



**LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY**

**STANDING COMMITTEE ON HEALTH, COMMUNITY AND  
SOCIAL SERVICES**

(Reference: [Annual and financial reports 2010-2011](#))

**Members:**

**MR S DOSZPOT (The Chair)  
MS A BRESNAN (The Deputy Chair)  
MS M PORTER**

**TRANSCRIPT OF EVIDENCE**

**CANBERRA**

**WEDNESDAY, 9 NOVEMBER 2011**

**Secretary to the committee:  
Ms G Concannon (Ph: 6205 0129)**

**By authority of the Legislative Assembly for the Australian Capital Territory**

Submissions, answers to questions on notice and other documents, including requests for clarification of the transcript of evidence, relevant to this inquiry that have been authorised for publication by the committee may be obtained from the Legislative Assembly website.

## APPEARANCES

<b>Community Services Directorate: .....</b>	<b>1</b>
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## **Privilege statement**

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*Amended 9 August 2011*

## **The committee met at 9.32 am.**

Appearances:

Burch, Ms Joy, Minister for Community Services, Minister for Aboriginal and Torres Strait Islander Affairs, Minister for Ageing, Minister for Multicultural Affairs, Minister for Women and Minister for the Arts

Community Services Directorate

Hehir, Mr Martin, Director-General

Overton-Clarke, Ms Bronwen, Executive Director, Policy and Organisational Services

Collett, Mr David, Senior Director, Asset Management Branch, Housing and Community Services

Hyland, Mr Bob, Director, Asset Management, Housing and Community Services

Baumgart, Mr Richard, Director, Housing ACT

Ford, Ms Lois, Executive Director, Disability ACT

Kenney, Mr Austin, Director, Policy Planning and Business Support, Disability ACT

Starick, Ms Kate, Director, Disability ACT

Hayes, Ms Ros, Senior Manager, Therapy ACT

**THE CHAIR:** Good morning, everyone, and welcome to this morning's public hearing of the Standing Committee on Health, Community and Social Services inquiring into the 2010-11 annual and financial report of the Community Services Directorate.

Ms Burch, I guess I do not need to ask you whether you have read the privilege statement; you would be well aware of that, and your colleagues also would be well aware of it.

**Ms Burch:** Thank you, yes.

**THE CHAIR:** Minister, would you like to make an opening statement?

**Ms Burch:** I would like to make a brief statement. Thank you for the chance to give this brief opening statement. If you look through the annual reports you will see it has been an incredibly busy year for Disability ACT, Therapy ACT and Housing ACT.

I will start briefly with Therapy, which once again has had a successful year. An increase in the number of clients using the service has not diminished Therapy ACT's performance, with 95 per cent of the clients saying they were satisfied or very satisfied with the service. We are looking at strategies to help even more families, such as parent information sessions or early social work contact for children. This early intervention is also evident in the therapy assistance in schools pilot which I launched earlier this year and which focuses on children from kindergarten to year 2.

With Disability ACT this year has seen a historic development with the announcement of the proposed national disability insurance scheme. I think there is

not a person in this room who would not recognise that as a conversation that was certainly a long time coming. The ACT government is involved in discussions and decisions on the design and implementation of the scheme, which is expected to be piloted as early as July 2013. We have increased disability funding from \$41.25 million in 2002-03 to \$74.14 million in the year 2010-11, which is an increase of 78.5 per cent. This has seen an increase in accommodation support places by 43 per cent, community support places by 132 per cent, community access hours by 106 per cent and flexible respite hours by 96 per cent.

This increased funding has occurred alongside the ongoing implementation of fresh approaches. We have introduced a case coordination service to engage with the Aboriginal and Torres Strait Islander families, and from the start of next school year we will begin a new after-school care and vacation care program for young people with a disability, with places at Black Mountain school, Cranleigh school, Malkara school and a community-based venue in Belconnen for high school students.

Turning to housing, in 2010-11 the ACT government has managed close to 12,000 properties and we home over 23,000 people. To put that into perspective, it is around the same size as the population of Goulburn. We are in the midst of a major transformation of our housing stock. Chief among these projects is the competition which I announced yesterday at Northbourne public housing complex, and the winner of that was John Wardle Architects with the design “Weave”.

We are also coming to the end of a successful program where we build new social housing through the \$87 million allocated to the ACT through the commonwealth stimulus package. Our original proposal to the commonwealth was to build about 357 homes and we have built 421, with close to 300 of those for older tenants. The government is also continuing its improvement of services to homeless Canberrans. Among these initiatives is the procurement of a new service to respond to youth homelessness and this will commence in early to mid next year, around March, I understand.

The provision of new services is being developed alongside ways to improve the delivery of existing programs; for example, Housing ACT has partnered with the community sector to open a central access point for the ACT’s housing and homelessness services. This service combines Housing ACT’s Gateway Services with First Point, the Supportive Tenancies Service and Canberra Men’s Centre into a one-stop shop. I am quite happy to leave it there, chair. Thank you for that opportunity.

**THE CHAIR:** First off I would like to ask a question in response to a question on notice HCSS 10/21 from the committee at last year’s annual reports inquiry regarding the reasons the government does not seek client feedback for government funded services. The committee was advised that a broader client satisfaction survey was being developed for 2010-11. There does not appear to be any mention of such a survey in the annual report pages 158 to 159, volume 1. Can you please provide the committee with an update of the development of the satisfaction survey and advise when the first round of results is expected to be reported?

**Ms Burch:** Disability has an ongoing review of quality improvements and feedback in conversation with its client base, but I will ask either Kate or Lois to talk about

where we are up to and how we approach our client satisfaction process.

**Ms Starick:** As part of the quality framework which we talk about in the annual report, where we look to build on the existing quality processes and procedures that have been in place since 2003-04, part of that framework includes a monitoring and management process which includes the client satisfaction survey which we have completed in the 2010-11 year for government funded services. This included the respite services, the supported accommodation and intensive treatment and support services. What that fed back to us was that there were concerns expressed around communication with service users as well as some concerns raised around unfamiliar or casual staff working with people.

We have addressed that in a number of areas. With the casual staffing concerns, we have reduced the rate of casual staffing from about 30 per cent or one-third of the workforce to about a quarter of the workforce. If you look at the figures behind the satisfaction survey there has been a slight increase in the way people support it and the way family members feel about the support they receive from direct support officers. With communication, under future directions there is a communications strategy, which is a four-year strategy. We have brought forward that work to this year and we are developing a communications strategy not only internally to serve existing service users but increasing access to information for people who are not already existing service users.

One of the initiatives from this last year has been the grouping together of early intervention information and planning services in the disability information and support hub, which is based out in Belconnen. Additionally, we have also surveyed individual users for school leavers. We have just commenced utilising personal outcome measures, which is a tool that looks at the outcomes that are present in a person's life and the outcomes that are important to that person. What that found was that people who were leaving school had a rich personal life, rich relationships and there were areas that they also identified that we have also picked up in future directions around improving people's ability to raise concerns and their knowledge around their rights and their civil rights. That is some work that has been occurring.

**THE CHAIR:** Was there any consultation with community groups as such?

**Mr Kenney:** I was about to add to what Ms Starick was saying—I think it helps to some degree with your question as well—that we do have a quality assurance approach to the funded organisations in the community sector and that consists of proactive and reactive strategies, but amongst the proactive strategies we do have an audit program of 15 organisations a year and those audits do include talking to random samples of stakeholders, which include people who use the service, some guardians, partner agencies. So we are getting quite a lot of intelligence about the quality and the performance of those funded organisations.

**THE CHAIR:** Is there any indication of feedback from that in any of the annual reports?

**Mr Kenney:** It is not explicitly addressed in this annual report, no.

**THE CHAIR:** It will be in future annual reports?

**Mr Kenney:** I think it absolutely should be and I think the whole approach to the audit cycle that we have established now is one that is evolving and we are looking at the openness and transparency around those audit findings. So we will be visiting this again, yes.

**Ms Burch:** If I can add to that, we see the cycle of audits as a critical part of quality assurance through the system and it is based on the fact that delivering these critical human services should be reviewed. Feedback and the conversation with the users at the home level but at an organisational level is part and parcel of that. We have moved from a handful of audits a year up to a significant number; I think it is 15 or thereabouts.

**Mr Kenney:** Fifteen is the target; it was actually 17 in this last cohort.

**Ms Burch:** And that is hand in hand working with an organisation to look at their policies and procedures, how they meet the standards, how they are going with their professional development of staff and a whole range of things. Martin, you were looking to talk to that as well?

**Mr Hehir:** My understanding of it—and I will check this for you—is that we alternate our survey, so one year it is focused on our clients and another year it is focused on the services that we purchase from the community sector, so they do have a formal feedback through a survey process. That survey does not include their client groups is my recollection; it is actually the agencies themselves. That second survey is due later this year; this survey was about our own internal clients. So you will see it in next year's report as part of the formal measures. We do not tend to change the measure it sits under; we just alternate year on year between the two service providers.

The other aspect that we are doing in terms of trying to engage more fully with the agencies themselves, because surveys are not the only tool you want to use to do that, is work around a prequalification framework which is a really positive engagement strategy around working with organisations to strengthen their governance and also their ability to talk to us and engage with us. That is one mechanism that we have been engaged with the agencies on over two years about how that is delivered.

**MS HUNTER:** How much closer are you to getting that prequalification framework into place?

**Mr Hehir:** It has started. There are a number of agencies who are now prequalified. There are 10 agencies that are prequalified across the board. I think we work with 160 in total but we have started a process, we have engaged with it and we have had mixed feedback; some organisations have found it really difficult and I think that is okay. I had a meeting quite recently with some of the community groups and one of the organisations said it was fantastic; that it really helped focus them and to understand their own internal governance—in fact, he felt, strengthened the work that they had been doing around what they were trying to achieve as their governance mechanism—which is exactly what your prequalification framework should be seeking to achieve. So that was really quite positive. We will continue engaging with

the community around that.

**Ms Ford:** We have quite a formal process for engaging over the prequalification. The first part of the process is managing the prequalification rollout, which is mandatory from 2013. We have asked agencies in the first instance to identify—we have given three dates over an 18-month period—when they would like to engage with prequalification. So most of that work is now completed and most agencies have identified what time of the year they would like to engage. Then we do a broad-based information session with an invitation for the person who is managing the prequalification rollout to meet with the agency and talk them through that process, what is expected and what they might need to do to prepare for it, or indeed if they are wanting to do it straightaway what they need to do to be able to get that done.

For agencies who have signalled that they think this is going to be difficult for them—and I have to say we have not yet had to take it any further—the experience to date is that once the person responsible for rolling out the prequalification has gone and sat with the agency and talked them through the prequalification framework, what is expected and what constitutes evidence being produced, there has not been any signalling that they need additional support to do that. Some agencies that I have talked to informally have said to me that they have only just started on a funding pathway; some agencies have only just been getting a small amount of commonwealth money and are now entering into our funded system. They have already signalled that, because they have to do this for the commonwealth, it is not going to be a problem. For the prequalification we have mapped across all of the accreditation systems that any agency would have to undertake if they were getting funding from the commonwealth or from the ACT government or indeed from any other source; our prequalification maps across all of those.

An example would be if you were in receipt of home and community care funding and accredited under the home and community care scheme. That scheme matches perfectly to our prequalification framework. I think there are one or two areas where you would need to provide some additional evidence. So we are making it as easy as possible for the agencies to be able to provide their evidence but also to be able to use previous, updated and current accreditations that they have passed as part of the evidence for that.

We have had a surprisingly open and receptive approach from the community providers to prequalification. In fact many of them—and I am sure they would have expressed it to you as well—are really pleased to see particularly a mandatory prequalification now being used.

**THE CHAIR:** Mr Hehir, if you would like to add something I would like to come back with a supplementary.

**Mr Hehir:** In terms of the thrust of your question, chair, it is about how we engage with our community sector partners. We have been doing some planning work through the Community Services Directorate, particularly in response to the one government view and how we work across the ACT government. We took that discussion further. Fifty per cent of our services are purchased through community sector organisations so as part of our planning exercise we invited five key partners

from the community sector to participate in our planning exercise. They have been at every one of our meetings to talk about it, to put their feedback in. The reason we are doing that is because as they deliver 50 per cent of our services we have to treat them with the same level of respect and engagement as we treat ourselves. As I said to a number of community sector organisations, if I did not talk to Lois and her team about disability services Lois would shoot me.

**Ms Ford:** I would not shoot you. I do not like guns.

**Mr Hehir:** But it would be equally remiss of me not to talk to representatives from the disability services about the future they see and the direction they see. So we have been really conscious to invite the sector into our discussions. It is a small group at the moment and it is hand chosen by me, but I think it is a really important start. We are lining up a broader conversation with the sector about where we have got to and again inviting them to provide their input and feedback to us around that. The other aspect of that is that we do try to engage with the sector around key policy discussions. I get told off for doing this but I use the term “sector” quite loosely because there are a number of different service organisations with different focuses, some very broad, some quite narrow.

Yesterday we had our six-monthly meeting with disability service providers and we were talking about the implementation of the HACC age split that has come through the national health reforms. Quite frankly, the feedback I got from that was that it was one of our best discussions ever because it was a really open, honest conversation around where we are up to, what we are achieving, what we are trying to achieve and what is the potential implication of the national disability insurance scheme. So we use a number of different mechanisms.

I think the answer to the thrust of your question is that we try to engage in a number of different ways. For me one of the key changes that we have been trying to bring about over the last six to eight months is to say: “You are important in our planning. You are a really important component of our service delivery. We have to treat you as an important component in our planning.” That is the sort of process we have been engaged in.

**Ms Burch:** Can I just—

**THE CHAIR:** If you do not mind, we will move along a little bit because we have got away from the original question somewhat. Getting back on to page 5 of the annual report, you mention transition from school to adult life under “achievements”. You were going to interview 12 school leavers and look at progress. Has that happened?

**Ms Burch:** Looking at the work we do with school leavers?

**THE CHAIR:** Transition from school to adult life.

**Ms Burch:** Absolutely. We do that very directly. We work very closely with the families that are scheduled to leave and graduate from Black Mountain school. As to the numbers that are due to leave in 2011, I understand—and I think Austin Kenney

can talk more about this—that about a month ago 21 referrals had been received for a transition service and 18 referrals had been received for a community access service. Those are for the end of 2011.

We are already starting to work with families that are looking to graduate from 2012 as well. We work very closely with the families and our community providers to try to enhance and expand all of those opportunities. There are mandatory hours; there are guaranteed hours in many ways. I think it is 12 hours or some such thing for these school leavers. This is a conversation broadly about the committed services that we can align for these young people and it is also about how we engage them more broadly across other aspects of society. Not every interaction with a young person ought to be through a formal arrangement, through post-school options. I will let Austin Kenney—

**THE CHAIR:** Minister, just before we go on to that, I will ask the question again, which is somewhat different. Under transition from school to adult life, Disability ACT proposed to meet with 12 of the 2010 school leavers in October 2011 to review their existing arrangements. My question is: has that been done at this point?

**Mr Kenney:** That is close to completion. Ms Starick mentioned earlier an approach called personal outcome measures which looks at 21 areas of a person's life—what their aspirations are, whether they are achieving what they want to achieve and whether they are happy, the social integration, the learning opportunity and the lifestyle that they choose. We are using those measures as a sort of before and after scaling.

We did this with a cohort from, I think, 2008-09. We looked at a sample from them and we found, as the minister was just saying, very positive outcomes for that cohort. In addition to the 12 hours that we guarantee is the minimum support for young people in transition from school, almost all had achieved something in the region of three days plus of activities and engagement in positive ways. We are repeating that exercise for the cohort that we have mentioned here.

**THE CHAIR:** That is 2010 specifically that we are talking about?

**Mr Kenney:** Yes, the 2010 cohort.

**THE CHAIR:** How many of those were interviewed or surveyed?

**Mr Kenney:** We are working our way through all of them. We are close to the end of that process.

**THE CHAIR:** What is the total number?

**Mr Kenney:** I think it is in the region of 40. I am sorry; I do not have it in front of me.

**THE CHAIR:** Your stated aim here was to meet with 12 of them. That is something that is achievable, I should imagine. How did you select the 12 that you were going to meet with?

**Mr Kenney:** We have actually shifted to meeting with all of them, so it is taking a little time.

**THE CHAIR:** When do you expect to have that completed?

**Mr Kenney:** Within weeks.

**THE CHAIR:** What will happen to the results?

**Mr Kenney:** The results of that inform our planning going forward. They tell us quite a lot about the needs of each individual and how to continue working with them. Personal outcome measures are a measure of what is happening for that individual, but when we aggregate that it tells us quite a bit about the effectiveness of the programs and our approach in general. As I say, the evidence from the previous survey was that the direction was right. So now we are looking at this year's cohort and hope we can maintain that.

**THE CHAIR:** I would like to move on to a supplementary from Ms Bresnan.

**MS BRESNAN:** I actually have further questions on the audits which I did not get to ask, but I do want to come back to that point. Ms Hunter may have some questions on this.

**MS HUNTER:** I want to dig into this a little because I have had a lot of feedback from parents who are concerned that they still have a very hard time navigating the system to find out what is available out there. There are a variety of services and commonwealth and local funding and so forth. I am just trying to get a real sense of how it works. We have got young students who are at school. Is there any connection between CSD and Education and Training? Parents are not necessarily giving me that feedback, so I am trying to understand what happens and at what age you engage. For many, we probably should be looking at the age of 15 or even younger to be working through the plan of transition. Can you just run through what that engagement is? I understand that next year we might be looking at about 40 or 42 or even more—as Mr Hehir seems to be indicating—coming through. So it is very important we get this system right.

**Mr Kenney:** The first part of your question was around engagement between the two directorates. What we have is a regular formal meeting which is jointly chaired by me and the relevant director in education. It includes some community agencies, the independent school sector, a representative of a parent organisation and a young person. That meeting takes a helicopter view, if you like, of the process and how it is running at any one time and what our aspirations are for the future. So we have got the strategic level engagement with education and with our partners in the community sector to steer the program as a whole.

In terms of the information process, we are running information sessions in schools quite early in the year. We promote those right down the schools. We are not saying there is an age at which you should not come: “You shouldn't come if your child is that age.” We are promoting it right down the school. In reality, interest tends to be from about year 11 upwards. We are saying to year 10 parents that we would like to

get them engaged in those information sessions as well. So there is that broad brush information process.

We also get involved in ILPs and in meeting with individual parents in their home, if that is necessary, to look at what the specific individual's needs and circumstances are.

**MS HUNTER:** With those home visits, Mr Kenney, can parents just call the department and make an appointment? How does that work? Parents do not seem to know all of the information. This is what I am getting at.

**Mr Kenney:** We would invite contact by whatever means is best for the individual parents. We promote that through the schools. We meet most parents in the school, and we use the ILP process for that, but where that does not fit, we are very happy to do home visits and indeed meet people in other circumstances as well. We will take it whichever way it comes, really. We want to be responsive in that sense. As I say, most of that contact comes through the work we do in the schools, but we also see some parents outside that.

**MS HUNTER:** Would you agree that it is quite a complex system of programs and funding and so forth for parents to navigate?

**Ms Burch:** There is a mix. I imagine there is a mix of local support and commonwealth and ACT funding in there. Depending on the community access stream and the different providers, and matching up with their aspirations—they all have different aspirations—there will be a jigsaw in that.

I was about to comment earlier that it is about when you start the conversation with parents and repeating the same information on access points so they can come in. If you are getting that feedback, I will talk with Lois and the team about how we can embed that, but I still think the conversations need to be had. Each child would be different and would have a different set of circumstances and a response put around them. Certainly, that entrance into the door to get the information should be very clear and very easy to do.

**Ms Ford:** I agree that it is an extremely difficult system for people to navigate. Any system where people need to get information to plan for their future tends to be complex and tends for individuals to only hear bits of information at a certain time. Hence the repetitive message is very important. We are very aware of that. That is why we engage much earlier in the lives of families with disability. I think it would be wrong to see the engagement over the transition from school to adult life in isolation from a number of other activities that we are doing.

I will take you back to one of the areas that we have invested strongly in—that is, future planning, to assist families to start thinking early about what they need to be thinking about for their son or daughter's future. We have future planning grants which encourage people who are not already linked to an agency whose responsibility it is to assist them to plan. The other thing is that it is not just government's job. We fund an enormous range of services and their role is to help people plan and implement their plan. The good life planning grants are promoted, we believe, to assist families to start doing their initial planning.

The second part of that—because families need information—is also to attend seminars and conferences to assist them to broaden the way in which they see or can think or dream about what the future for the young person might be. The third part of that is funding to engage a personal coordinator that will assist them to put those plans in place.

Second to that we have now co-located a range of early intervention services in Belconnen in a service called DISH—the disability information and support hub. The services that are co-located there range from—and we have a unique partnership with the community agencies—the disability information service, the housing options coordinator, the community development officer, which is a really critical part of this whole process, local area coordination and the transition service, as well as the planning service and the work experience program. We are modelling a service for people not as a one-stop shop but where there is a range of people working that are able to share information and support people more readily to engage in a range of activities, not necessarily just the specialist services.

The third part of that jigsaw, if you like, is that we have brought forward our communication and information management system in our future directions from, I think, 2013-14 to this year. We are redoing the website, which we hope will be completed in the next couple of weeks. We will have a far more interactive website. It will be virtual and interactive. When people go onto our website they will be able to start working their own way through it or they will be able to work their way through it with the support of their own coordinator—the service that they are already engaged with to provide them with that information—or the local area coordinator or the housing options coordinator. These roles are much broader; they provide much broader information. So, yes, we recognise that it is difficult—absolutely.

We also recognise that in those school years, parents' anxiety is really heightened because what they are looking at is the end of a very secure period. So the transition points from school to adult life are no less anxiety-provoking than from home to their own supported accommodation. And we are very aware of that. So most of our energy around that period is spent on engaging early, to repeat, repeat, repeat; on making small resources available to families to empower them as much as we can, and also on providing the mechanism that will assist people to walk through.

Yes, for some families they do not hear or they have engaged differently. But the schools also have a responsibility; hence the work that Mr Kenney is doing with Education in that working group, plus numerous other activities. It is about making sure that our schools are engaging early with families, making sure that they are giving families the right information at the right time and that they are supporting families to navigate their way through the system. We make sure that the education system is well informed about all of these things as well.

**MS BRESNAN:** On this issue, page 35 of volume 1 talks about Disability ACT having responded to 47 applications for assistance and that 32 of those young people were referred to the House With No Steps. That is a very high number of those young people. Has there been any assessment or thought given to whether it is sustainable for the House With No Steps to have that number referred to them? Can they actually

provide placement services and support to those 32 people? Is that something which will be able to be continued into the future?

**Ms Ford:** House With No Steps do not work in isolation. There is a very broad system that they link into.

**MS BRESNAN:** But that is a high number—32.

**Ms Ford:** Yes. I will ask Mr Kenney to speak in more detail about the process that they use. I believe it is sustainable. They have not signalled to us that it is not sustainable.

**Mr Kenney:** The referral process is essentially a dialogue whereby we meet with House With No Steps and look at the circumstances and needs of each young person as we have developed our picture of them. At the moment we are confident that that is working for those young people. We have a projection into the future of higher numbers that we are comfortable with as well, and we have budgeted for that.

**MS BRESNAN:** So you are having discussions with House With No Steps to make sure it is something that is sustainable?

**Mr Kenney:** We meet with them to look at the referrals, group by group. Through our contract management process we are talking with them about their performance and needs as an organisation. As I said, we have budgeted for the increased numbers of young people, particularly over next year, and we will do whatever procurements we need to do, if there is other expansion, and we need to go elsewhere with that.

**MS BRESNAN:** My other question is not just in terms of sustainability but in terms of providing meaningful opportunities for these young people. I know you are saying it is sustainable, but having high numbers referred to them means that the young person is not getting a meaningful experience from actually going there because there is a high number there.

**Ms Burch:** We would probably make a comment on that, Ms Bresnan.

**Ms Ford:** I will get Mr Kenney to talk a little bit more about House With No Steps. It is a funded service and it is a coordination service, so it does not provide direct ongoing or sustained support. The House With No Steps is also part of DISH @ Oatley, which is its new name. The House With No Steps is part of that mix of early intervention. They do not work in isolation from all the other services around them. Mr Kenney might like to add to that.

**MS BRESNAN:** I am aware of what they do.

**Mr Kenney:** Really it is about using that as a transition service to help young people access a range of opportunities. So you are looking at the spread of those opportunities across all sorts of settings. We also look, with individuals, at quite bespoke arrangements. For one individual, rather than use one of the existing services in the program, we effectively cashed it out in order to support an Aboriginal community organisation to work with the young person. There was another young

person a couple of years ago where, again, we cashed out in order to fund some very specific training that that young person aspired to. So there is quite a lot of flexibility within our approach to this.

**MS BRESNAN:** What are some of the specific activities that the House With No Steps runs?

**Mr Kenney:** They are coordinating and supporting the connection of young people to other things that may lead to supporting them down education pathways or supporting them down employment pathways or building their social skills and confidence. So they are in touch with a whole range of opportunities for young people. It is not a centre-based running of programs.

**THE CHAIR:** Supplementary to what Ms Bresnan was asking regarding the House With No Steps, in 2010 32 young people were referred to the transition service, the House With No Steps. Are those 32 still there?

**Mr Kenney:** I am sure there would have been some movement. I do not have a figure with me. There is always some transition of people between programs or people who move out of the territory or whatever. But I do not have a figure for a significant dropout rate or anything like that.

**THE CHAIR:** My supplementary to that is: you have 40 who supposedly, according to the figures here, will be going to the House With No Steps this year. So what is the capacity—

**Mr Kenney:** It is a throughput.

**THE CHAIR:** But is it a throughput? That is the question I am asking.

**Ms Ford:** Can I answer that one. The House With No Steps is throughput. They work with the individual and their family in the first instance to identify the range of supports, supported employment, employment or vocational. Let me give you an example of a person who would have been referred—and I have had a number of profiles that they have sent me because we asked to see some of the different and interesting things that are happening. So a person will get some support for up to three years to transition into supported employment, full-time employment or education that may lead to employment. They are fairly specific in what they are delivering.

A young person in a family would be referred to House With No Steps. House With No Steps will meet with them. That young person and their family may or may not have a plan, may or may not already have some funded supports around them, may or may not already have engaged an individual coordinator to assess them. So House With No Steps will look at the range of interests and the things that this young person wants to do. We do not refer people to House With No Steps if they need ongoing or sustained support. We only refer people to House With No Steps if they are going to move into supported employment, employment or education.

House With No Steps' role is to either link that person directly into supported employment or an employment program, in which case that employment program

then takes over; link them into education, in which case education takes over; or link them into another type of service that may be of their choosing. So it might be working closely with Social Ventures Australia or it might be working closely with an employer to engage that person.

House With No Steps would have a very low level role in that, except to ensure that that person is well engaged, that it is sustained and that it is ongoing. Then they would move to the next. So every year, for the new cohort of people that are coming in, that is their year's work, so to speak.

**THE CHAIR:** That is understood. The question I was asking was: are you aware of what the situation is with the previous cohort of 32 that moved through, in order for the House With No Steps to accommodate the next lot of 40 that are coming through?

**Ms Burch:** Correct me if I am wrong, but, because it is a transition space, some will move out before their three years of transition are up. So it is a journey through House With No Steps. At any given time, there will be varying figures because the connection to an employment arrangement and others will be safe, secured and established. So House With No Steps' role, in many ways, is finished, because the next stage of that young person's life has been established and it is ongoing.

**Ms Ford:** But in answer to your question, no, we have not done a review.

**Mr Kenney:** I suppose the evidence we have is the 2008-09 cohort survey, which showed the range of connections and activities.

**THE CHAIR:** We would be very interested to see any figures that would substantiate the movement of people and what does happen to them. I will hand over to Dr Bourke in a moment, but in 2010, 15 school leavers were allocated ongoing services. These are the ones that were referred to House With No Steps. What has happened to those 15? Are they still getting services?

**Ms Ford:** Yes.

**THE CHAIR:** And where are they now?

**Ms Ford:** That is the group that we have gone back to review to see where they are now. They have successfully built the resources. Those resources are sustained; they are ongoing resources. They may change, depending on the change in the person's lifestyle, their own maturity or their own development of their life skills. But they are still engaged in the supports that they started through. So that is the group that we do follow through. That is the group that we talked about under the personal outcomes measures.

**THE CHAIR:** We may ask you some questions in writing afterwards. I am concerned that we are bogging down on this one issue at the moment, and it is a very important one.

**Ms Ford:** Absolutely.

**DR BOURKE:** I want to talk about planning for a good life, and in particular people with a disability who are ageing. I was wondering if you could outline in more detail perhaps the work that you are doing to develop the current profile of disability clients and whether there are any developing trends that might impact on service delivery in the future.

**Ms Burch:** I think Kate Starick can make significant comment on this but this is certainly something that we are aware of. We have high numbers percentage-wise in comparison with other jurisdictions of people with high levels of disability. As life is, they are going through that ageing process. So we are needing to look at how we secure them in support services and accommodation and always be mindful of the ageing carers that are attached to people with a disability who are ageing as well. We are certainly looking at that access and we will be focusing on that demographic that we will need to support through the system.

**Ms Starick:** We have done some demographic studies since 2002-03 to 2009-10. If you look at the number of people in the community over 50 years of age with a disability, that figure has actually doubled over that period of time. One of the largest increases has been in the over-65 age group, which we expect is actually going to be one of the largest impacts in the area of core and severe disability and supports there.

One of the things that that means is that people with an intellectual disability or a disability are 10 times more likely to require access to ongoing healthcare needs—so through the health systems. They are much more likely to suffer the effects of ageing earlier than the general population as well as the effects of chronic disease—diabetes, arthritis, osteoporosis.

Through the young people and residential aged-care policy work, we have also started to work with a range of people who are experiencing neuro-degenerative conditions or acquired conditions—people with multiple sclerosis, motor neurone disease and the effects that these have. The disability sector has started to work with them to support them in their homes.

Some of the actions that have actually occurred around that—you might be aware that a number of years ago the commonwealth government commenced an initiative with the aged population as well as people with an intellectual disability to allow for annual health checks. This has become an important part of Disability's approach to ensuring the health and safety of people. That has become part of our policy.

We have also started to look at the workforce capability. We have done a lot of work around workforce capacity across the sector. From a recent survey, we know that our vacancy rates—we are actually sustaining a workforce at the pace of the resources that we have put into the community. The work that we are discussing with the sector now is: what is the capability that the workforce needs and that your organisations need to support people with significantly increasing health needs and who are experiencing the effects of ageing actually before services traditionally targeted at an ageing population kick in?

So this has been a change, I think it is fair to say, for some areas of the community to support people in their home who are experiencing the effects of ageing. We are

working with organisations to support them in that or looking at what is an appropriate organisation to go into somebody's home.

I will just continue around some of the workforce development. We have invested around person-centred planning with optimal service design. Improved planning helps you to link with the services that are most suitable to your needs. As we have already discussed, we have talked about personal outcome measures, which is not training on an approach, but it is how you measure whether what you are doing is creating a life that contains all the things that are important to that person at that one time. That helps you to build the base. It helps you to build a common language. It helps you to build a common set of skills to link people into appropriate services.

Through Housing ACT, there have also been 300 units built as part of the stimulus package for supported accommodation for older people. These are class C adaptable universal house designs. We are going to have to continue to go back and revisit the work that we do with the community on an ongoing basis. I think we have known that there is an ageing population and an increase in the complexity of the needs of people who are ageing with a disability because of what that means.

In 2010 we developed a policy for people with a disability who are ageing. That is up on the website. I think we will have to continue to engage with ACT Health predominantly, as well as the aged sector and the community sector, as we work through that. We have a very close working relationship with ACT Health. We have a health quality and risk manager who is our liaison point, if you like, with health services and with ageing services.

A couple of concrete things that I guess it would be useful to highlight at this point with ACT Health is the pathways project—not the pathways from hospital. In addition to that, there is also some work that we have done with ACT Health on admission and discharge so there is a smooth transition. When people with an intellectual disability or high needs go into the health system, they get equal access to those health services. Then there is a smooth discharge and support once they have come out of hospital. They are just some examples.

**DR BOURKE:** Could you give some more details about how these trends articulate with your workforce strategies?

**Ms Starick:** Yes. I think on page 40 there is mention of the disability workforce strategic plan. This is a five-pronged approach, I guess. The first part of that strategy was to assist the sector in workforce planning. As I said, there has been significant resources put into the community and we are keeping pace with workforce capacity.

One of the trends—we have just undertaken another survey. The first one was done in 2004. We have received about one-third of those responses back. One of the things that the first survey found was that there was high casualisation in the workforce. Even with the data that we have now, it would be interesting to see how that changes as we get more information. But there is a much greater rate of permanency in the workforce. Interestingly, there is the introduction of volunteers in the workforce, which the last survey did not pick up. So we have done capacity work.

The other tranche of that is that we are working with organisations around retention and recruitment—how do we in a competitive market, where the ACT has very low unemployment, make the disability sector attractive? What is the skill set that we need to recruit from? That may not be from the traditional sectors that we have always looked to. It might actually be working more closely with the ageing and health sectors to work with people with a disability who are ageing as well.

The third one that we have looked at, obviously, is retention. That includes working with the national disability services around what you do to promote from within and still have an open and transparent process. How do we keep people in the sector? Generally, people are moving around the disability sector.

The fourth area, as I have talked about, is about learning and development. Within our service funding agreements, we actually fund for professional development. With this new initiative for professional development we are not only funding a learning strategy around individual design and measurement, we are also funding the agencies to be able to backfill so that they can send people. That was one of the barriers that we identified.

The ACT has actually started to attract international conferences as well. We recently had the international conference for social role valorisation. I think that was a real boost to the sector. We are also promoting scholarships. There are a number of scholarships, as well as sponsoring people to do the cert IV.

The last one is around performance improvement. I think this is where personal outcome measures are really going to be important. This looks at how you know whether what you do has an impact on the quality of life of the person. That is probably when we look to evaluate what we do. Longitudinally, I think that is going to be an important evaluation tool for us.

**THE CHAIR:** Ms Hunter.

**MS HUNTER:** I thought you wanted to go to some supplementaries.

**MS BRESNAN:** I will ask one. It is mentioned on page 35. It goes to the issue you have mentioned about carers who are ageing and when people's natural supports break down. You mentioned there was some funding for it. We did discuss this in estimates as well. I was wondering whether you have any updates on the number of people per year that it is happening to. I know this is a difficult thing to predict. Is there some pattern in terms of the ageing population of carers? Is it changing every year? Is it relatively about the same number each year?

**Mr Kenney:** I think we were looking in terms of the natural support breakdowns we were talking about. Our modelling is in the region of 11 or 12 a year. We are actually funding something in excess of that, I think closer to 14 a year, people moving into supported accommodation placements. That area has seen a lot of growth. It is over 430 places now.

**MS BRESNAN:** Is it often because the carers are ageing or are there other circumstances such as, I guess, the fact that coping mechanisms become much harder?

**Mr Kenney:** It is as broad as it is long. For some people, it is that they are ageing and their time as the primary carer is coming to an end. For other people, it is not so much that they are ageing but that the needs of the person with a disability are changing as they mature. We also get people at the younger end where there is a real pressure for a transition to something like leaving home that causes that pressure as well.

**MS BRESNAN:** Carers, particularly Carers ACT, hear through their work that the numbers might be a little higher. You said it was about 14. They are seeing people under that real stress and pressure of being a carer. Do you have ongoing discussions to make sure we are actually planning for the numbers or are actually providing more support services if you do not get that breakdown?

**Mr Kenney:** We meet with Carers ACT on a regular cycle. They provide us with reports. We are doing a certain amount of modelling on unmet need. We gather some of that data through additional questions in the national minimum data set, data collection. There is also some demographic modelling which is on our website. It looks at ageing population and ageing carer population. There is work at the national level on a need and supply model. So we are getting a number of different sources of information, none of which is entirely comprehensive, some of which are far more objective than others. We are sort of pooling that together for our longer term planning.

As you can see in terms of our spending and our growth in outputs over the last seven or eight years, we have got something like a doubling of spending in the specialist disability arena. The outputs on page 34 show the growth in percentage outputs across the range of services as well. That is our response to those demands.

**Ms Burch:** If I can add about our ongoing conversations with Carers ACT, recently we launched the carers charter at a Carers ACT luncheon. There I made a commitment to host a summit, probably in February-March because Christmas is fast approaching us. This summit is looking at housing tenancies and housing options for people with a disability but also those with mental health problems as well. I think a number of the conversations we have had here this morning have been around those options for independent living, whether you are 15, 35, 55, whatever, and accommodation is the hallmark. That is what I have heard through Carers ACT and that is why I was happy to commit to a summit early in the new year. We will work with Carers ACT. It is about people with a disability. If we look more broadly, it is not just about people with a disability, it is those with mental health problems. There are tenancy options that need to be supported as well.

**MS BRESNAN:** Carers ACT are seeing people when they are getting to that pressure point where there could be a complete breakdown in the relationship.

**Ms Burch:** As we work more closely with the families and have that futures planning, many within Disability or the community sector can start to see when those fractures and stresses start to come. That is when we start to do that engagement. What are the next steps? What are the next phases for these families as well?

**THE CHAIR:** Ms Hunter.

**MS HUNTER:** At the moment, do you have a waiting list for people who need that accommodation?

**Mr Kenney:** We do not have a waiting list as such. We have a registration of interest. I would say that before we get to this end of the conversation, we are developing our early intervention posture, if you like, and that has been referenced a number of times today already in terms of futures planning and the grants that support that, the development of the dish, so that we are linking the planning and information and coordination services. Early intervention is critical—that person-centred planning, rather than the simple certainty of the built response to every need that comes along. We need to plan around the individual and develop arrangements that reflect their personal circumstances.

**MS HUNTER:** How many people have registered their interest?

**Mr Kenney:** The registration of interest, again, is a bit like the unmet need data on NMDS. It is not comprehensive and is not absolutely objective but it is a useful indicator for us. There are 196 names on that list. Ninety per cent of those people are already receiving a service or services. The most commonly requested additional service is planning. We have got, as I say, 196. The majority of them are adults. Planning is the single most requested service. That is not an assessed list. That is not objective in terms of our having done any scrutiny or working through in detail. It is simply that as people express their situation to us, we record it. Then over time we work through and prioritise those people and try to develop responses.

**MS HUNTER:** What criteria do you use? Have you triaged that list?

**Mr Hehir:** This is something we have often talked about. We put this data up on our web. We discuss it at various forums here quite regularly. One of the key things that we would always say—I know I have said it a number of times—is that we operate a ration service. I do not think anybody, in a policy sense, believes that is the best possible outcome here. I think it is really important that the Australian government, along with every state and territory, has supported the intent behind the national disability insurance scheme. We will continue to talk about the mechanisms. I do not think any government has expressed any disquiet with the principles included in the Productivity Commission report. We might argue about mechanisms and approaches but the key principles are absolutely right.

In Australia we have a ration system. That does lead to people not having their needs fully met. It does mean that, as the people administering the level of funding available, we will collect the information from people and then we will go through a process to allocate what funding or what additional funding we may have. That is a really complex process because it is an individual assessment. Some of it is about responding to the highest need in terms of those people at highest risk of breaking down. Some of it might be about providing a small amount of additional money that will make a real difference in the lives and sustain something going forward. I will get Austin or Kate to talk about the detail of that. It is something we have been really clear about. A much more equitable system would be something like the NDIS has proposed. It is really clear that every state and territory government in Australia, given

the vertical fiscal inequality, has struggled to meet the needs of this key group of people. That is why we are all incredibly supportive and engaging.

We were doing our planning day when the Australian government announced their intent. I have never had cheering at a planning day. Unfortunately, it was not about my speech. It was about the announcement that came through from the Australian government about their in-principle support. We are really happy to give you the data and the information. I think the key thing I always try to say is that the only equitable approach is something that actually deals with an entitlement system. There will still be arguments about assessment processes, whether people's needs are being fully met, how much we rely on the informal support sector.

The Productivity Commission report relies heavily on informal support and mainstream support continuing. That still requires a doubling nationally of the funding available. We will still have to base discussion around some of this going forward. As I said, we can give you the data. But we are all working very hard. The minister is engaged on the national council, looking at how we actually get this happening. One of the key things we were really excited to see as well was the Australian government saying they want to bring it forward. The Productivity Commission report, I think, had implementation in 2014-15. They are now talking 2013-14. That is a really positive thing.

I think the data and the information we have will go really well. That is why we have always kept the registration of interest process open, ongoing. That will really support us to be in a position to start the implementation quite quickly. From my perspective, it is a ration system. Yes, we have been, as the figures on page 34 show, putting a lot more money in every year. The financial position of the states and territories is that they have found it almost impossible to fully meet need. In fact, there is no state or territory that even comes close.

**THE CHAIR:** Taking you to volume 1, page 41, regarding after school care for teenagers with a disability, the committee notes the government's commitment to establishing after school care places at Cranleigh, Black Mountain and Malkara schools in 2012. The scoping study in regard to school care needs for teenagers with a disability on page 41 of volume 1 found there to be a lack of demand for such services at the Woden school despite no consultation with parents or carers, as indicated by the list of stakeholders consulted on page 74 of the report. Why weren't the parents, carers or students at the Woden school consulted?

**Ms Burch:** I understand that they were. We had a consultant coming in and talking broadly across a range of venues, carers and families. I will leave the detail to Austin.

**Mr Kenney:** A substantial part of the consultation was through an open workshop that was promoted in a range of settings.

**THE CHAIR:** Which are not mentioned within your report at all.

**Ms Burch:** What is not mentioned?

**THE CHAIR:** The consultation.

**Ms Burch:** What is mentioned in there is a broad consultation. I have certainly made it very clear, and the copy of the report which is available online would outline the extensive level of consultation that was undertaken in that review. The information is there and certainly we made reference to broad community consultation in the annual report.

**THE CHAIR:** And you are confident in the outcome of that consultation? You are saying that all of these other schools do need after school care. Why is Woden different?

**Mr Kenney:** I do not think I would put it in those plain terms. What I would say is that, in terms of the scenario that Mr Hehir has just been describing of rationing and priority, we looked at where there was need and where there were existing services. The pattern of provision across Canberra at the moment, taking new services out of the equation, is heavily biased towards Woden and the inner south and Tuggeranong.

In terms of that age population, that secondary school cohort, in terms of after school care, we found that there were 46 places on the south side and 17 on the north side. What we do through the current development is redress that balance slightly so that we achieve a total of 37 places on the north side compared to the 46 on the south side. I do not think that we would be saying that that meets all of everybody's need and that you will not find parents or a school who would say that they would like more; I am sure that we will. But in terms of an equitable distribution of resources and making some decisions about priorities, that is where those services are to be placed.

**Ms Burch:** And they are certainly on track for the commencement of term next year.

**Mr Kenney:** That is right. We are looking at the first services starting in the first term, with others coming on line through the year.

**Ms Burch:** As in the holiday program.

**Mr Kenney:** So the holiday programs come in—

**Ms Burch:** At the holiday time.

**THE CHAIR:** That would be useful. Just on that, with Woden school going from year 7 to year 10, increasing to year 7 to year 12, obviously there would be additional requirements. So you will be looking into that?

**Ms Burch:** We broadly look at the different changes within the service system and the system broadly. We do respond as and when we can. It is wrong to say that, because we have not made an allocation there, there is no further thought about how we can support those families.

**THE CHAIR:** I commend the services available from Cranleigh, Black Mountain and Malkara schools. I think there has been a lot of thought and effort put in there. I am just wondering whether Woden school is missing some of the things that the others have, such as there being no hydrotherapy pool at Woden. Has any thought been

given to that?

**Ms Ford:** We have been engaging with education over the broad stroke of what we need to be engaging on around support. I understand in terms of the Woden school that they are negotiating with Health for the healthcare needs of the students now and potentially at Woden school next year. But then, as between Health and education, we can lend our support, as we do, through Therapy ACT and also through Disability ACT. But those negotiations are between education and Health.

**THE CHAIR:** That is on the nurse, I think, if we are going to be specific about it. There is provision of a nurse, as I understand, for Woden school only for this year at this point and there are no plans for it to continue next year.

**Ms Ford:** I understand that education are engaged with Health on discussions on that.

**THE CHAIR:** So you would give some support to a nurse being made available for Woden?

**Ms Ford:** I do not have the details on the figures for next year. I understand that there may be an additional student. I understand that there is one student this year and there may be an additional student next year. That will be between Health and education—as to whether that is substantial enough to support a position there.

**THE CHAIR:** But from your experience, are we talking about specific students or will a nurse be available for other students at the school as well?

**Ms Burch:** That is not our directorate's responsibility.

**Ms Ford:** That is not my conversation; that is education. We talk about it, but that is actually education's negotiations with Health and also education's decision in relation to the allocation of its resources.

**THE CHAIR:** Minister, I would hope that you would rephrase that. Disability has a fairly broad aspect.

**Ms Burch:** Yes, but you are asking me detailed questions about another directorate's resource responsibility.

**THE CHAIR:** I am asking about your interest in making sure that disability is covered to the fullest. I would hope that you have some interest in that.

**Ms Burch:** I think that every answer we have provided would indicate that that is our aim.

**THE CHAIR:** Thank you.

**MS BRESNAN:** I want to go to another item. It is about the social enterprise hub. On page 37 it mentions the business of it being launched. Obviously there was the demonstration or the forum that was held a month or so ago. I want to get a clearer picture of the state of funding going ahead for the hub itself and if there is going to be

an increase in funding and how that is going or if it is to be maintained. It has been successful. I know that there needs to be some sort of self-sustaining aspect.

**Ms Burch:** They are doing some fabulous stuff.

**MS BRESNAN:** They are doing an incredible job, but I want to know if that is going to continue to be funded.

**Ms Ford:** We provide, along with Health, some base funding into the social enterprise hub. We see it as a really critical part of the total resources that are available in the community, particularly that employment or supported employment is one of the highest asked for quality of life pointers for individuals. Having a job, as you know, is a really socially valuing place for a person to be. And it also increases the presence and participation economically, culturally and socially. We see it as important to continue to support the hub as base.

But also, alongside that, we are working closely with the hub by engaging with them over a different range of social enterprises and in some cases supporting the establishment of those arrangements through either our innovations grants or our individual quality of life grants where people can actually use those in the hub and also in futures planning where some people are now identifying that they would like to put their futures planning coordination grant towards the hub. This is in the planning for a good life. We are now starting to consider what would need to change around the policy for people to be able to be more flexible in how they use that.

We are in very close contact with the hub. We talk frequently—with the executive officer, I think it is, located here in the ACT—and feed into the hub opportunities, and they feed into us opportunities that are out there in the communities. That support is unequivocal and ongoing.

Alongside that, there is the broader policy issue and how we imbue social contracting and social procurement throughout ACT government. The ACT government, through Procurement Solutions, has held, I think, three social enterprise and social procurement information sessions and workshops this year for government directorates, non-government organisations and other organisations that are interested, to assist them to look at ways that they can engage in social procurement. I understand that there is a plan for two or three projects around social procurement to be undertaken through government. I just need to check my note on that. It is three demonstration social procurements by 2012, yes.

So there is a very positive engagement. It is a sustained approach with us. We see it as a very valuable place until such time as the profile, the demographic or the culture of the ACT government changes and perhaps there are demands for something quite different. But at this point in time—

**MS BRESNAN:** So there is a commitment to maintain that base level of funding.

**Ms Ford:** Yes, there is.

**MS BRESNAN:** Is there going to be an increase in funding or is that going to stay as

it is at the moment?

**Ms Ford:** Because we fund in a range of different ways, we are not anticipating—put it this way: we have not engaged in negotiations with social enterprises for any increase in funding but, as I say, we do fund particular projects where we believe and they can demonstrate that it is going to be sustainable and that it will result in an employment outcome for individuals.

**Ms Burch:** But also the policy flexibility allows those other individual resources to come in through their mechanics and work.

**MS BRESNAN:** You mention, obviously, that there is a procurement process and the policy is being promoted. Has it actually started being implemented in the directorate? I guess that has been the issue. The policy is there, but until people actually start to use it and implement it in how services are purchased, as well as the department—is that something which is now being applied more proactively?

**Mr Hehir:** Part of this depends on the rollout of the procurement program across government itself. I know that in terms of our negotiation around the total facility management contract we were really explicit about seeking additional focus in this area. We got a really positive response from the organisation. They are really quite large contracts in that there are also a whole set of sub-arrangements about which we will need to talk with the provider when we finish our negotiations around the next tier of contracts and how they are going to drive it further as well. That is a really important principle for us.

I would need to follow up with other directorates in terms of where they have incorporated it or not. We have certainly been promoting the policy quite broadly. I would need to check, unless Lois has the figures on the implementation.

**Ms Ford:** No, I do not.

**Mr Hehir:** We would need to follow it up with the other directorates. We are really happy to because I think it is a very important component of the process and the policy change that we have got in place around procurement.

**DR BOURKE:** Minister, what measures are taken to satisfy you that value for money and quality are being delivered in the community services sector?

**Ms Burch:** It is an important strain. Whilst we have increased funding by close on 75 per cent, we need to make sure that our dollar makes a difference. These are vulnerable and needy Canberrans and we need to make sure that every dollar makes a difference to them. I think that is the hallmark and the principle behind that ongoing internal review and audit and the prequalification framework as well. The prequalification looks at organisations' capacity, governance and strength of delivery and makes sure that all those pegs are lined up. Lois Ford can talk more about that.

But it is also part of that internal quality review process. Have those individual organisations got good governance and structures in place? Are they delivering on their contractual requirements? Where are those opportunities for innovation and

value adding as well? That is something that we look at not only with our own practice and service delivery but also those that we purchase through the community sector. Martin, you can talk—

**Mr Hehir:** It is actually a really important question and one that we have been working quite a bit on. This goes to the change in the purchasing framework that we have been working on for a number of years now and which will take a number of more years to actually deliver.

When you talk about value for money, most of our existing contracts really do not go to outcomes. They are more output or input-based contracts. That is one measure and there will always be a component of that. If you are talking about real value for money, you have got to say, “What difference are we really making to either the individual or the broader community that we are working with?” You will recognise that approach. That is not a new approach. That is fundamental to the Australian government reforms around purchasing. They went to purportedly a much stronger outcomes focus and less around inputs. They are certainly coming back hard on the inputs but they are maintaining their focus on the actual outcomes. The national council, the CRC, is continuing to look at the outcome measures and is trying to improve them, including the measurement of them.

We are trying to mirror that work into our engagement with the community sector. Again, the engagement around that has been really strong. It is a difficult and tough process, but I think the majority of people have recognised this. That has been apparent to us. A number of organisations within the community sector have already started down this path. Whether they have started to move to results-based accountability, which is one step in the path, or whether they have started to identify the outcomes themselves, they are really important steps to be taken. From memory, we have got a number of organisations that are actually mirroring their current contracts with us in terms of what some outcome measures might be.

**Ms Ford:** I can talk a little bit about that if you want.

**Mr Hehir:** I might hand over to Lois. We are working to try and get better clarity around what is the difference that we are really making because, in the end, that is the final test of value for money.

**Ms Ford:** With the purchasing framework we are now moving into what I think is probably the most exciting phase of it all, which is looking at what the outcomes reporting framework will look like. We have done quite a lot of work with the project advisory group. The project advisory group is made up of both the health and community services directorates across the areas of business, as well as the chief executives of all of the peaks.

The project advisory group have agreed that we will now set up a sub-working group from across the sector to start developing the performance indicators. We have identified some preliminary outcomes—population outcomes and individual outcomes. We have identified a model which will be a reporting framework model. We have identified some of the likely performance indicators. I have not got all the right words because they keep changing all the time but, in my language, we have identified what

some of the likely performance indicators will be and how that will feed in to give us information over a longer term period on whether we are getting value for money. It is not just looking at efficiency—because the efficiency is being looked at to some extent through the prequalification and contract mechanisms—it is also looking at the effectiveness of those services and being able to trend that data and feedback over time in a way that will allow the services themselves to start making positive changes towards their service delivery models.

Alongside that, the prequalification now cuts down on about 50 per cent of the procurement engagement that agencies have to do with us. It gives them more time to really concentrate on the model of service they are going to deliver. We have now provided, and are going to provide into the future, a guide for how agencies would describe their model of service using inputs, outputs and outcomes. So there is quite a lot of work that is in progress in just getting agencies to the point of actually being able to agree and sign up, because people have to sign up to a framework that is sensible, that is not onerous and that does not ask them to collect a lot of data that they do not really need or is not going to be useful and then be able to do that over a long-term trending period. We are looking at a horizon of 10 years trending—so we are able to start trending those outcomes and the effectiveness of services over a 10-year period.

We now have other states and territories looking at the modelling work that we are doing and starting to engage with us to see how they might be able to incorporate that. We have relied heavily on some of the more traditional outcome measures through the results-based accountability models of Mark Freidman and also the Council on Quality and Leadership personal outcome measures dimension. They are now shifting into looking at organisational performance as opposed to just personal, individual performance. We have been working with them to look at what those dimensions or those areas of outcomes would be for an individual, as opposed to just population outcomes.

We have just had one information session yesterday. There is another information session, I think, for next week to co-opt people who would be interested in joining the working group. Already I think about six or seven individuals from lead agencies across the ACT have asked to be involved in that work. So that is really positive as well. That is from across the broad range—from children, youth, family to disability and housing. The broadest range of human services is engaged in this piece of work, so it is not disability centric.

**Mr Hehir:** There has been evolution in this aspect as well over a number of years—the recognition that long-term relationships are actually really important in terms of the social services. A lot of the work that we do is not done in one year; it is not done in two or three years. In fact, there are often quite long-term, including lifelong, relationships developed and built. Our current contracting process is about three years, and that is too short. And we are really clear on that, particularly in terms of the relationships that organisations have to go through. I do not think it adds value, to be frank, around what we are actually doing. But that is the process we have.

With this framework, we are actually moving to a 10-year framework. So the intent would be that agencies would have the opportunity to stay engaged for 10 years so

that we could evaluate the long-term outcomes as well, or probably in some cases for the medium to long-term outcomes as well, in a way that does allow people to add value, to think about their relationships. Relationships are fundamentally important in terms of social service delivery. So part of this engagement model goes to “rather than a three-year process, where effectively we start renegotiating and tendering again or engaging again after two years, let’s go to a longer term process”. There will be evaluation points as we go through. There have to be, and every service would recognise that. But the intent of the relationship is not that it is a short-term relationship but that it is a long-term relationship, and that is why we are using the framework of a 10-year approach to it. That is really important, in our view, in ensuring value for money.

**MS HUNTER:** Ms Ford, you said you have already identified some likely performance indicators. Can that be provided to the committee?

**Ms Ford:** Yes, certainly.

**MS HUNTER:** And any work around that which is available?

**Ms Ford:** Yes. We will provide you with the information pack from the information sessions yesterday, which will hopefully give you a good view of what the framework may start to look like. We anticipate, as people engage in this process, that that framework will shift and change, and obviously over time. It is a bit like the prequalification framework. We have adjusted it based on feedback as we have gone along. So we are anticipating the same.

The thing that is really pleasing, and the point I did want to make, was the very positive engagement of the community sector in this process. They see this as being a really essential part of the business, not as something that has been imposed on them by a bureaucracy. So that is a very positive way to start.

**MS HUNTER:** When we are talking about purchasing services and value for money, it is important that we get the right services for the needs in our community. You have put forward that this is part of why you want to be looking at outcomes and what difference it makes to people’s lives. Taxpayers’ money also goes into government service delivery, so when will you be putting this model and measurements in place?

**Ms Ford:** This is for all services, government and community. So when I say “community sector engagement”, obviously the government is really engaged in this process and sees it as positive. The important thing is for community agencies to see this as a positive thing for them as well, given the whole range of reporting they have to do. So it is right through the purchasing framework; prequalification also includes our own government services.

**MS HUNTER:** So you will be adopting the outcomes?

**Ms Ford:** Yes.

**MS HUNTER:** You mentioned before not making it onerous around collecting information. Obviously when you are collecting information over time, that can be

tricky. Are you identifying that there could be some extra costs or extra resources that will need to be put in place, particularly when we are talking about small to medium-size organisations? It is fine for the huge regionals, but once you get down to other sizes, it can be more difficult.

**Ms Ford:** At this point in time we are not anticipating—we were originally thinking that the reporting framework would have a resource implication. But having looked at what the agencies are currently reporting, the level of reporting they are doing and the percentage of that reporting that is probably not being used, we are not anticipating this to have a resource implication. However, as we go along in the process, there may be something that we see or that the community providers see as an additional resource, and we consider that as part of the overall process. We have discussed that with Mr Hehir in terms of what that might need to be and obviously, as a community services directorate, we have thought about what would be the resource implications. But at this point in time the community services themselves are not identifying that there would be resource implications. We are hoping to make it less onerous and to streamline it.

**Ms Burch:** That is the feedback from the community organisations. They have multiple contracts, multiple different reporting frameworks and data systems needing to collect that. So if in many ways we simplify it, make it more targeted and narrow it down to the core, it should be easier and more straightforward.

**Mr Hehir:** If we are able to replace some of the input measures with output measures, I think the reporting will be easier. It will be more meaningful to the organisation and assist their own planning. With trying to collect information, it has to be useful. You have to have a purpose for it. As Ms Ford said, a lot of the information we collect is really about accountability and saying, “Have you spent the money?” And it is not really all that useful for doing additional planning.

Part of what we are trying to do with this exercise is get the information that is useful both to the organisation and to the broader system, to say what is working and what is not working and where the gaps are, potentially. So it is a matter of having useful information and valuable information rather than high-volume, low-value information. So we have to try to move away from that low-value, high-volume information and move to the valuable stuff.

**Ms Burch:** If we pick an organisation, whether it is Sharing Places or others that we have named, they could have five different streams of funding, five different contracts. So part of this is compiling them into one contract and one reporting framework, to satisfy those. I am sure most organisations would appreciate the benefit of that.

**THE CHAIR:** Turning to page 36 of volume 1, quality of life grants, the annual report states that 119 quality of life grants were awarded to individuals, to the value of \$300,000. In volume 2 on page 304 it states that 118 grants were given, so there is obviously some mistake there. But that is not the point of my question.

**Ms Burch:** You have made a comment that we have made a mistake, so we will provide some clarity on that.

**THE CHAIR:** That is fine; I would appreciate that. The substantive part of my question is: can you provide the committee with the total number of applicants that were considered and the total amount of funding sought over the last three financial years? Also, can you tell us what sort of activities were funded, without compromising confidentiality, of course?

**Ms Burch:** Over three years, we will have to bring that back. But through the quality of life there is a whole range of programs. I am not sure if we put that information up. I know we put a significant bit of information up on our website. But we can provide that, and make it easier.

**Mr Kenney:** We can certainly give examples.

**THE CHAIR:** Specifically, we would like to see the total number of applicants, not just the ones that were given but the ones who were considered for grants and were not successful.

**Ms Burch:** We can give you the numbers—the numbers that have applied and the numbers that have been awarded, and a general sense of example about some of the activities and programs that have been supported.

**THE CHAIR:** I do not want them right now.

**Ms Burch:** We will take that on notice.

**THE CHAIR:** Thank you very much. We will now move to therapy services.

**MS BRESNAN:** My first question is in relation to client services, which is mentioned at page 43 of volume 1. Under “Key Achievements”, it states that Therapy ACT has provided services to 4,632 clients, with 1,326 provided with a brief consultation at a drop-in clinic or intake service. I am wondering whether we could get some more information about the types of services provided and whether there has been any analysis of the consultations that have been done, particularly in terms of identifying unmet need or any emerging trends that are coming through the community.

**Ms Hayes:** Were you speaking specifically about the drop-in services or both?

**MS BRESNAN:** It mentions there that of the clients 1,326 were provided with a brief consultation.

**Ms Hayes:** Is it in relation to that?

**MS BRESNAN:** Yes. Has there been any analysis of any emerging trends in unmet needs and what types of services are actually provided through that?

**Ms Hayes:** We provide drop-in clinics for speech pathology and physiotherapy. We provide those at four locations around Canberra. They are at the Tuggeranong and Gungahlin child and family centres and at the therapy centres in Holder and Belconnen. We are now providing some drop-in services at the west Belconnen child and family centre. We have just commenced services there as well. Those services

allow for people to come along without any appointment on the day and have a consultation with a physiotherapist or a speech pathologist.

The length of consultation is 40 minutes. It is sufficient time for the therapist to do a brief assessment of the issue that is being presented and to make an assessment about whether we need to refer this particular child in for therapy services or whether they are performing within normal limits and the family can be reassured or whether we can provide them with some brief strategies to put in place. We go out to these clinics with a whole range of information sheets, tip sheets, fact sheets and so on that we can provide to families immediately.

The numbers vary. For speech pathology, around 60 per cent of those seen at the drop-in clinic are referred in for other services. Having been seen at a drop-in clinic, they are already taking away with them some information and some strategies that they can immediately put into place. We can tell them about some of the other things that they could be engaged in, such as they could come along to some of our parent information sessions and learn more before therapy can commence.

With physiotherapy, the number referred in from physiotherapy clinics is around 25 per cent. They are really able to provide a lot of immediate assistance. For some children, we see them in drop-in clinics. We say: "Here are some things to do. Do those. Come back to the next clinic in two or three months time and we will see what the progress is and whether things are going okay and you can keep that program going," or whether we do need to refer those children in for more intensive therapy services.

**THE CHAIR:** Dr Bourke.

**DR BOURKE:** Minister, I was looking at page 44 where it talks about waiting times for clients. I was wondering whether you could tell us what the current waiting times for speech pathology are.

**Ms Burch:** We have seen a significant increase in people coming through. As I said in my opening comments, we have accommodated that increased throughput. Under Ros's guidance, we have also made some changes to our response for those coming through the intake. The comments about the drop-in clinics through the child and family centres go in some way to that broader, responsive approach to those coming in. Perhaps Ros can make a comment on the actual waiting times.

**Ms Hayes:** Sure. Before I talk to the waiting list, I refer back to the referrals. For speech pathology, in the 2009-10 year we had 885 people referred to speech pathology services. In the 2010-11 year that had risen to 1,065. It is a quite significant jump in the number of people referred. We have been able to manage those increased referral numbers and at the same time reduce the waiting period for people.

The average waiting time for speech pathology services now for the early childhood group, that is, children under the age of six, is 15 weeks. For school aged children—that is, from eight to 18—it is 22 weeks. Although we would still, obviously, like to reduce those numbers further, given the increase in referrals, that fact that we have been able to have some reduction in waiting times overall, I think, is quite an

achievement for the organisation.

**MS HUNTER:** The increase in referrals is obviously putting pressure on your being able to respond in a timely way. We have, in previous years, had an increase in funding—

**Ms Burch:** We have put on eight speech pathologists.

**MS HUNTER:** Have we got a full complement of staff at the moment?

**Ms Hayes:** Yes, we have. I think I talked at the last committee hearings about the number of staff we had off on maternity leave. A number of those have now returned, mostly on a part-time basis. We have been able to back-fill those various parts with some other staff.

**THE CHAIR:** What is the full complement, if I could ask?

**Ms Hayes:** For speech pathologists or in total?

**THE CHAIR:** Broken into speech pathologists and in total.

**Ms Overton-Clarke:** On 19 September, we answered a question on notice about the number of staff at Therapy ACT. That was into the outyears as well. The total FTE is 97.2 for 2012-13, 96.2 for 2013-14 and the same for 2014-15. That was into the outyears.

**MS HUNTER:** Thank you for those numbers. I was trying to get to the increases. I refer to table 4 on page 44. Dr Bourke talked about the speech referrals.

**Ms Burch:** It shows a 24 per cent increase.

**MS HUNTER:** That is right. Ms Hayes's numbers are a bit higher than what is reflected here. The other questions are around the developmental delay and autism. Those referrals are obviously increasing also. I am trying to get a sense of the trends we are seeing in the increased referrals and what we need to do to start matching that demand.

**Ms Burch:** Ros can talk about this. It is about changing your system in some ways, about how you work with your resources and respond in different ways. Therapy ACT has got very strong family group work programs in place. That was behind the therapy assistance that we have put in and piloted. They have started across half a dozen schools. Ros Hayes can talk more about those models of service delivery changes.

**Ms Hayes:** We have really tried to look at what is effective service delivery and to focus our resources into those areas where you do get the best outcomes. That is, not surprisingly, in the early years for early intervention programs and also for those kinds of programs that really assist families to be able to do more of the ongoing work themselves. So we will do the initial therapy, we will model a whole lot of behaviour, we will do a few months of work and then the continuation of that to embed those changes really needs to happen in homes and schools and in the community.

That is where some of the programs we have got now are really around making sure that the therapy that is provided is not then just lost; that it is actually carried out. Some of the training and information for parents, and certainly the therapy assistant program, the work that we are doing in partnership with the Education and Training Directorate around embedding some of these things into schools and classrooms, we are now starting to do some training work with childcare centres and early childhood educators to really try to get that pickup of the therapeutic approach after the actual sessions of therapy, so that enables us to work more effectively and to be able to tail that off into embedding that where it needs to be, which—

**MS HUNTER:** Which is the important part of the model, and I think people recognise and appreciate that. But it is still quite clear that there is increasing demand and that needs to be addressed with increased resources. It is a very exciting collaboration and partnership that has been put together with education—

**Ms Burch:** With therapy assistants.

**MS HUNTER:** and I am very pleased to see that having moved forward, having had a particular interest over the last few years. How are those therapy assistants working? How many do we have, and can we have a little bit of an overview of how many would be doing one on one or is it mostly group work?

**Ms Hayes:** The pilot program that we have this year is funding 6.5 FTE; of that four are therapy assistants. There are two funded health professional positions, which is a mix of speech, OT and physio, and also the project leader and a little bit of admin support. We are working across seven schools, a mix of schools. We are working in mainstream schools, Florey, Chisholm, Gowrie and Harrison, and then specialist schools, Malkara, Cranleigh and Mother Teresa school in Harrison. Within that mix at Gowrie we are working predominantly in the LSUA, the learning support units for children with autism which Gowrie school has three of, and we are focusing the therapy assistant time in the kindy, year 1 part of the school, again because we all know that early intervention is the best approach.

For us there are probably three different strands to what we are trialling. The first is the one I have just talked about: the need to take the therapy program that is being developed by a health professional and implement that in situ. So the therapy assistants are able to work with children in the classroom or out of the classroom for small periods if we need to do that. The commitment is to work with each child twice per week so that they are getting two sessions over a week, which is really in terms of evidence-based literature how you are going to get the real traction on getting that therapy in place.

That is a mixture of small groups—by “small” I mean two or three children—or individual sessions. Say, for example, one of the therapy assistants specialises more in the physiotherapy area, most of his clients are one on one because he is actually physically doing exercise things with them, whereas in the speech and OT areas you can have two or three children who might be practising a specific skill, so you can manage that small group. That is one part of what we are doing.

The other important part for us is that this is a vehicle for us to be able to get to see

some children who do not get referred to therapy, for whatever reason. It may be that they are from a non-English-speaking background; it may be that families really do not have the time to ever get to a drop-in centre or a therapy service. But these children we can pick up in the school setting. Mostly they are not children with disabilities because they have been referred; they are children with developmental delays who do need a bit of a boost in order to get within normal limits. We will not get our first proper outcome measures until December this year but already anecdotally we are getting very good reports. For some of those children just four or five weeks of an intense program and some work with a teacher and an LSA about how you will implement this in an ongoing way have had some really great results. That is the second thing.

The third thing that we are doing is working with teachers and helping them to differentiate the curriculum so that it is applicable to children with disabilities, introducing some strategies particularly around communication but also in terms of fine motor skills and some of the physiotherapy programs that can be readily incorporated into PE programs for all kids but benefit the skill development of children with disabilities. That is the third strand and really the bit that is going to make it sustainable in the longer term. It is certainly going well but, in terms of actual outcome measures of having measured where children were functionally at the start of the program, we are doing the next follow-up measures towards the end of the fourth term.

**Ms Burch:** From the outset we wanted to track the difference. That is why we have taken measures before and then incrementally through the program.

**MS HUNTER:** So that will be the evaluation.

**Ms Burch:** That is right. As I have visited schools with a therapy assistant, the teachers think it is good, the families think it is good, the little ones like the opportunity to perhaps go out from the classroom and do something else—

**Ms Hayes:** Do something that they can shine in.

**Ms Burch:** Yes. It really is a positive thing. To normalise some of these skill enhancements within the classroom not only supports those individual ones as part of the program; it skills up the teacher more broadly about simple physio, gross motor skill techniques and things like that, which benefits the whole class.

**MS HUNTER:** Minister, is there a commitment to this, ongoing, or is it a trial?

**Ms Burch:** Certainly I have strong commitment. I was most impassioned about this. I drove this pilot being in place and I will not let it go.

**DR BOURKE:** As a supplementary, minister, could you tell me about the qualifications and experience of therapy assistants?

**Ms Burch:** Therapy assistants are assistants; they work under the guidance of a professional. As Ms Hayes has said, they are OT, physio and speech at this point. They would have different skills. Expressions of interest were put out when we started

the pilot and, from memory, we were not short of interest, and a mix: some had experience of working in learning support units within schools; some had a health background. Ros, you may be able to explain a bit more of that.

**Ms Hayes:** That is correct. There are four: two of them came to us from being learning support assistants in education settings and two of them were our existing technical officer staff who wanted to transition to a more hands-on role. One of them has a formal allied health assistant qualification; two more have now enrolled to do that program. They will go through a recognition of prior learning assessment and I would think that they would probably get most of their competencies recognised but they will finish up with that qualification. Certainly for those people it has been a very rewarding little career shift and they see great potential for them to keep working and keep studying in that area.

**THE CHAIR:** With limited time available, I have just one last question if you do not mind. I notice that the early childhood north team has commenced a new program called munch and crunch. Can you tell us a little bit about that: how many people are accessing that?

**Ms Burch:** Just before morning tea, yes, we can talk about munch and crunch.

**Ms Hayes:** There are 18 families who have been involved in that program. I think the good thing about this program is that it is a truly multidisciplinary program. Speech pathologists, occupational therapists, psychologists and social workers and the nutritionists and dieticians from Health have also been involved in the program. It is really around those children who have some level of disability—whether that disability is in the autism spectrum where they refuse a whole range of foods and have difficulty at meal times, which is very common in terms of the sensory processing issues of children with autism, or whether it is more a physical disability around the development of their oral and motor skills and their swallowing and so on.

For each child there is quite a different presenting problem, although for families it often presents the same—that is, meal times are a nightmare and they cannot get their child to eat what is considered to be a nutritious range of food. This program is really around providing the stimulation that the children need to become more familiar with the taste and texture and smell and sight or whatever of a whole range of foods. It is incredibly messy. Staff on those—

**Ms Burch:** It must be a lot of fun.

**Ms Hayes:** It is a lot of fun. They get to trial a range of foods, but in an environment where it is not meal time and they do not have to eat. They get to trial them in a safe sort of way: “You can use your fingers and you can lick it or taste it or smell it or whatever.” They progressively move to feeling more comfortable with a different range of food. I have done a little evaluation of that program. For all but one or two of the children the report back is a significant increase in both the range of foods that they are able to eat and a decrease in the family stress around meal times.

**THE CHAIR:** Is there much of an unmet need for this service? Is this likely to be rolled out in other jurisdictions as well?

**Ms Hayes:** I do not know about other jurisdictions.

**THE CHAIR:** I am sorry; other areas within Canberra.

**Ms Hayes:** Yes. We trialled it in our early childhood north unit. Next term it is going to be implemented in our early childhood south team as well. It has been a winner and we will do more of it.

**THE CHAIR:** Thank you very much. That ends the first part of the morning. I would like to thank you, minister, and all your staff from disability and therapy services.

**Ms Burch:** Can I take the opportunity to thank the team from Therapy and Disability for another fantastic year and thank them for appearing today.

**Meeting adjourned from 11.31 to 11.52 am.**

**THE CHAIR:** Welcome to the second stage of this public hearing of the Standing Committee on Health, Community and Social Services inquiry into the 2010-11 annual and financial report of the Community Services Directorate. From just about now, which is seven minutes to 12, till seven minutes to one we will be looking at output class 1, social housing services and Housing ACT. Dr Chris Bourke, a new member, has joined our committee this last couple of months and we have got Mr Coe and Ms Bresnan here with us this morning. Minister, would you like to make an opening statement?

**Ms Burch:** No, I included it in the earlier statement. I am quite happy to leave it there, Mr Chair, and go straight to questions.

**THE CHAIR:** Thank you very much. Starting off with a question, there were 337 new dwellings. The ACT was able to deliver substantially more dwellings than required by the commonwealth as a result of the efficiency procurement process, and there was an injection of land values of \$38 million. Can you elaborate on that?

**Ms Burch:** We have just about doubled our original conversation through the national partner scheme on what we were going to do. It was a mix of this government recognising the opportunity and how to expand those opportunities with the contribution of community facilities land which, in the main, has gone to older persons units across those eight sites. But, certainly, through the directorate it is the smart purchasing and going through quite rigorous tender processes as well. Mr Collett or Mr Hehir can talk to that.

**Mr Hehir:** The actual expectation from the Australian government was for 290 units of accommodation to be delivered. They were basing that on about \$300,000 per property being the cost. We certainly were not going to be able to achieve that just for a straight purchase out to market. The proposal we put to the Australian government was for 350 units. That was utilising our land and land owned by some of the community sector organisations who were seeking to participate.

However, as the minister said earlier, we actually delivered 421 units through that

funding and the use of government-provided land. As the minister said, the majority of that land was community facility land, which does allow for supported accommodation to be provided with that, which is why it is restricted to our older persons units accommodation.

However, we did get some additional land that was not zoned as community facility. You would be familiar with the old block behind the Rex Hotel, which was also provided to us, which allowed a higher density form to be provided as well. We ran a very tight procurement process. The building sector responded fabulously to that process. That does not mean we did not have the odd argy-bargy. We absolutely did, as you do with any building organisation, but I think it was handled maturely by everybody there.

The analysis that we have done since says that we were within one per cent of what the market would expect to get their construction costs delivered. Given there is often an expectation with government that you can add a margin, we feel it was a really good process and showed how professionally the sector responded and also how professionally the team in Housing ACT actually delivered. From a base figure of 290, which was the Australian government's figure, to deliver 421 against that was a substantial increase. It was something in the order of a 45 per cent increase. I have not checked that; that is just my rough figuring.

**Ms Burch:** It is better than my doubling; it is probably more accurate. But it is still a good result.

**Mr Hehir:** We are really happy with that in terms of both the process and the final outcomes. I think we have just about finished them. The expectation was that we would finish them by the end of June. However, you might recall that December, January and November were perhaps the wettest months we have had for quite a lot of years. That was the peak construction time for us. We hit a significant delay through that.

**Ms Burch:** There are two left to come on-line.

**Mr Hehir:** Two out of 421. We are really happy with that as a result. Unless David wants to add to that—

**THE CHAIR:** That is fine for the moment. Ms Bresnan.

**MS BRESNAN:** I would like to go on to the central access point for the intake service, which is mentioned on page 107. I have a couple of questions on that. With regard to homelessness, I understand there was going to be a project examining the estimated level of homelessness in the ACT, coming out of those figures from the central access point. I was wondering whether you could tell us whether there have been any initial findings from that particular study and any details you might have about it.

**Ms Burch:** I could go into the detail now. Certainly First Point is one of those key partnerships within that common, shared area of exchange of support, but when we are looking at the data coming out of First Point now, it is very different to the data

that was coming through AIHW and previous homelessness data. We have responded over this last 12 months with additional brokerage services and transitional support. We also committed, on census night, to do additional work.

We got some early data back. I think they are finetuning that, again so that we are very clear about what the census data will produce and what that personal follow-up with the people that are registered with First Point and our homelessness providers will show so that we can marry and get a better sense of what is the reality for us here in the ACT. This is the first time we have had real-time data. It will take some time to go through—because it is a new data system—to finesse those various data elements and validate them and all of that. Certainly we are getting a picture. The census night would be a useful point for that. I am not quite sure whether one of you wants to talk to that.

**Mr Collett:** The minister's answer is quite comprehensive. We are still working through that data and comparing the census night survey that we undertook against the data that has come in from First Point. I guess there are no overall surprises except in terms of a slight overrepresentation of females in that white paper and in that data.

**MS BRESNAN:** Are the females in any particular age group?

**Mr Collett:** It is predominantly younger females. In fact, for females over 50 it reduces to 3.6 per cent or something close to that of the total figures. We have seen a slightly increased number of overestimates made by AIHW and the Bureau of Stats previously. As the minister stated, we have brought another 39 transitional properties online and provided an additional \$64,000 in setting up fees and \$100,000 in brokerage fees to First Point to enable them to get emergency accommodation on the night.

**MS BRESNAN:** Is that in response to looking at the comparison with the census data or in response to the general numbers that are coming through?

**Ms Burch:** To the First Point data in the main, because as soon as that data started to come in we started to put those responses into place, which is what I would expect Housing ACT to do once you start to get very clear data. As I say, it was a different picture when we started to capture that.

Just on the numbers that are going through First Point, I think in a six-month period, which is pretty much the bulk, there were certainly high numbers in the start of the new service when people come in to register. Of those, one-third have had their cases closed. We have been looking at a figure of 1,800, as I understand it. Six hundred-plus have had their cases closed and close to 300 have sought alternative accommodation. We are getting up towards 100 who have moved interstate or have moved on and 230 have just disengaged and lost contact. Our response has been quite strong. Individuals in crisis accommodation or transitional accommodation or other special support services have been, in the main, the bulk of it.

**MS BRESNAN:** Just on the data that has been coming out of First Point, is this still being made available to community organisations so that they can have a look at that information? I know that it was being made available to them when the data first came

out. Is it still being made available to them?

**Mr Collett:** Yes. Our community partners are an important part of First Point, since it is an entry point to a lot of their services. There are monthly meetings at which they look at the trend data and discuss the issues.

**MS BRESNAN:** There are monthly meetings, but is the data being made available regularly, on a day-to-day basis, as it was done originally? There has been some concern expressed to me that it has not actually been made available as it was in the first instance.

**Ms Burch:** Data on a day-to-day basis I think is a little bit questionable given that the services are responsible in their relationship with First Point to make it clear about their accommodation and their capacity to take referrals through First Point. In any data system it is around making sure that any data we provide is validated and responsive data.

**MS BRESNAN:** Is it being made available regularly to community organisations?

**Ms Burch:** I understand it is regularly. I would not have thought it was on a day-to-day basis.

**MS BRESNAN:** I think initially it was.

**Ms Burch:** The information back into First Point from the services themselves, I imagine, would be on a day-to-day basis because it is about responding to referrals and their capacity within the sector.

**MS BRESNAN:** Is it possible to get some clarity on that answer about how often the data is being made available to the organisations? It would be useful to know.

**Mr Collett:** It is being made available to them on a monthly basis. As the minister said, they get information on a daily basis about what the demands are for that day because they are providing services to address that demand. The system operates within First Point on the ground floor of Nature Conservation House. For that data to be meaningful for the community partners it needs to be produced in the form of reports. Those reports are run on a monthly basis. That is, as I understand it, satisfactory insofar as the community organisations are watching the trends and making decisions about resourcing and service allocation.

**MS HUNTER:** I think the key thing is what vacancies are out there each day. That is the key bit.

**Mr Hehir:** And that information does come in.

**Ms Burch:** First Point needs that data, but it is as much about input from the service providers into First Point to say what—

**MS HUNTER:** Certainly, but I understand there are other organisations who are quite closely linked in that used to get that daily information and are not getting it.

**Mr Hehir:** We will check that.

**Ms Burch:** We will refine what that information is. First Point is also about linking to other support services, whether it is our funded partnership program, such as sustaining tenancies, or whether it is domestic violence services. There are a whole range of other services there. When you say “what data is provided?” there is some level of nuance in that.

**MS HUNTER:** Bed vacancies.

**THE CHAIR:** Dr Bourke?

**DR BOURKE:** Thank you, chairman. I am very interested in the downsizing program. Can you inform the committee about how this has benefited public tenants?

**Ms Burch:** No doubt the gentlemen to my left and right can talk more about this in a minute, but certainly downsizing is something that we look at. We also look at increase—where a family grows we work with families to increase their bedroom numbers. We have done that quite a lot through our Aboriginal and Torres Strait Islander communities.

In terms of downsizing, the main thrust of that has probably been through our close to 300 older persons units. We have been quite deliberate in that use of land and the structure of those purpose-built older persons facilities to get the older persons out of their traditional home where they have lived, sometimes, for up to 30 or 40 years and are now in properties that are not only surplus to their needs but difficult for them to maintain and will present challenges for them to age in place. Even access to a backyard with a half dozen steps can be a barrier to successful ageing in place for some people. So we have moved the older people. All the units are allocated or occupied. The result of that is that we have brought on close to 300 properties for families that now will have the opportunity to move in and create their life in a broader family home. Perhaps David Collett can talk more on that.

**Mr Collett:** Yes, minister. It has in fact been one of the great successes of the stimulus package, the implementation that we have seen in this jurisdiction. Mr Hehir referred earlier to the constraint on the land that was made available as being predominantly community facilities land and, therefore, being suitable for supported accommodation. That worked to our advantage in that the cost efficiencies that Mr Hehir also referred to were in part due to developing quite large sites with a significant number of units rather than one or two residences at a time. But those large tracts of housing are not suitable for people who are coming directly out of homelessness or from our priority waiting list because they have trouble in establishing gardens and new tenancies.

Moving them into existing houses that were scattered across the metropolitan area with established gardens and, in some cases, window furnishings already in place gave them a much better start at establishing a long-term sustainable tenancy. At the same time, we got much more efficient utilisation of our stock and, for the older people involved, we had not only lower operating efforts in terms of maintaining and

mowing lawns, cleaning gutters and the rest of it, but we also moved them into accommodation which was 100 per cent class C adaptable and built to universal design principles. So we were setting them up for the next stage in their life so they could continue to age in place.

**Ms Burch:** It has been good all round. We are hearing stories and I have spoken with older people that have moved into some of these. They are just thrilled now that another family will have the opportunity to have the experience they have had—seeing another young family establish themselves as the kids grow up. It is quite positive all round.

**DR BOURKE:** And at the same time it is achieving the social mix objectives.

**Ms Burch:** Absolutely. Within the downsizing we have also brought two products online within some of these complexes, which is the affordable lease—affordable rental as well—which goes to support older Canberrans but also does put in that tenancy mix within complexes, which is so vitally important.

**THE CHAIR:** We will move on to Ms Hunter.

**MS HUNTER:** I did want to go back briefly to the central intake service for homelessness. I was wondering how many questions people are asked. When they first go in to fill out forms, do you know how many questions they are asked in that process?

**Ms Burch:** Richard can talk on this, but it is a concierge service. It is around a filtering system to see what best response needs to be put in place.

**MS HUNTER:** At the end of the day when you do get through that process and they have to fill out forms, how many questions do they need to answer?

**Mr Baumgart:** I think there might be some confusion regarding the central intake service and the central access point. The central intake service is the first point, which is run by Connections ACT. That is primarily a phone service. So it is the 1800-one-point phone number. I do not have the details of all the questions that they ask when someone calls up that service.

But in terms of the central access point, if somebody presents to that, which is the physical premises where First Point is also located, then, of course, they will take a one-on-one or face-to-face interview. I would need to find out the exact questions they ask and how many. I do know that 12 months ago we moved to the social housing register. As part of the national affordable housing agreement, one of the reforms was to have a common waiting list, which we have named the social housing register.

We took the opportunity at the time to revise our application form for social housing. I know that we tightened it. We reduced it by several pages. The aim was to focus it purely on eligibility. We did not need to know a whole heap of extra information at that exact point.

**MS HUNTER:** That is for public housing?

**Mr Baumgart:** For both public housing and community housing—for social housing. That is correct.

**MS HUNTER:** Is that a different form to the form that would be filled out by those who come in who are homeless, or is it the same form?

**Mr Collett:** It is important to understand that First Point is not providing only emergency accommodation or access to public housing or social housing. It handles a wide range of inquiries—from people who are in private rental who fear the failure of their private rental tenancies to people whose circumstances are about to change or may change who are interested in what they can do in terms of saving themselves from falling into homelessness. So the questions that are asked would very much depend upon the circumstances and the needs of the people who rang up.

A case of domestic violence would elicit a range of questions about whether the inquirer was ready to receive supports, whether their need was so acute that they needed emergency accommodation, what sort of support they would need. In some cases, it might be somebody who is having trouble managing their household budget, in which case a reference to one of our financial service providers like Care might be the course of action.

**MS HUNTER:** I guess my concern is that I have heard that there are quite a lot of questions. I guess it is around whether some of it is about data collection and whether some is for the immediate need that needs to be addressed, particularly at times, I guess, when people are feeling quite distressed. Is it also the case now that if there are accompanied children certain forms have to be filled out as well? Could someone let me know whether that is the case?

**Ms Burch:** I would imagine our application forms are online, so you could look at those.

**Mr Hehir:** I will follow up with Anthony around what the questions are, but my understanding is that the intent of the questions is largely to determine what the actual service provision is. However, there may well be information which is regarded as important for research purposes as well.

There is a push—and we have just implemented it—across Australia around improving our access to information for homelessness. The reality is that poor information has probably led to poor resourcing and poor planning around homelessness across Australia. It is really important that we actually collect good quality information to inform what we do into the future.

I will go back a few years when the NAHA was being negotiated. The Australian government took about \$3 million or \$4 million of funding out of our homelessness services as they put it into the NAHA, because it is now one combined payment rather than being housing and homelessness as separate payments. They took it out of our homelessness component because we typically had higher than average payments. We argued on the basis that we were a central collection point in a sense, in that if you are

homeless in Goulburn, Queanbeyan, Cooma or the surrounding region you come to Canberra. The Australian government did not accept that and we have gone back to a per capita payment around that.

An important component of the information collection is actually going to be for the Australian government and us to have complete transparency around what are the actual numbers, what are the services, where are people coming from and who should get the funding. I am a little bit hesitant to say that the information collected for reporting purposes is useless. It is actually important to us. I will absolutely follow up with Anthony in terms of seeing where their data collection is.

**MS HUNTER:** It is not a point of saying it is useless, because I agree—I think we have had very poor data over the years in this area. It is more around how many questions that you are hitting someone with at one time.

**Ms Burch:** Through First Point.

**Mr Hehir:** I take your point. We will certainly have a conversation with them to see how they do it and how they apply it. It might be a matter of training. There will be a really comprehensive set of questions but, as Mr Collett indicated, it may be intended to be applied depending on what the circumstances are. If someone is asking the full range, it could be an enormous thing. That might just be a training exercise as well in terms of trying to focus the early identification, so you are not all questioning a matrix. You ask the key question and from that you slowly filter down in terms of your next set of questions. It might just be refining some of the systems around that. We will certainly follow that up.

**THE CHAIR:** Thank you, Mr Hehir. Mr Coe.

**MR COE:** Thank you. Page 117 of volume 1 discusses the shared equity scheme. It says that a total of 56 applications were received in 2010-11. Thirty-seven applications did not proceed either because the tenant decided not to proceed with the sale or the houses were not available for sale. How many of those 37 applications were rejected because the houses were not available?

**Ms Burch:** I am not quite sure if David Collett has got that detail. If we do not have it here, we are quite happy to bring it back. David Collett could maybe give you some background. Some of them would not be freehold properties. Others would have been earmarked for redevelopment.

**MR COE:** We do not have any freehold in the ACT.

**Ms Burch:** I am sorry; separate title is what I meant, or earmarked for development down the track. Mr Collett, you may want to talk about that.

**Mr Collett:** The minister is absolutely correct. The range of reasons why the properties are not for sale are that we might have purchased them quite recently. They might be in areas of high demand for public housing and in low supply. They might, by their configuration or neighbourhood, be suitable for redevelopment. They might have had substantial maintenance work done on them recently. They might have had

disability modifications or other modifications to suit high needs tenants. That is about the range of issues.

**Mr Hehir:** Also, as the minister said, a number of them will not be separately titled.

**Mr Collett:** I am sorry; that was the last one I was struggling for. Our multi-unit properties in the main are not unit titled. So those are not available for sale as individual units.

**MR COE:** Do you have a ballpark figure?

**Mr Collett:** To answer your question in the broad, Mr Coe, more than 50 per cent of the units that did not move through to a sale would have been because of the fact that they were not available. But we can get that figure before the end of the session.

**Ms Burch:** We will get the figures for you.

**MR COE:** Thank you. With regard to homelessness services and when people present either at Housing ACT or at social housing providers, how often are people in effect put up in a hotel overnight because there are simply no beds available?

**Ms Burch:** Through First Point they could use brokerage funding for hotel accommodation.

**Mr Collett:** It would depend on the nature of the emergency that led to somebody presenting as being homeless. It would go to the amount of stock that was available and its physical configuration and location. It would go to things as simple as the time of the day. If somebody presents with a young child who is in dire circumstances and needs to be accommodated overnight and they present at 5.30 in the afternoon then sometimes hotel or motel accommodation will be the only accommodation that is available. That is why, as well as having access to public housing, community housing, emergency SAAP housing and transitional housing, First Point have access to brokerage funds which allow them to put somebody up in a hotel or motel.

**MR COE:** How often would that happen?

**Ms Burch:** We would have to have a look at that data.

**Mr Hehir:** I do not think we have got it here. We would have to take that on notice.

**MR COE:** If you could. Non-government providers—whether they be social housing providers or whether they be charities in general—are they able to seek reimbursement for when they put people who present in hotels?

**Ms Burch:** I think there is a level of financial and material emergency aid that goes through a number of organisations. That can include brokerage funds for a range of services as well.

**Mr Hehir:** I have never been approached by any such organisation. I think we would have to have a look at it. Certainly, a lot of these organisations actually operate on the

basis that they do this sort of work and that is what they raise funds for. I suppose it is important to remember that, yes, the government has a role, but so does the broader community. If these organisations are responding to that broader need, that should be seen as part of that. I would be perfectly to talk to organisations that are seeing an increase or a much higher level of it than they have had previously.

**THE CHAIR:** Minister, with reference to pages 35 and 36 of volume 1 of the annual report with regard to intentional community, you told the Assembly:

This new community will co-locate a small group of young adults with disabilities alongside 20 public housing tenants who will intentionally elect to live in the community, providing informal support as a good neighbour.

Can you provide an update on the intentional community model being developed and outline the safety measures or guidelines being established for determining those public housing tenants who will intentionally elect to live in the community?

**Ms Burch:** As far as the built form goes, a DA has been submitted and approved. We are actively now working through that built form. I know that I would hope—and I know David Collett supports me—that we would be doing some level of beginning work without too much delay. We certainly have the view of having the built form towards the latter part of next year.

As far as the supports are concerned and how we go about selecting the tenancy support, Disability ACT are also working very closely with the families and have identified the young people to move in there as the first lot of tenants. That is another separate piece of work that is being worked through quite closely with Disability ACT.

As we firm that up then we will go to the requirements and the expression of interest framework that we would expect for our social housing tenants. I am not quite sure how far progressed we are on that, but it is certainly something that we would look at. Safety and security and intent and their interest and motivation about being part of that community would be absolutely high on the agenda for those moving on. Mr Collett, do you want to make any comments?

**Mr Collett:** Just to amplify the minister's comments and make one correction where we might not have been clear enough with the advice to the minister, we have lodged a DA. The DA is awaiting approval. We are expecting that approval prior to Christmas. We are working on the tender documentation and we will be selecting a builder off our panel to undertake the construction works to our residential standards.

The minister is quite right in saying that we are working to a time frame and that we will have the development completed towards the end of the next calendar year. We are still on track to do that. In the meantime and in parallel with that we are working with the mothers of the young men involved in that on just the questions that you posed, Mr Doszpot—the management model and the selection process for tenants. I saw a letter from Sally Richards, one of mothers, who may be known to some of you, congratulating Richard on the way in which he started that process and was proceeding with those discussions in developing the model. I just reiterate the minister's comment that, obviously, paramount amongst the concerns would be

ensuring the safety of the young men who might otherwise be seen as more vulnerable than the average housing tenant.

**THE CHAIR:** I guess the second part of my question was: what about the screening of the actual proposed housing tenants? How are you going about assessing those?

**Ms Burch:** I think we have just indicated that we are at the early stages of that, but I am quite happy to come back, unless Richard has got—

**Mr Baumgart:** We are meeting with the families. One of the things we are toying up is that if we develop the entire framework now and then go out through, say, an expression of interest process to existing tenants and say, “Would you like to participate in this?” then they have not had any ownership in the development of those terms of reference or the governance arrangements for the intentional community.

So we are looking at potentially going out with a framework and seeking expressions of interest, but we will be aiming for, I would suggest, six months out and be then firming up who the likely people will be so that they can have some level of ownership with the terms of reference through the governance and a true sense of ownership. We are looking at existing public housing tenants to move into this rather than applicants. Again, that would then free up the dwellings where they are currently residing for us to then use for priority applicants off the list.

**THE CHAIR:** Can you tell us the location where the DA is meant to—

**Ms Burch:** It is in Mawson.

**Mr Baumgart:** Phillip.

**Ms Burch:** It is in Phillip. We can give you a block and—

**Mr Hehir:** It is close; it is actually Phillip.

**Mr Baumgart:** Swinger Hill is technically not a suburb, I think.

**Ms Burch:** I call it Mawson; they call it Swinger Hill. It is Phillip. We can give you an address.

**THE CHAIR:** That would be useful; thank you.

**Ms Burch:** It is a nice piece of land. The Getting a Life group have been talking for some time about building an intentional community. I know that they were looking at the newer suburbs—Molonglo. I had a conversation very early in my time as minister around admiring their aspiration and just saying, “What is the horizon for the development of that?” My adviser at the time and I identified a number of pieces of land and we showed them to the families. They went to this site and went: “Thank you very much. Is this doable?” Hence the process went through the budget cycle, we secured the land, we secured the budget and by this time next year, hopefully, it will be an absolute reality. I think it is a great outcome.

**Mr Hehir:** Can I just add to that? It met some of the key parameters that we were looking for. Some of the other vacant sites of this sort of size tend to be in more outlying areas. We wanted to have really good central access for these young people. We wanted them close to a much livelier centre and with good access to public transport as well, because that is often how these young people and their carers move around the community. This site was an exceptional find in reality.

**THE CHAIR:** Was there any community consultation done with the people nearby?

**Mr Collett:** Yes. I personally went out on a number of occasions and met in the living rooms of some of the people in the immediate vicinity. They also had discussions with Peter Johns, who was the officer in asset management who was responsible for the siting and the planning.

I guess it is worth adding, in reference to your original question, Mr Doszpot, that the families involved have been working very cautiously and methodically towards this outcome for more than five years. They have searched examples around the world. They have based their model on an intentional community in Canada, albeit of a larger size. They have looked at the way in which that operates and is governed. They have looked at models elsewhere, like France, and they have done a huge amount of work. They will not be usurping the role that Housing plays as tenancy managers, but we will be working closely with them to make sure we learn from all the hard work that they have done.

**THE CHAIR:** Thank you very much. Ms Bresnan?

**MS BRESNAN:** I had a question with regard to invoices that are sent to public housing tenants when they have moved out. I am just wondering when those invoices are sent. Do they take into account damage to the property or anything like that? Do they take into account whether or not damage was done intentionally or do they take into account just the general wear and tear of the property? A lot of the properties in which these people live are quite old and some of the things have happened as a result of the age of the property. Also, do you take into account people's circumstances when invoices are sent to them?

**Mr Hehir:** I might start with the answer. We are subject to the same principles as every other landlord is. We are not allowed to charge for fair wear and tear. The principles are that it is only for damage done. Unfortunately, we are not really able to determine the intent behind some damage. Often we are not able to determine who actually did the damage. We do have a process in place where, if there is documented evidence around domestic violence, for example, we can have a look at how that is managed, because we recognise that can be the cause for physical damage in the house as well as the associated physical risks to primarily a female tenant.

The general principle is that we seek to document that it was incurred. Our processes over time I think have improved. For longer term tenancies probably our start documentation is not as good as it would be nowadays, where we take video evidence or photos prior to letting a property. There is sometimes a discussion about whether it is a pre-existing piece of damage or not. Our process around reletting is quite comprehensive in terms of the repair work that we do to get the property to a standard.

Notwithstanding that, we have been much more diligent around our documentation of the standard of the property at the time of letting. So we are really quite clear about whether there is damage or not.

**MS BRESNAN:** What if it is someone who has been there for, say, 15 years?

**Mr Hehir:** As I said, the documentation—

**MS BRESNAN:** I have written about this particular case. Someone was there for 15 years and some of the things they charged her for seemed to be things which had actually happened over the time of the property. For example, the state of the carpets and the state of ceiling had been a problem since they had been there and they got charged for that. How was that worked out?

**Mr Hehir:** Certainly, the principle is that they should not be charged for fair wear and tear. Sometimes—

**MS BRESNAN:** They should not?

**Mr Hehir:** They should not, no. The principle in the Residential Tenancies Act is that you cannot be charged for fair wear and tear. It is a really clear requirement. If sometimes the staff have inappropriately identified damage as caused by the tenant rather than fair wear and tear, we are always happy to have a look at that and discuss that.

**Ms Burch:** There are clear processes and opportunities for tenants to raise that as a concern and a remedy to be put in place.

**Mr Hehir:** That is right. There is sometimes a more difficult position in terms of the state of a carpet. If it is a state of the cleanliness of the carpet and we have had to get cleaners in, there will be some people who will say, “That’s fair wear and tear,” and then it will be us saying, “No, the physical state of the carpet was not acceptable.” That will be a matter of discussion and often negotiation around the full cost of the cleaning and who needs to meet it. So there are some aspects.

While we may not have documented 15 years ago the state of a ceiling, there will be a certain experience and expectation that we would have around what happens to ceilings over a 15-year period. If they have got good documentation that they have been raising it right from the start of the tenancy we will absolutely have a look at that. But we would also have to say: “Would that be the normal thing we would expect to happen to a ceiling over that period? If not, what were the possible causes of it?”

**MS BRESNAN:** Do you take into account people’s circumstances? You would have to take into account the sort of person who might be living there and whether or not it would be damage they could actually cause as well, or even just their circumstances in being able to afford to pay thousands of dollars, particularly if they have a disability, a chronic illness or, in some cases, a terminal illness. How is that actually accounted for?

**Mr Hehir:** We would certainly have a look at the individual circumstances of the

tenant. The DV example is an exact example of that exercise. We look at what the circumstances were. Unfortunately, it is not just the physical nature of the tenant that might be there; it may be their guests. They are responsible under law for the damage caused by their guests as well as the damage that they themselves cause, which is why we are quite careful around what is done as we move forward.

In terms of the financial circumstances, the reality is that a lot of our tenancies are in significant financial difficulty, but that does not mean that we do not need to try and attribute the cost to that individual. We can sometimes negotiate a repayment agreement around what it can look like. In the past we have even negotiated a point where we can say, "If you can meet 50 per cent we might waive the rest or seek a waiver for the rest," to try and encourage it. But we absolutely have to be clear about sending the right signals. We cannot just say, "You're poor; you don't have to pay for the damage that you caused." That is not how the system operates and, quite frankly, we would expect a significant problem if we had that sort of process.

But we are able to negotiate, discuss and talk about things. Certainly, we had a program a number of years ago around just that process of saying, "If you can meet 50 per cent we will probably be pretty happy with that, given what we know of your financial circumstances, and that's a good contribution." From our perspective, it is actually a good debt collection process as well. Sometimes you get what you can get rather than going for the full amount. Those principles are absolutely ones that we seek to apply. Bob has probably got a stronger story.

**Mr Hyland:** You are quite right, Ms Bresnan. We do take into account the length of the tenancy and the occupants and the likely impacts on the property. For example, if someone was living there for 15 years and the flyscreens were all torn and worn, we would take that as fair wear and tear and not charge as TRM. If, on the other hand, someone had been in there for six months and we know that we had replaced all the flyscreens six months earlier when the tenancy started and they were destroyed then we would charge that tenant TRM. We do take into account all those factors when we look at the TRM. Martin was quite right: we try and take videos at the time of commencement of each tenancy and at the expiration of the tenancy when we send in Spotless to do the work. A lot of the angst is all about the cleaning and the extent of cleaning. If people come to us and prove that they have employed cleaners, even though it may not be up to our standard, we take that fee off.

**THE CHAIR:** Thank you. Moving on, Dr Bourke?

**DR BOURKE:** Thank you, chair. Minister, I am interested in hearing more about the home to work program mentioned on page 115. Has it been successful and will it be continuing?

**Ms Burch:** Yes, it has been successful. This has been a program—and I think Martin Hehir is probably able to talk a bit more about it—where funds have come through the commonwealth. Housing and the Chief Minister's Department worked in partnership and then in turn we worked in partnership with organisations such as Anglicare and Northside Community Service. That was targeting a particular postcode and those that have had a long-term history of disengagement and unemployment.

Those two community partners worked hand in hand with those tenants and put in some very good support structures and training opportunities. There was what I will call a graduation ceremony in Glebe Park a number of months ago. The very good news from that is that there were a number of participants who were not able to attend and they were not able to attend because they were employed. So that shows the success of the program. Martin may be able to talk a bit more.

**Mr Hehir:** This program is interesting in a number of ways. It is actually funded through DEEWA, I think. This is a series of pilots where they actually agreed to fund another government organisation to do some of the work. This is a project that will be formally evaluated. We have got the University of Canberra, I think—

**Ms Burch:** A significant institution.

**Mr Hehir:** Yes. We have got a significant research organisation who are doing a formal evaluation of this process. While the early signs are really positive, we do need to talk about suitability and about people staying long term out of unemployment or staying long term in employment. We need to see whether there is further progress. While we talk about 38 per cent having achieved some level of employment, there is another group that are actually continuing their training. So where that group end up is going to be equally important for us. Is the funding ongoing? No, it is not. It is an Australian government pilot and their practice is to seed and put a little bit of money out there. That will hopefully inform their future policy development and their future funding priorities. But they will absolutely wait for the evaluation process.

As the minister said, the partnerships have actually been really positive. Northside have done a lot of work with this particular tenant base. Anglicare and Housing ACT are working really cooperatively and in a really encouraging and positive fashion with our tenants to say: “We know you can get employment. You just need some additional supports to get there and to enable you to participate more fully in our community.” That is exactly the sort of approach that we would like to see more of. I think it is a really positive outcome.

**Ms Burch:** Whilst it is not funded, those links from the participants to Northside or Anglicare are ongoing. They have been made and they are strong and they are fruitful

**Mr Hehir:** We certainly have to see some Australian government response to the research.

**THE CHAIR:** Thank you, Mr Hehir. Ms Hunter?

**MS HUNTER:** Thank you, chair. I just wanted to go to the modernising youth housing and homelessness services. It talks about the discussion paper and the consultation and so forth that was conducted. How far along in that process are you up to? Is it the view that you will be moving away from a refuge model and moving to a decentralised way of providing accommodation? I am a little concerned, I guess, because I still think there is a place for a more communal approach to it in the youth space. I understand when you are talking about families and women and I think that is a good move. I am just trying to get a sense of where you are up to as far as the services that would be provided.

**Mr Baumgart:** The tenders closed last week. We are in review so obviously we will not discuss any details about that. We have gone out for seven services. We have taken the time, as you said. Last year, in fact in November, we prepared some papers. A draft framework went out for consultation in December. We took written feedback and consultation through to February and then went out again. In fact we continued that consultation process. In August this year we started with the pre-tender industry consultation with a finalised formal, I guess, statement of requirements in terms of what the actual services would be.

As to the one that you are particularly talking about in terms of the crisis accommodation, or the crisis beds, we are going to maintain the number of beds, which are in fact 24, in terms of crisis beds. However, we are moving away, as you have said, from large congregate, but it will still be what we are calling the emergency accommodation network—three-bedroom homes but two or three next to each other, and they will provide the places. It is a more normalised environment. It is still 24/7 support across those three properties, but they will be right next to each other. It is more like a dual occupancy or that type of thing.

**MS HUNTER:** There will be staff on site, somewhere?

**Mr Baumgart:** Those four emergency accommodation networks which the sites will align with—

**MS HUNTER:** It is certainly not very normal in the ACT for 16 and 17-year-olds to be out of the family environment and on their own. So this idea of normalising I am quite interested in hearing what you mean.

**Ms Burch:** Normalising, I think, in terms of moving from congregate, large space dorm-style accommodation to more of a supported, shared accommodation space. Support staff will be attached to each one of those networks.

**Mr Baumgart:** Yes. Of course, it is from 16 through to their twenties. Of course there are some young people presenting at 16. In fact, you have highlighted one of the keys: 16-year-olds are obviously under 18. In fact being in the same premises—

**MS HUNTER:** We will take that as a fact!

**Mr Baumgart:** Sure. My point is that they are, in fact, not adults in terms of the legal sense. Therefore, having them in a large home with 23-year-olds and potentially of different genders is sometimes difficult for the service to manage, or it may present as a difficulty.

What we are trying to aim at with the several properties will provide that flexibility so that if we have a higher number of people presenting of a particular cohort we will be able to more flexibly accommodate them across that network. The four sites will align with the educational regions and which have been aligned with other services that are currently being provided. Those three properties will be provided with 24/7 support.

**Mr Hehir:** I think it is going to be up to the service provider to try and manage some

of the complexity. So for a group house that may have 22 or 23-year-olds in it, yes, they will probably still require support given where they have come from, but their support needs will probably be lower than a group of three 16 or 17-year-olds.

**MS HUNTER:** I am particularly interested in those under 18.

**Mr Hehir:** It is not a model that does not have support. It is a model with support. I think it is also important to recognise that we have also extended the youth homelessness area to include Our Place.

**Ms Burch:** That is the foyer at Braddon.

**Mr Hehir:** It is the foyer-style service that we run at Braddon. It is more of a congregate living style, but it is separate accommodation. It is not shared accommodation as in living in a two or three-bedroom house. They have got their own facilities within their space. It is, in a sense, closer to the stairwell model that we have run in the past.

So we are not completely moving away from it. What we are absolutely trying to do is deal with some of the issues that do arise in the larger scale congregate living. Those issues are not just relevant to women escaping domestic violence and older people, or adults with homelessness needs. There are elements of concern around it, but we are trying to retain the strength of the actual model in terms of the support, the ability to focus where they need to.

As Richard said, we also try to reduce some of the risk. One of our key issues is about, in a sense, stopping some of the spreading of information and lifestyle choice that can occur as well. One of the key things that we do not want young people to learn is that you can survive to be homeless. We want them back into a normal environment as quickly as we possibly can. In terms of reducing their contact with some of their older peers, that is actually quite important to us.

**THE CHAIR:** Thank you, Mr Hehir.

**Ms Burch:** So, in short, Ms Hunter, no reduction.

**THE CHAIR:** Mr Coe?

**MR COE:** Moving on to the Spotless contract, can you tell me how the base prices for the various works are determined?

**Ms Burch:** I think we have done this before. There is a set schedule of fees. There is a set response rate. Others can probably provide more detail. The fees may be different to the response rate, whether it is within the next working day or within the next working week.

**MR COE:** The question was about how the prices are determined.

**Mr Collett:** The prices are determined in consultation with the subcontractors. What we use, like most, if not all, of the other jurisdictions around Australia is a schedule of

rates. The schedule of rates is based on the amount of work that needs to be done, the type of work that needs to be done and the response times, as Mr Hehir was alluding to. Short-term works need to be done on a four-hour turnaround. Work that is not threatening to life and limb or representing danger to the building can take longer. It might be the next working day. The schedule rate is modified to reflect that time.

**MR COE:** When you say that it is negotiated or it is determined in consultation with the subcontractors, does that mean the DHCS and the subcontractors or DHCS, Spotless and the contractors all sit around at a table and determine the rates? How do you actually get to those numbers which form the basis of the tender sheets?

**Mr Collett:** A bit of what historically the schedule of rates has been. We look at what other jurisdictions, New South Wales in particular, are paying for those. We look at the last time the schedule of rates was changed. We look at what the changes would be in terms of labour costs and also materials. It goes to the heart of managing the contract. It is a commercial decision. Obviously we do not want to make the rates so low that we cannot attract quality tradesmen to do the work. On the other hand, we need to be competitive in terms of those rates so that we can maximise the effectiveness of the dollars that we are spending on maintenance, respond to as many callouts as possible and also carry out the planned and programmed maintenance which is fundamental to maintaining the value of the public housing portfolio.

**MR COE:** Who actually gives the final tick-off on the number for a pest control tender sheet?

**Mr Collett:** The Total Facilities manager would propose to us a schedule of rates based on the process that I described previously and we would accept that or not.

**MR COE:** Right. This is something that we have discussed before. For instance, in the last year or so, if a document was sent to subcontractors saying, "There will not be an increase in the schedule of rates," does that directive come from DHCS or does it come from Spotless?

**Mr Collett:** The subcontractors to the TFM contract do not work for the Community Services Directorate. They work to the TFM contractor. So instructions and the management and the exercise of the contract are between the head contractor and the subcontractors.

**MR COE:** Did DHCS this year say that there would not be a positive percentage increase in the schedule of rates?

**Mr Collett:** We seem to be going over the same ground.

**MR COE:** No. I would like to know whether that is something which DHCS did tick off on.

**Mr Collett:** The schedule of rates and the changes to the schedule of rates are determined on the basis that I described: through reference to historical data, comparison with other jurisdictions, looking at cost pressure changes to the subcontractors and discussions with the subcontractors.

**MR COE:** I understand all those factors are involved, but ultimately—

**Mr Collett:** Once a decision—

**MR COE:** is it DHCS who ticks off on the actual rates?

**Mr Collett:** Once a decision has been reached about the recommended schedule of rates, including no change to the schedule of rates, it is discussed with Housing, as part of the Community Services Directorate, and that is agreed before the Total Facilities Management contractor informs their subcontractors.

**MR COE:** Okay. So when the schedule of rates does not increase and you have electrical subcontractors going bankrupt, or at least leaving Canberra, because of the actual rates listed in the schedule, is that a worry to you that the rates are not reasonable?

**Ms Burch:** Mr Coe, I think what you are proposing is that our schedule of rates is of no interest or unable to have a commercial base for various trade sectors within Canberra. We are not aware of any shortage of various trade sectors, whether they be electrical, carpentry or bricklaying or whatever, to apply to this set of rates.

**Mr Hehir:** The minister is quite correct. The Total Facilities manager has not informed us, nor have we seen any evidence, of a shortage of contractors in any of the trades areas of contractors who are interested in working for our schedule of rates.

**MR COE:** When is the Total Facilities Management contract coming up for renewal?

**Ms Burch:** We are in the middle of negotiating that tender. It is June next year.

**Mr Hehir:** The formal new stage of the contract will be 1 July.

**MR COE:** When did the tender close for that?

**Mr Collett:** A couple of months ago.

**MR COE:** How many applied for the tender?

**Mr Collett:** We will be able to provide that information after the valuation and the negotiations are completed.

**THE CHAIR:** Thank you. Mr Coe, I think the time is up. Any further questions I think can be put to the minister and the staff. Minister and departmental representatives, thank you very much for joining us here this morning and this afternoon now. Thank you for your input.

**Ms Burch:** Thank you. Can I take the opportunity to thank the staff of Housing ACT for another great year delivering for the communities of Canberra.

**The committee adjourned at 12.52 pm.**