. That has been taken on notice. How many of the 15 appeals led to some substantive change?

Ms Rule: It depends how you define "substantive change". The point that Ms Borwick is making is that one threshold could be, "Have you reduced the number of dwellings on those sites?" In these cases, the data says there are seven dwellings that we—

MR HANSON: And that is probably the most significant.

THE CHAIR: But that might not be seven cases; it might be a couple of cases that have come out to seven dwellings. So I think the other question still needs to go on notice.

Ms Berry: Yes, absolutely.

MR HANSON: Does that include those that I mentioned before? That is separate to those, is it?

Ms Berry: That is the previous Growth and Renewal Program.

MR HANSON: Okay. They did have some quite significant reductions. I think the Holder one went from 30 to 14 and—

Ms Berry: I am just going to make a suggestion, Mr Hanson. I do not know whether this is going to a committee or not. I am happy to keep talking about this now but it might be something for the—

THE CHAIR: Yes; in the interests of time we might move on.

Ms Berry: I am happy to keep talking. You know how I feel about those ones.

MR HANSON: I have noticed that, Minister.

THE CHAIR: Before we move on, I would like to acknowledge the Speaker of the Parliament of Kiribati and officials, who have joined us for this session. Welcome to the committee's public hearing. Mr Cain?

MR CAIN: Regarding the planning minister's recent bill that was introduced, if it passes unamended, what is the expected impact on your DA processes, or even perhaps the type of housing that you might seek to have categorised as territory priority projects?

Ms Berry: I do not think we can respond to that at the moment. It is hypothetical; it is asking for an opinion. We cannot describe it at the moment.

MR CAIN: Certainly, you must have turned your mind to the impact of the legislation, if it is passed.

Ms Berry: We are hoping for less delay, so that we can get more people off the waitlist.

MR CAIN: Do you have any modelling of the potential impact of that bill?

Ms Berry: It is a bill that is before the Assembly.

MR CAIN: If it is passed without amendment?

Ms Berry: Again, you are asking for an answer to a question that is in the future, and we cannot respond to it.

MR CAIN: Minister, any time that a minister presents a bill, they have an expectation of the impact of the legislation, so I am a bit surprised that you have not turned your mind to that.

Ms Berry: I have already told you what impact we are hoping for.

MS TOUGH: Chair, I do not think this line of inquiry is related to the annual reports. It is about a bill that is currently before the Assembly.

MR HANSON: Mr Cain's point is that it relates to this program that has been rolling out for six years, and it will have an impact on that program. The minister has already been answering questions on its impact, so I think that it is entirely in order.

MR CAIN: I have a quick extra one. The DA that has been held up in the ACAT, that will take a development from 10 to 30, I think you said: what is the name of that? Where is it?

Ms Berry: It is being heard in May, I think.

MR CAIN: Which property is this?

Ms Berry: Yarralumla.

MR CAIN: Could you take on notice the details of that case and property?

Ms Berry: We do not have the details.

MR CAIN: You must know the property.

Ms Berry: The *Canberra Times* probably has a bit on it.

MR CAIN: Minister, would you take on notice providing this committee with the details of that case?

Ms Berry: I can. I generally take the—

MR CAIN: It is a particular property. It is a public notice. I am not sure why you are asking me to go to the *Canberra Times*.

Ms Berry: Mr Cain, I am trying to answer the question. We can take it on notice and provide the detail to the committee. I would say it has always been my practice to avoid naming suburbs, for the safety of our tenants, and particularly detail of suburbs—if that could be kept to advice to the committee. Even though I know it is public, it is my practice to try not to disclose those addresses, as much as we possibly can.

MR CAIN: You said it is public, but you do not want to disclose it?

Ms Berry: No, I am going to disclose it. I have just asked the committee whether they can keep it to themselves.

MR CAIN: But it is public. You have already said that.

Ms Berry: Yes, I realise that.

MR CAIN: Why would you ask the committee to keep information to itself that is public information?

Ms Berry: To protect the tenants of public housing.

THE CHAIR: I think we can accept that.

MR CAIN: But it is public information.

THE CHAIR: We can accept that.

Ms Berry: Thank you.

THE CHAIR: Ms Clay, do you have a supplementary that is not hypothetical?

MS CLAY: I have a supplementary that is not hypothetical. It names a suburb. With the Yarralumla development that Mr Hanson mentioned, did Housing ACT consult with the community before lodging that DA? Feel free to take that on notice.

Ms Berry: We will.

MS CLAY: Thank you.

MS CARRICK: With respect to prolonged ACAT processes, would it not be better to look at the ACAT processes as opposed to changing the Planning Act?

Ms Berry: That is probably not a question for me, Ms Carrick, but I appreciate—

MS CARRICK: It could be something that is considered.

Ms Berry: Sure. I understand what you are saying.

MS MORRIS: I have some follow-up questions on the Safer Families grant, which was raised with the committee yesterday. How many grants have been provided since the 2023-24 financial year?

Ms Borwick: In the 2023-24 financial year, 235 Safer Family grants were issued. In 2024-25 there have been 181 successful applications.

MS MORRIS: What is the funding allocation in the current financial year?

Ms Borwick: $363,000.

MS MORRIS: That is the total funding allocation for this financial year. In that case does that mean that the allocation has been exhausted?

Ms Borwick: Yes. When applicants come in looking for supports, we will talk to them about it and refer them to a number of other programs, such as the escaping violence payment, the crisis payment for extreme circumstances and family and domestic violence, from Services Australia. There is Safe in the Home, which is auspiced by the Salvation Army, as well as family and domestic violence financial assistance offered by the Australian Red Cross. So there are a number of other support programs to refer people to.

MS MORRIS: In the evidence we received yesterday, we were advised that the program had expanded in the 2023-24 financial year. Was that just a one-off expansion, in that case?

Ms Borwick: It expanded from 2023. The appropriation was $223,000 and, as I mentioned, it was $363,000 in this financial year. That would be the expansion.

MS MORRIS: When was that funding exhausted?

Ms Borwick: It would have been late January or early February, I think. I would have to take on notice providing an exact date.

THE CHAIR: Very recently, though?

Ms Borwick: Yes.

MS MORRIS: Do you have an idea of the number of applications that have been lodged since the funding was—

Ms Borwick: No. We no longer take applications because it has been exhausted.

MS MORRIS: There is no way that anyone can apply for that grant currently?

Ms Borwick: The allocation has been exhausted and we refer them to those other programs.

MS MORRIS: Is that why the website no longer exists?

Ms Rule: Yes. It is so that people are not under the assumption that a program is available that is not available. Normally, they apply for the payment through the website, so we have taken that down.

THE CHAIR: Does that mean we are not tracking how many people would be applying for this, if it were available?

Ms Rule: They are no longer able to apply because there is no more money available, which is why we refer them to other programs.

THE CHAIR: Was consideration given to having a mechanism for tracking how many more people needed that $2,000 payment to escape violence in their homes between now and the end of this financial year?

Ms Rule: As we said, we are referring them to other programs, so we will keep an eye on whether there is an influx of applications to those other programs. We do not want people to apply on the assumption that they will get something that they cannot, so we are no longer making it possible for people to apply.

MS MORRIS: Presumably, it was a one-year grant program and it has expired six months within that year. I appreciate that you will come back to me on notice with the exact date on which the funding expired. With six months remaining in the financial year, couldn't we have topped up the fund? Why did it need to—

Ms Rule: Because that is the money that is appropriated for that program. There will be ongoing discussions with government around the funding priorities in this sector for the next year. But for this financial year, that is the money that is appropriated to that program.

MS MORRIS: Is there internal assessment at the moment? It seems—anecdotally, anyway—that it is an insufficient level of funding in the first place. Is there assessment currently underway to assess whether that funding will need to be increased in the next financial year?

Ms Rule: I cannot speculate on future budget discussions with government.

MS MORRIS: Could the minister weigh in?

Ms Rule: We are in constant discussion with the relevant minister, which I note is Minister Paterson. We are in constant discussion with ministers and the expenditure review committee about funding priorities.

THE CHAIR: We have a pretty significant supplementary appropriation bill in front of us. Was additional funding sought through that?

Ms Rule: I do not think that we will speculate on what advice we have given to government.

Ms Berry: This already had an increase in the last budget, from my understanding.

Ms Rule: Yes, that is right. It has previously been increased, and that is all I can speculate on, in terms of the discussion.

MS MORRIS: But the current funding allocation is significantly lower than in the previous financial year.

Ms Rule: It has gone up.

Ms Borwick: It has gone up.

Ms Rule: It went up.

Ms Borwick: In the previous financial year it was $356,000. This year it was $363,000.

THE CHAIR: There were more successful applicants last time, but they must have been receiving less; is that what—

Ms Rule: There is an issue about the timing of the payments. It is about when the payments are issued. It is reporting across financial years about the number of applicants. Overall, the expenditure on the program went up this financial year.

THE CHAIR: Was there any consultation undertaken with service providers in the community sector about this? I have heard from a CEO who said, "We've heard it's been cut off." What was the extent of that consultation? Was it a matter of saying, "We've only got 20 grants left; we're about to run out, just letting you know"?

Ms Rule: We have informed people that the program is closed.

THE CHAIR: When did that happen—upon closure?

Ms Rule: I would imagine so. We would not have told them that it would be closing beforehand. I will have to take that on notice. I do not know.

THE CHAIR: You might have warned them that it was looking like it was going to run out?

Ms Rule: I will have to take that on notice.

Ms Windeyer: I have read and acknowledge the privilege statement. The national cabinet met last year with respect to domestic and family violence. The escaping violence payment, which is a commonwealth payment, was made into a program, as part of the agreements that were made. That escaping violence payment previously was a pilot program run through the commonwealth. There were significant hurdles that individuals found in applying for that payment.

There was consultation and, through some of the domestic and family violence roundtables that we hold with the sector organisations, we invited commonwealth officials, those who administer that payment, to come and speak with the sector in the ACT. Through that and, I am sure, other feedback that the commonwealth received, that payment is much more straightforward now, in terms of both how to apply and receipt of that payment.

It is $5,000, which assists people who are escaping family violence with their immediate needs. Part of it is a cash payment and part of it can be used for goods and services that might be relevant in setting up a new home.

MS MORRIS: Just to clarify that point, isn't the commonwealth program only available to victims who have already escaped domestic violence situations, whereas this grants program, the Safer Families grant, is to assist victims leaving violence situations? It is not quite filling the same gap.

Ms Windeyer: I would have to take that—

Ms Rule: The rules relating to the commonwealth payment are a matter for the commonwealth.

MS MORRIS: But if you are referring them to a service that they might not be eligible for—

Ms Rule: We are trying to give them a range of options.

MS MORRIS: Because they are still in a domestic violent situation—

Ms Rule: Until we fully understand the circumstances of an individual, we cannot possibly know what to refer them to. The approach has been to give a range of options that people can pursue, depending on their circumstances. When people go to our webpage, we do not know what their set of circumstances will be.

Ms Windeyer: My understanding is that it is for both—if you are trying to leave, as well as if you have left. There are the other services that have already been referred to that we also refer people to, and that can support them if they are escaping family violence.

MS CARRICK: The ROGS data for another year shows that the proportion of clients in the ACT who experienced persistent homelessness was 42.6 per cent, compared to the proportion in Australia, which was 26.3 per cent. Why is it that we are the highest in this metric?

Mr Balaretnaraja: ROGS data publishes a lot of information. There are, naturally, areas where the territory is doing better than other jurisdictions. There are areas where we are on par. There is a specific one here where we are failing, and that is around persistent homelessness.

It might be useful for the committee if I clarify the definition of persistent homelessness, which is the rate of people who are experiencing homelessness for seven months within a 24-month period. It is challenging to attribute that to one single cause. We are seeing from the data, and from what we are hearing from service providers, that the complexity of clients is increasing. It is more challenging to provide them with the supports they need. It means that, from time to time, they are coming out of the system; they are spending time in homelessness.

We are looking to work with the Productivity Commission, the AIHW, our own data team and other jurisdictions to look at the root cause of this. We know that the territory is investing a considerable amount of money in homelessness services. In this financial year it will be $36 million, and $140 million into the forwards. We know where that funding investment is having a positive result, which is demonstrated by the positive areas that the ROGS data also highlights.

MS CARRICK: With men's crisis accommodation, is there any on the south side of Canberra?

Mr Balaretnaraja: The majority of our services are not focused on regions. Whilst they might be located within a specific area, they provide services across the breadth of the territory.

MS CARRICK: Is there any physical building for men's crisis accommodation in the south?

Mr Balaretnaraja: I am happy to take on notice whether there is a physical location in the south of Canberra for men's crisis.

MS CARRICK: Thank you. Could you please provide a breakdown of the distribution of public housing by district—the number of dwellings? For example, 20 here; 2,000 there.

Ms Borwick: We will have to take it on notice around those areas. We need to be a little bit mindful around not identifying individual locations.

MS CARRICK: No, that is true.

Ms Borwick: But I understand what you are saying.

MS CARRICK: But by district?

Ms Borwick: Yes.

MR HANSON: You could do it by suburb, I would presume.

Ms Borwick: We have done responses to that previously, in answer to questions on notice. I will have to look it up. We will refresh that.

MR CAIN: Can you please provide figures for the number of Canberrans sleeping rough—that is, sleeping on streets, in parks or squatting—for 2023-24?

Ms Berry: Yes, we can. I think it is 79 at the moment.

MR CAIN: Can you please provide annual figures for the number of Canberrans sleeping rough on streets, parks or squatting over the last 10 years?

Ms Rule: No, because it changes day to day.

MR CAIN: You do not keep records? How do you know there were 79 in 2023-24?

Ms Rule: No, the minister said there are 79 today. We know the number of clients that we are working with at this point in time, but that could be different from day to day, week to week or month to month. There is not a thing such as an annual figure that says there are this many people who are homeless in a particular year.

THE CHAIR: An annual average, perhaps?

Ms Rule: It is point-in-time data; that is what I am saying.

Mr Balaretnaraja: The census undertakes research on homelessness. Every census night, the ABS—

MR CAIN: I am particularly looking at the rough sleepers.

Ms Berry: Yes.

MR HANSON: If the minister knows how many are there today, and knew how many there were yesterday, and you say that you know how many clients you are dealing with on a day-to-day basis, surely, you can provide that information to the committee in great detail.

Ms Berry: We will take it on notice and see what we can make available.

MR CAIN: You will take it on notice?

Ms Rule: I am just not sure that that is what is being asked for.

Ms Berry: We will take it on board.

MS CARRICK: The highest number in the year—

THE CHAIR: You will provide the data that you can for the last—

MR CAIN: The data over the—

Ms Berry: We will see what we have available.

MR CAIN: Per financial year, over the last 10 years. You will take that on notice?

Ms Berry: I said we will take it on notice, and we will provide what we have available.

MR HANSON: Following on from what Ms Carrick was saying about numbers by area, there seems to have been a pretty significant growth in the number of public housing dwellings in the Molonglo area. There is a new development. What is the percentage there? Is it higher than in other areas of Canberra? Is it lower? Is it consistent?

Ms Berry: It is a growing part of the city. I would have to say that, of course, public housing is going to grow there. It is a growth area. When public housing work with the Suburban Land Agency and others to build public housing, we look at the suburb areas to understand the density, to make sure that we are not putting more public housing in a suburb that might already have a substantial number.

That is one of the reasons why, during the last growth and renewal program, we reduced the number of homes in the inner north and south—still maintaining high numbers but making sure that we could spread it out across the city. Public housing tenants, like the rest of us, want to live in all parts of the city, whether it is out in the suburbs or in the city. It is appropriate to make sure that there are options across the city.

We will take this on notice: it might have been before I was homelessness minister, but I recall having some percentage data within each area. I am sure we can get that.

THE CHAIR: Perhaps that could be included in the answer to the previous question on notice.

Ms Berry: Yes, sure.

THE CHAIR: That would be a percentage—how much public housing against the percentage of total housing in each of those areas?

Ms Berry: Yes, we might have that.

Ms Borwick: When you say each of those areas, within Molonglo?

THE CHAIR: No, within—

Ms Berry: No, across the city.

THE CHAIR: We had the question earlier about the total number per district.

MR HANSON: The reason for the question is that that is a new area.

Ms Berry: Yes.

MR HANSON: It does not have the social supports that you get in more established suburbs.

Ms Berry: I understand.

MR HANSON: Public transport is a bit problematic. If you do not own a car out there, you are very isolated from shops, and the group centre will not be developed until 2030 or something like that. It is a particular area of concern, and I do not think there are the supports there. The more public housing tenants that go in there, it obviously puts pressure on those limited amount of supports that are there.

Ms Berry: Again, I go back to the response that Ms Rule gave: we carefully match people up to homes in an area where they want to live. We will not put somebody who needs to be closer to a health facility out in a new suburb where there are not health facilities.

Those are the kinds of jigsaws and matchmaking that the Housing ACT tenant allocation team is doing every day, to make sure that we are matching tenants with their needs—whether that is living closer to the city or further away, or closer to families or new areas, like the Molonglo Valley. That is the challenge with making sure that we try to meet everybody's needs as much as we possibly can through the tenant allocations team.

Ms Rule: Of course, in places like Molonglo Valley, there is land availability. I have visited a few brand-new developments in the Molonglo Valley which are fantastic.

Ms Berry: Outstanding.

Ms Rule: They will make great homes for people who have moved into those developments. As the minister said, we match people to those places based on need. There are some really great homes out there now.

THE CHAIR: Ms Valler, do you have a percentage for Mr Hanson?

Ms Valler: No, I will take it on notice and provide it.

MS BARRY: Can I add to the questions on notice, in terms of numbers? Would you be able to include the percentage of vacant properties?

Ms Rule: Again, it changes day to day. We report our performance against vacant properties on a regular basis. We will have a look at it, but I think the vacancy rates are already on the public record. As I said, they change day to day, depending on who is moving in and out of properties and how many properties we have on our books.

MS CLAY: This might be one to be taken on notice. It was referred from yesterday's hearings. You will get back to us on how many public homes we have in different areas; can you tell us what proportion of those are being used to accommodate women and children who are escaping domestic and family violence?

Ms Borwick: Yes.

MS CLAY: Can you also tell us if there are more women and children escaping domestic and family violence who are not able to be accommodated? Is that information that you can come back with?

Ms Borwick: Housing assistance programs in the broad, remembering that we have not only public housing but the homelessness programs, provide supports to victim-survivors of family and domestic violence. We have specialist homelessness services that provide a range of accommodation and support services, as well as supports for our tenants who reside in public housing or are seeking to apply for public housing.

We do not report on the number of properties that are allocated or used for the purposes of people escaping domestic violence. I note that some of those services and refuges may provide accommodation, but they will provide it as a bed count. They might be in a setting where there are a few different arrangements within a refuge.

Also, individuals may present with a number of issues. Escaping family and domestic violence might only be one; there might be a relationship breakdown, job loss et cetera. For us, the key aspect is providing the supports. We may do everything from providing modifications to a home, if they are an existing tenant—things like changing the locks, putting security doors on and putting in keyhole observation points—through to other services that we provide around transferring a property, if they need to leave the property that they are in, and supporting people through that.

I think it would be difficult for us to say, "This is how many properties relate to that in our public housing environment." We talked to the teams yesterday, and the figure was 413 allocations from our waitlist in this financial year. Of the 413 allocations, around 74, or 18 per cent, have disclosed family and domestic violence. But it might not be the primary reason that they are seeking public housing. During the same period, 209 transfer allocations, around 21 per cent, are households who have disclosed family and domestic violence. We might not know that they are escaping family and domestic violence; it will come down to the disclosure. I do not think I can give you a concrete answer as to how many properties, but that gives you a sense of some of the flow within the system.

MR CAIN: Minister, what happens to tenants residing in so-called end-of-use properties?

Ms Rule: I am not sure what you mean.

Ms Berry: What do you mean?

MR CAIN: The property itself has reached a point where it is not habitable. What happens to those tenants?

Ms Rule: We will work with those tenants on their options, in terms of maintaining their tenancy in another suitable property.

MR CAIN: They are guaranteed a Housing ACT property?

Ms Rule: If they are eligible for housing, we will not evict those people into homelessness. We will work with them to provide suitable options.

MR CAIN: What sort of data do you have on the number of end-of-use properties and the turnover rate? Where do tenants tend to go—from which suburb to which other suburb? Or do they tend to stay within that suburb area? Do you have any data information on that kind of movement?

Ms Borwick: No, it would be on an individual and case-by-case basis. There is not a bulk group of people moving around. Of course, as part of any voluntary relocation process, we would talk to the people about their expressed needs. Things change for people. I am thinking of a pretty live example, where someone moved from one side of Canberra to the other because they wanted to be closer to their adult children. Again, you would have to be careful around looking at movement. But it will be about what people's expressed needs are, particularly where we have people who may be exiting public housing. If they have held a tenancy for 30, 40 or 50 years, and they want to move into one of our aged-persons units, that is another example where we would probably look at an asset and determine whether it is end of life and so forth. That is a fairly common occurrence.

MR CAIN: Do you keep track of tenants who are forced to go somewhere they would rather not be, as opposed to giving them their preference, or as close to it as possible?

Ms Berry: We have the number of people who are on tenant relocation.

Ms Rule: We do not do forced relocations. We move people based on a whole range of factors, but we do not do forced relocations.

MR CAIN: What suburbs or districts in Canberra have the highest proportion? Do you have a breakdown of the number of end-of-use properties and perhaps their expectation for when they come to end of use? Do you have a breakdown of that category of property?

Ms Borwick: Again, that probably would have changed markedly with the growth and renewal program. Traditionally, I would have said that would have been the inner north and inner south suburbs, where the original public housing stock was established. I do not think that would come as a surprise to the committee. Now that we have renewed some of that stock, it might be a bit further out.

MS BARRY: Minister, you mentioned that you have a tenant relocation list, and you report on that as well?

Ms Rule: We have a tenant relocation team whose job is to relocate tenants based on a whole range of factors. It can be that their property is at end of life, it can be that their needs have changed or it can be that their eligibility has changed. We have a team whose work it is. People can put in a request to relocate; sometimes we raise with the tenant that they will need to relocate for whatever reason. We work with those tenants to match them to the most suitable property.

MS BARRY: Do you have stats on that?

Ms Berry: I think we do.

Ms Rule: The number of people on the relocation list?

MS BARRY: Yes.

Ms Borwick: We will take it on notice.

THE CHAIR: Take this and any other questions on notice; thank you. With any responses to questions taken on notice where the minister wishes to claim that the response remains confidential, if the minister could please state the reason for that request, the committee will need to make a decision about whether or not it is kept confidential.

On behalf of the committee, I thank you all for your attendance today. If you have taken any other questions on notice, please provide your answers to the secretary within five business days of receiving the uncorrected proof *Hansard*.

Hearing suspended from 2.30 to 4.56 pm.

Appearances:

ACT Official Visitors
Muir, Mr Peter, Board Chair
Hingston, Mr Matthew, Official Visitor Disability
Redmond, Mr Christopher, Official Visitor Children and Young People
Wyles, Mr Paul, Official Visitor Mental Health

THE CHAIR: Welcome back to this public hearing of the Standing Committee on Social Policy for its inquiry into annual and financial reports for 2023-24. We will now hear from ACT Official Visitors. Proceedings today are being recorded and transcribed by Hansard and will be published. Proceedings are also being broadcast and web-streamed live. When taking a question on notice it would be helpful if witnesses used these words: "I will take that question on notice." That will help the committee and witnesses to confirm questions taken on notice from the transcript.

We welcome witnesses from ACT Official Visitors. I remind witnesses of the protections and obligations afforded by parliamentary privilege and draw your attention to the privilege statement. Witnesses must tell the truth. Giving false or misleading evidence will be treated as a serious matter and may be considered contempt of the Assembly. Please confirm that you understand the implications of the statement and that you agree to comply with it.

Mr Muir: I have read and will comply with the privilege statement.

Mr Kingston: I have read and will comply with the privilege statement.

Mr Wyles: I have read and will comply with the privilege statement.

Mr Redmond: I have read and will comply with the requirements of the statement.

THE CHAIR: Thank you, witnesses. I have a question for Mr Wyles. I would like to know the age of the youngest person admitted to or transferred to the Adult Mental Health Unit.

Mr Wyles: I believe it was a 14-year-old.

THE CHAIR: We asked questions about this earlier today. Obviously it is a matter of concern. I see it as a safety concern. What is the nature of your concerns with that practice?

Mr Wyles: Part of the reason that the child and adolescent unit was built in the Women and Children's Hospital was that government had received, over a period of time, concerns that children and young people were being detained in the adult mental health facility. There have been inquiries and there is documentation from state and territory governments around the country where this has been seen as far from desirable, particularly when young people may have been having their first mental health episode—perhaps psychosis. To be placed in an adult facility is seen as really detrimental and possibly pretty traumatising for them. Ideally, children are placed in a young person's unit, as we have with the child and adolescent unit. That would be our

preference and I think it would be the preference of a number of oversight bodies and officials.

THE CHAIR: Do you have concerns about safety more generally in the adult mental health unit? I heard from someone who had been in there and found it to be, understandably, a pretty frightening place. Are you satisfied with the practices that are in place to keep people safe, including from each other?

Mr Wyles: My colleague Geoff is the other mental health official visitor. He could not be here this evening. He visits AHMU regularly. Like a lot of inpatient psychiatric units, there are potential risks which the staff need to manage on a day-to-day basis. The risks for young people are higher because they have been exposed to things that we would prefer they not be exposed to. Incident reports are made at AHMU. There are incidents from time to time. You are detaining a range of people, including some who have a history of violence. The staff do their best to manage that. Where we can, it is best to not allow young people in that vicinity when there are alternatives.

THE CHAIR: On mental health more generally, earlier today we heard about analysis that had shown that there were 4,000 people in the ACT with severe unmet psychosocial needs and 4,000 people with moderate unmet needs. Are you able to provide an indication of why this would be the case? Is it simply a matter of underinvestment in the area? It seems like a large amount of unmet need.

Mr Wyles: I am speaking generally. A large number of people experience a mental health crisis at some point in their lifetime. The ideal is to manage people in the community with a range of primary care professionals. GPs are really big providers of mental health care. Only a very small number of people would end up in an inpatient facility, where possible. One of the issues we have raised, and I know the minister and others are aware of it, is the circular nature of it. If you are not able to provide support in the community at the time and divert people from the emergency department to AHMU, that will create problems. It is not ideal for them when they can be treated in the community. That certainly creates some pressure for the inpatient units.

As to the figures, I am not an expert on the number of people in the ACT. ACT Mental Health provides some services, but there are also GPs and allied health—a range of providers who provide support in the community, which is really what is needed to make sure the system functions well and people are not escalated into the hospital when it is not required.

THE CHAIR: I have a quick supplementary specifically on dwelling condition, if you do not mind. The latest RoGS data that we have shows that only 76 per cent of public housing dwellings are of an acceptable condition in the ACT. If there is a member of the household with disability, that number drops to 60 per cent. So that is not specific to their level of need; it is just an acceptable condition. I understand that we have seen some advocacy from some of the disability organisations regarding specialist disability accommodation funding. Have you spoken at all with the minister about Housing ACT becoming an eligible provider for that funding and receiving all of that government money to improve the quality of these dwellings?

Mr Hingston: Absolutely. We have been pushing that issue for a number of years

now, until reasonably recently, with no concrete effect. We are certainly pleased that the government is now committed to it and we have had input and participation into the process that is exploring that issue in more detail and appropriately consulting with relevant members of the community and people who will be affected by those types of decision. But, yes, it was extremely odd to us to be walking into a house asking a person's permission to look at their records and have a look at their plan and see this whacking great amount of money sitting in there that the commonwealth has committed to being made available and it not being able to be utilised. On the face of it, in the absence of alternative territory money being used for the same purpose in an active way, with some of these houses in quite rundown and dilapidated conditions—very much at the one end of the bell curve of that measure of how good accommodation is for people with disabilities—to let that pass by struck us as a very easy missed opportunity, and we are certainly glad steps are now being taken.

THE CHAIR: So is it your sense that that is going to happen?

Mr Hingston: I would not be able to go as far as to say that, but we are certainly pleased that the process is taking those steps. Decisions are yet to be reached, as far as I currently understand it, but the right questions are being asked. The fact that the project has been stood up in the way that it has is step one and moves in the right direction, for sure.

THE CHAIR: Thank you. Did you have something, Miss Nuttall?

MISS NUTTALL: Yes, on housing availability. I am eager to hear from each Official Visitor, if that is okay, what solution you think would be most effective to address housing availability for the cohort that you look after.

Mr Hingston: From a disability perspective, it is quite uncommon that we are coming across circumstances where that is an issue; so I do not have much to contribute. By necessarily implication, we are going into an existing accommodation place when we do our disability visiting. It is only in those quite rare circumstances where arrangements might break down that we might get involved with alternative arrangements. But perhaps my colleagues are better placed than me to speak to that.

Mr Redmond: Thanks, Matt. I think housing is an issue for those making transition from residential accommodation to independent living. There is a huge issue around CAP, the Community Access Program, to access houses from ACT housing to place young people who are transitioning from residential care into independent living. We have done some work with Housing ACT to look at models that would increase the supply of appropriate housing for young people, particularly as they transition into independence.

I understand that there is a project within Housing at the moment looking at a possible model. They are calling it a stairway model, essentially whereby a number of the young people who are transitioning from residential care into independent living will be supported in the stairwell of a complex rather than being exposed to the general, I suppose, residents of that complex. It highlights the issue that there is insufficient accommodation available for young people who are transitioning from residential care.

On top of that is the appropriate support for young people who are transitioning into living. They are moving out of what has been regarded as being a Rolls Royce model being provided by MacKillop Family Services into the Community Access Program provided by ACT Together, which is not as well funded. As a result, young people transitioning to independent living are sometimes transitioning into small one-bedroom units without sufficient support to assist their development of independent living skills. I think this is a real issue for that transitional component of those young people who are seeking to establish themselves independently yet may not have the skills needed to undertake those activities of daily life that we take for granted.

Could I make another comment just really quickly? You talked before about the transition of people from detention. I would just reference people transitioning out from Bimberi back into residential care and some who are determined to self-place in independent accommodation. We do see what you would call a fairly regular cycle of young people exiting Bimberi and then returning to Bimberi. It sort of indicates that the level of supports that might be required to assist those transitions from Bimberi and to assist them to remain out of the youth justice system are not in place.

I note the Children's Commissioner has been working for a number of years to develop a model whereby young people, when they enter Bimberi, are supported by non-statutory services who will support them while they are in Bimberi and upon their release from Bimberi so that they actually have services to support them that are not statutory—so not youth justice or CYPS—and who can assist them to transition into independent living and hopefully reduce the recidivism back into Bimberi. A number of us have been calling for this model to be investigated for a number of years, and I think that there is some work being done on it now. But any interest that could be given to that model would be greatly appreciated.

THE CHAIR: Does the same apply if you have a child in the care and protection system and then they come into contact with the criminal justice system and maybe they end up in Bimberi? It has been put to me that there can then be a fracture where they lose contact with the support that has been built up around them in the care and protection system. Is that also an issue?

Mr Redmond: I think the care and protection worker does stay in touch with the young person whilst they are in Bimberi. I know that MacKillop does seek to stay in touch with the young people while they are in Bimberi. So I think that is in place.

I think that young people who have been within the children services system are very used to working with statutory service workers to the extent that they want to be a bit more independent. I think a model whereby they are supported by non-statutory service providers from the time they entered Bimberi to the time that they exist Bimberi and beyond, would be greatly beneficial. I will give an example. One young person said, "If there was someone available for me when I make a decision to do crime to support myself and if I could ring somebody to say, 'This is what I am about to do; can you stop me?', then maybe I would not keep coming back to Bimberi." The issue now is that that young person is now 18 and they are now, I think, looking at time in the adult prison system in New South Wales.

MS TOUGH: How is progress coming along for the finalisation of a common

protocol across all directorates? I have read in the report there is a cross-agency working group that was established to develop and address the accuracy of visible places registers.

Mr Wyles: The final version is with directors-general for signature.

MS TOUGH: Awesome. Thank you.

MISS NUTTALL: The annual report makes it clear that there is strong support for a disability death review scheme or at least better and consistent tracking of deaths of people with disability in care. What opportunities have you been given to express this concern to the minister?

Mr Hingston: We have raised that issue in almost all quarterly reports and annual reports over the last few years. While it does ebb and flow in terms of numbers, it is just something that we cannot help but be noticed by disability OVs when we are out and about. We hear so many of these stories that we do not have a segue to do anything more with or about that information. So it is certainly regularly raised. I do note that the Minister for Human Rights expressed interest to us in some additional briefing at the end of 2022, which was then provided—around the time that the royal commission was probably already digging around with the information that then led to its recommendations for all states and territories to do so.

We continue to flag generalised examples with ministers when we see them as illustrative points of the need and benefit for that, and we continue to reiterate that the territory is aligned to all other things that happen because, unless those specific set of circumstances occur on an individual case, there are plenty of cases that do not attract any scrutiny or examination, where, if they were scrutinised or examined from time to time, interesting things could be gleaned that would be of benefit to the sector more broadly. It is not necessarily that we are talking about being disability service provider A or B did something wrong, but even just that more broader systemic illustration of challenges that people with disabilities face and, as we noted in the report, their increased propensity to meet an earlier demise than other parts of the population.

MS BARRY: I just wanted to touch on your comments around the situation in Bimberi. I am really concerned that the culture and lack of responsiveness to issues in Bimberi could be contributing to recidivism. Can you please highlight some off the stresses in that space and what you think we could do better to respond to those needs, and also whether you would be increasing your visits as a result of this report?

Mr Redmond: Thanks for the question. I will give the last bit first. The public advocates attend Bimberi on a weekly basis, and they have investigative powers and also review all the registers within Bimberi. As a result, we only attend once a month. Often we are mistaken for the public advocates. Their roles are not quite clear, so we have to restate what our roles are. We do not want to overwhelm the young people. We go in once a month and we usually sort of try and ensure that we do not go at in the same time that the public advocates are going in.

One of the issues of Bimberi is it is only staffed for 20 young people at a time, even though it is a 40-place centre. It is only funded for 20 places to be filled at any one

time. Obviously the issue that arises there is that, when the numbers get beyond 20, their staffing levels are stretched and this can lead to longer periods that young people might be spending in their units—the general unit, not actually their room. So these are things that can occur. Also, if there are codes that are called, if it is a serious code often the young people would be confined to their rooms or confined to their units while staff from those units go and attend to sort out the serious code that is occurring.

Obviously, some consideration of an appropriate level of funding if the numbers do go beyond 20 would be beneficial. But I suppose of greater benefit would be to reduce the number of young people going into Bimberi. This becomes an issue for the legal system—the courts themselves—and also for the police. The police can, I understand, take independent action to determine specific activities that they seek to monitor or police, which will see young people returning to Bimberi, such as breaking bail conditions. If a young person breaks a bail condition, they can then be returned to Bimberi. The issue with that is, obviously, that they return to Bimberi, they are held in Bimberi and then they have to go to court and they might well be released the next day. I would say that a better working relationship between Bimberi and police around some of the policing issues might well either reduce the number of young people returning to Bimberi or reduce the number of young people in Bimberi at any one time.

Mr Muir: I would just make a very quick comment about system capacity. As chair of the board, I am concerned about our capacity as a system. We would like to be doing more visits, but, at the moment across the scheme, our budget really is running at capacity. That is something we will work out in internal processes. We have a very significant growth in disability visitable places, and I am aware we are not seen. Certainly the official visitors have been amazing in working with us as a board on these budget issues, but we are somewhat constrained in our ability to deliver the level of service that we would like to.

MS BARRY: Thank you. To your knowledge, do you know if contact visits have been restored?

Mr Redmond: In Bimberi?

MS BARRY: In Bimberi, yes.

Mr Redmond: It has been an ongoing thing since COVID. The level of contact is still being determined. I think they have developed a tentative policy around contact visits. I know that a lot of the young people are saying, "I just want to give my mum a hug," and they were being prevented from doing that. But I think there has been a policy developed now around a risk assessment approach. But, no doubt, the management of Bimberi could give you a better indication as to what that might be.

MS BARRY: Thank you.

THE CHAIR: We are going to have to wrap up, unfortunately. On behalf of the committee, I thank you for your attendance today. If you have taken a question on notice—which one of you has—please provide your answer to the secretary within five business days of receiving the uncorrected proof *Hansard*. On behalf of the

committee, I would like to thank our witnesses, who have assisted the committee through their experience and knowledge, and also for all your work especially if you are under-funded. Your efforts have been really, really helpful—so thank you.

We also thank Broadcasting and Hansard for their support and also the secretariat. If a member wishes to ask questions on notice, please upload them to the parliamentary portal as soon as possible, no later than five business days from today. Thank you.

The committee adjourned at 5.30 pm.