



**LEGISLATIVE ASSEMBLY FOR THE
AUSTRALIAN CAPITAL TERRITORY**

STANDING COMMITTEE ON SOCIAL POLICY

(Reference: [Inquiry into Annual and Financial Reports 2024-25](#))

Members:

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

PROOF TRANSCRIPT OF EVIDENCE

CANBERRA

FRIDAY, 21 NOVEMBER 2025

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

By authority of the Legislative Assembly for the Australian Capital Territory

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

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Amended 20 May 2013

The committee met at 9.16 am

Appearances:

ACT Official Visitors

Doube, Ms Clare, Official Visitor for Corrections and Official Visitors Board Member

Dulhunty, Mr Geoff, Official Visitor for Mental Health and Official Visitors Board Member

Muir, Mr Peter, Official Visitors Board Chair

Ward, Ms Kim, Official Visitor for Children and Young People

Webster, Ms Kim, Official Visitor for Disability

THE CHAIR: Good morning, and welcome to the public hearings of the Standing Committee on Social Policy for its inquiry into annual and financial reports for 2024-25. The committee will today hear from the ACT Official Visitors.

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

This hearing is a legal proceeding of the Assembly and has the same standing as proceedings of the Assembly itself. Therefore, today's evidence attracts parliamentary privilege. The giving of false or misleading evidence is a serious matter and may be regarded as contempt of the Assembly.

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

We now welcome witnesses from the ACT Official Visitors. Please note that, as witnesses, you are protected by parliamentary privilege and bound by its obligations. You must tell the truth. Giving false or misleading evidence will be treated as a serious matter and may be considered contempt of the Assembly.

We are not inviting opening statements, so we will go straight to questions. I have a question about Bimberi and timing of visits. It has been put to me that the timing of visits lined up with the timing of recreation activities—team sport and that sort of thing. Is that your understanding, and do you have any concerns about that?

Ms Ward: Visiting Bimberi has its challenges, in terms of organising those visits at times that are suitable to Bimberi, so outside school hours. That really limits things, given the other work that Official Visitors are doing. It is also not helpful to be escorted around Bimberi because young people obviously will not talk freely when there are members of staff present.

THE CHAIR: With the challenges with your visits, do you feel that it is inhibiting your role?

Ms Ward: Yes.

MR EMERSON: What kind of response have you received when you have raised this?

Ms Ward: It has been raised a number of times previously, I understand, by the Official Visitors. I started my role in July this year, and I was given instruction that all visits needed to be pre-arranged. They do respond quickly, when you go through their booking system, but it is limiting.

THE CHAIR: If you said, “I want to go in,” maybe not tomorrow, being Saturday, but yesterday, if you had said, “I will come in tomorrow,” would that usually work out?

Ms Ward: No. I have not attempted it, because I was given that clear instruction that we need to arrange visits, and they need to be outside school time. With a lot of my visits that I do to other residential and visitable places, I just rock up at any time, and I do my visits predominantly over a weekend.

THE CHAIR: I understand staff can receive training so that you can walk around the premises unescorted. Have you been offered that training? Have you pursued that as a solution?

Ms Ward: I have not pursued it to date, but I think it is a very good suggestion. I was inducted to Bimberi—the need to be escorted around the building, the different buildings and access through. You have security taking you through all the doors to the different buildings. That is the only induction that I received to Bimberi.

THE CHAIR: With needing to have a handler there, it feels a little bit like when I get a briefing from officials and the minister has a staff member there. How does that affect the conversations that you are able to have, in terms of who you can actually speak with? You have already touched a little bit on how candid they might be.

Ms Ward: Staff at Bimberi are as respectful as they can be and will sometimes step back. But I am very conscious that they are there, and very close by, and that they can hear the conversation. The young people I have spoken to predominantly are very quiet and do not have very much to say. Bearing in mind that I am a new Official Visitor, they are still getting to know me as well.

THE CHAIR: Building a relationship.

Ms Ward: Yes.

THE CHAIR: Which is hard if you have to schedule every visit, and outside school hours et cetera.

Ms Ward: Yes.

THE CHAIR: When you are there, are there other things going on that keep you from

being able to engage more fulsomely—other activities, kids obviously not being pulled out of class, but—

Ms Ward: They are being pulled out of their activities, so if they are playing sport—

THE CHAIR: They are going to be really forthcoming if you interrupt something that they are enjoying!

Ms Ward: Yes, absolutely; or they are having their afternoon tea. It is not ideal. I must say that all the young people that I have met in Bimberi have been very respectful and polite. Staff have been helpful but, obviously, they have their restrictions around—whoever governs—when visits take place.

THE CHAIR: What is your understanding about the timing of family visits, visits by friends, or whoever else? How are they scheduled?

Ms Ward: I believe it is through the same booking system. I am not 100 per cent sure, but I am aware that visits are taking place. The last time I was at Bimberi, there were some young people having family time, so I did not interrupt that. I thought it was important for them to have that time with their family.

THE CHAIR: But that is also happening during sporting activities and other things like that?

Ms Ward: Yes, I believe so.

THE CHAIR: I have heard reports of young people refusing visits because it is a rare opportunity to play together and that sort of thing.

Ms Ward: Absolutely, yes.

THE CHAIR: Is that something that you think, in terms of the timing of both your visits and family visits—it seems like it is at the same time—could be reconsidered?

Ms Ward: Yes. I think they need to be more flexible. Not all young people are receiving education at the same time. While some young people may be in education, there would be an opportunity to speak to other young people that are not.

MS BARRY: Have you raised this issue of your restricted visits with the minister? It is actually in breach of section 15 of the act.

Ms Ward: Yes, I—

MS BARRY: What response did you get?

Ms Ward: That information has been shared with the minister. I have only had the opportunity to meet with the minister on one occasion, with the other Official Visitor for Children and Young People, and she did raise that matter. As far as I am aware, he seemed quite concerned about that, and acknowledged the impact on the Official Visitors, but we have not seen any change to date.

THE CHAIR: That was some months ago?

Ms Ward: Yes, that would have been either late July or August. I cannot remember, off the top of my head.

MS BARRY: A while ago.

MISS NUTTALL: I know we have heard reports before, especially during the colder months of winter, that young people were struggling to get access to blankets and enough warm things. Was that your understanding?

Ms Ward: I will take that question on notice.

MISS NUTTALL: Thank you.

MS BARRY: I feel like we are here again, talking about the same thing, and you will probably tell me the same thing you told me in February. I want to go back to those significant concerns. I think you mentioned three in your report—traction on longstanding, key, systemic issues, budget, and the need to review the scheme's legislation. Can you please talk us through those three again?

Mr Muir: The answer is largely the same. To share the perspective of both the board and individual Official Visitors that I talk to, there is a growing degree of frustration at the lack of traction on issues. Again, getting feedback on some of these issues from both directorates and ministers is varied, and the level of feedback ranges from none to seeing some action, but it is mixed across the scheme.

The budget continues to be of concern for us. We have seen significant growth in visitable places across all the disciplines, with the exception of corrections, of course. That has its own challenges. We have seen a large growth in visitable places across the scheme, and the budget is simply not keeping pace with our ability to do our work. We have been working as a group to stay within our budget, as would be expected, but that comes at the cost of the ability to engage with directorates on matters of policy development and consultation. We are trying to stick to our core work of visiting and complaint-handling.

Going to the last point, it has been a while since the scheme has been reviewed. We do think it is time to have another look at the scheme, to look at how it is structured and its effectiveness.

Going back to the point of the longstanding issues, it is difficult, from our perspective, to get an understanding of where the issue lies. As a former bureaucrat, my suspicion is that directorates are possibly giving information to ministers that may or may not conflict with ours. Some of the issues, particularly around housing and things like that, really are not moving. It leaves me with the question: what are directorates telling ministers in response to the issues that we are raising?

MS BARRY: Are you people meeting with the ministers at all? Do you have direct meetings with the ministers or through the directorates? Do you raise these issues with

the ministers as well?

Ms Ward: Yes.

MS BARRY: Wonderful.

Mr Muir: Personally, I have not been able to secure a meeting with the minister since early this year. We have made a couple of approaches to the minister's office, and I have been unsuccessful in being able to obtain a meeting with the minister's office since earlier this year. That is somewhat of a frustration for me.

Ms Doube: That was the overall scheme minister. From the OV side, we are able to meet with our operational ministers. I think that is correct across the board? Yes.

Ms Ward: Yes.

Mr Dulhunty: We meet quarterly, after the report has been tabled to the minister, and talk about the issues with the minister. If there is nothing pressing then we would say to the minister, "We've got nothing. If you have something you would like to raise, we are more than happy to meet." Our minister, Minister Stephen-Smith, is more than happy to meet outside that period if we have an urgent issue, and will provide us with feedback about what has happened as a result of our complaint.

MS BARRY: How is it that we are not progressing? We keep having the same issues raised over and over again. If you are able to meet with the ministers and, in your case, Mr Dulhunty, you meet with the minister quite frequently, what update is given at the next meeting, for example, on the issues that you raised?

Mr Dulhunty: There has been progress on the issues that I raised previously with the minister since the last meeting.

MS BARRY: That is good.

Mr Dulhunty: If it does not progress then I simply raise it again and say, "We've raised this previously. We've raised it previously, Minister, and we're raising it again," just to reinforce how often we have raised an issue. Minister Stephen-Smith has changed the approach by bringing the Executive Director of Mental Health Services to the meeting, and the Chief Psychiatrist, so that we have direct feedback from the bureaucracy, if you will, about what they intend doing on an issue, and that seems to have moved things forward.

MS BARRY: That is good. In the last hearings, you talked about the state of the adult mental health facility. How is that going, and how is progress being made on that?

Mr Dulhunty: I am pleased to report that 40 of the 50 bathrooms have been repaired—upgraded. But I am not so pleased to report that there has been no action in terms of the actual building itself—the fittings, furnishings and the general feel. My conversation with one of the executive members of the mental health service was that they are talking around the \$10 million mark, so that is a separate business case to be raised with Canberra Health Services. I would still press the issue that we have a shiny hospital 200

metres down the road and a shabby mental health unit at the top of the road.

THE CHAIR: Do you have any concerns about post-release—

Mr Dulhanty: Discharge.

THE CHAIR: Discharge plans and the implementation of those plans, the different stakeholders engaged in the development of them?

Mr Dulhanty: The biggest frustration in terms of discharge is accommodation and the lack thereof. For example, we are trying to intervene with housing at the moment because we have a consumer who was fit for discharge three weeks ago, but their house requires repair, and nothing has happened with the house, so there is nowhere for the consumer to live. The consumer does not need to be in an acute mental health unit but there is nowhere for them to go.

THE CHAIR: Three weeks ago?

Mr Dulhanty: Three weeks ago. They are occupying an acute care bed, circa \$1,000 dollars a bed day, in lieu of rent. And it is very common. The adult mental health rehab unit has a significant proportion of consumers who, all for the want of accommodation, would be in the community, living in the community, but there is just no community housing available. I think that is across disability and corrections.

Ms Doube: Yes.

Mr Dulhanty: It is a global problem.

Ms Ward: Children and young people.

Mr Dulhanty: And children. We have people consuming beds or services that are fit to live in the community.

THE CHAIR: I am seeing lots of heads nodding; everyone is agreeing with that. Would you mind saying for the *Hansard* which area that is also an issue with, so that it is in the transcript?

Ms Ward: I would like to add that it is highly concerning for children and young people that are transitioning from out-of-home care or detention. Some of them are facing homelessness, and they are the most vulnerable young people. I would add to that the suicide rates. Suicide is a leading cause of death for children and young people aged 15 to 24, and I believe we need to do much better. These young people matter, and they need to know that.

Ms Doube: Accommodation is a huge issue upon release. If someone at the end of their sentence does not have stable accommodation to go to, we know that has huge impacts on all aspects of their life, and their likelihood to fall back into whatever patterns were in place before, and potentially to end up back at AMC. Accommodation is also a huge issue in terms of eligibility for parole. I know of a number of people who would very likely have been able to get parole, except for the fact that they did not have some

accommodation to go to.

Ms Webster: Definitely, planned discharges from hospitals is a major issue for people with disabilities; in particular, people having extended stays waiting on NDIS packages to be approved, for there to be suitable care in order for them to be discharged. Also, with suitable accommodation types, often there is a push for discharge, but they are being discharged into housing that may not be safe, or without housing modifications having been made to match and accommodate their disabilities.

MISS NUTTALL: Do you have any oversight of the number of people that are being discharged from respective places potentially into homelessness, or that organisations are holding off on discharging them because they do not have anywhere to go? Do you collect that information?

Ms Ward: I certainly know of young people in the system currently that are transitioning from care very early next year and they have nowhere to go. They do not know what the plan is for when they exit care. I know some services, such as MacKillop Family Services, will go over and above, in terms of supporting those young people and trying to come up with creative ways to ensure that those young people do not face homelessness. But that is the reality. For young people that offend, I have heard young people say that that is a means to an end, so that results in them going back to Bimberi, where their basic needs are met.

MISS NUTTALL: With respect to the out-of-home care space, is that because transition plans are not getting done? What is the disconnect there?

Ms Ward: Transition planning is a challenge. I am aware that the Health and Community Services Directorate are looking at that currently, but that certainly does need to improve, as does after-care assistance for those young people exiting the system.

MS BARRY: In the briefing I had yesterday, the officials indicated that they start care planning from the age of 15. This person who is exiting is around 17, and there is no transition care plan?

Ms Ward: There may be a transition plan, but that young person still does not know where he is going to be living or whether he has accommodation. That is extremely unsettling. Whilst transition planning should start at 15, in reality, it does not always. We know that there are young people that do not have a transition plan.

THE CHAIR: It is not much of a plan if it does not involve a place to sleep.

MS BARRY: If you do not know about the plan, is it a plan?

Ms Ward: Yes.

THE CHAIR: I want to ask about disability accommodation. You said that people are waiting for modifications. Is that in a public housing context? We have received assurances in earlier hearings that public housing modifications are carried out in a timely way et cetera.

Ms Webster: It is very difficult when it comes to public housing, because under the NDIS they generally will not fund modifications in a house that is not owned by a person, quite often. But there are also delays when the modifications are approved. It is a consistent issue across the board, not only just when people are awaiting discharge, where applications are put in to Programmed and they are obviously triaged, but the information is very poor in reflecting when that work will be progressed, and timelines and delays.

MISS NUTTALL: In the Official Visitors annual report, you have made clear that NDIS funding for people with disabilities is simply inadequate in many cases. Have you spoken to the minister, and has she committed to passing along your concerns to her federal counterpart?

Ms Webster: We have spoken with the minister in regard to these matters. I will need to take the question on notice with respect to the feedback that was given at the time, because it was some time ago. But we have not seen any progress on that matter. It has been recommended that the disability team start collating data as to the numbers of people whose NDIS packages are being reduced, particularly the funding ratios when they go to plan, so that we can give figures.

Anecdotally, we are hearing from disability service providers and support coordinators every week that funding is being reduced, not necessarily only ratios but also allied health supports—things like physiotherapy and occupational therapies that are essential for people with physical disabilities in particular to maintain their amount of movement and things like that. Quite often, new plans are coming through. It may be in some cases that it is the same ratio of care, but there is now no physiotherapy support, for example.

MISS NUTTALL: Again, within the Official Visitors, do you collect that information, or do you have scope to do so? Would this be specifically an effort for the Office for Disability?

Ms Webster: Generally, we work based on the visitable places that we visit, to see if there are any complaints or grievances. Also, a huge majority of the complaints and concerns raised are coming from participants directly, from providers, from support workers, from support coordinators. I am now starting to ask providers to notify us of specific cases where there have been reductions, so that we can give actual examples.

MISS NUTTALL: That is very helpful to know. Do you have a view as to the ACT's responsibility? Obviously, NDIS is a commonwealth framework, but at the same time they are our people, they are our constituents, and we need to support them.

Ms Webster: It is a tricky one because, in discussions with people there, the comment can be made that it is a federal program and that there is little control over that, but it is within the territory, and it affects people that live in the territory. I believe it is a concern that it is quite separate and difficult, with the overlap.

MS TOUGH: I want to focus back on mental health and the regular meetings with the minister and senior officials. You mentioned some of the things that have come out of those meetings, and the annual report talks about some positive outcomes. The

bathrooms have been done up. What are some of those positive outcomes and how do you find, from those meetings, that things are responded to?

Mr Dulhanty: My observation, generally speaking, is that there needs to be a communication loop back through the directorate to the Official Visitors saying, “Following your concerns re X, this is what we’ve instituted, and this is what the outcome is.” At the moment we tend to go back, follow up and ask, or observe. With positive outcomes, I think I raised last time the young people being admitted to the adult mental health unit and my concerns about that. I am pleased to say that the area within the children and adolescent mental health unit has been fixed and is now functional.

MS TOUGH: Wonderful.

Mr Dulhanty: To date, I have not seen any young people admitted into the adult mental health unit, but I would anticipate that very rarely will we see someone there now, because we are able to manage young people who are escalating on that unit.

MS TOUGH: That is good.

Mr Dulhanty: Certainly, with my conversations with the clinical director, that is the anticipated outcome of having that room functional. As I said, 40 of the 50 bathrooms have been repaired, and that is a great outcome. I know it was a prior-to-the-end-of-financial-year spend. I will follow up and constantly observe what is happening in the internal environment of that unit. I know, for example, that the seven televisions that are not working have all been replaced.

It is a matter of going back onto the unit and saying to the consumers—and it is the consumers who say to me, “This facility is like a jail because it’s got fixed furnishings.” If you have ever been to ward 12B, which is the subacute ward within the hospital itself, the fixtures and fittings there are more home-like and the environment is much softer, whereas ward 25, the adult mental health unit, is very harsh.

MS TOUGH: It is very clinical.

Mr Dulhanty: Very clinical and very severe. It is reflective of institutions of old, not contemporary mental health.

MS TOUGH: That is really good feedback. Going back to that communication loop, right now, you raise issues with the minister and CHS. They appear to be fixing them, but you are not finding out until you go back in and ask the consumers. That loop is not being—

Mr Dulhanty: That loop is not being fed back, no. That is frustrating sometimes, because you will be spending time following up what you have raised previously, and looking for other issues that you need to be addressing at the same time.

MS TOUGH: You are not sure whether you need to still be following up on this thing—

Mr Dulhanty: Absolutely.

MS TOUGH: and it turns out it has been fixed, and you could have already been focused on the next.

Mr Dulhunty: Yes.

MS BARRY: I have a question on disability deaths in visitable places. I know you mentioned reports of that. Can you tell me what you are hearing?

Ms Webster: As far as deaths in disability?

MS BARRY: Yes, in visitable places.

Ms Webster: The biggest issue with Official Visitors for Disability is that we are finding out about deaths quite often months after they have occurred, so it is hard to know the circumstances. We know that people pass away; it is a part of life, but if we were notified within an earlier period, we could look into the circumstances around those—if it was natural causes, if a person was palliative and it was an expected process or if it was an unexpected death.

The circumstances around that can be significant. There are also cases of people with disabilities dying in hospital. There are questions about the supports that are offered to them while they are on the ward, particularly people with complex disabilities, and what may be perceived as complex behaviours.

When I have been on the hospital wards with them, I have noticed that quite often staff are reluctant to engage with them. I suspect it is the fear of them being aggressive. But when these people are left alone for extended periods of time, they are more likely to be aggressive. When you engage with them and communicate with them clearly, that makes a really big difference. We are finding that, in those cases, NDIS providers are being asked to provide additional support and care when people are inpatients on the ward because they seem to get better results in working with the participants. Obviously, they are familiar with them; they also have greater skills.

As far as deaths are concerned, for us, it would be very helpful to have that information closer, so that we can look at incident reports. Quite often they are people that we may be familiar with or know from previous visits. If we hear of somebody passing away four months ago and we met with them a month or two previously, and we were not aware of anything leading up to a potential death, it would give us more insight into the potential issues. It may be relating to care, it may be relating to health care and identifying any issues, particularly when there are several comorbidities and, in general, the complexity of care that is required.

MS BARRY: Are you currently able to investigate or do you need the legislation to change to be able to do that?

Ms Webster: We are not, no. From my understanding, we do not investigate those. However, we may make referrals to other investigative bodies.

MS BARRY: When I say investigate, I mean look at those. What would you do if you were informed of a death? What would you do?

Ms Webster: We would ask about the circumstances around the death. I would say that we have very few providers that would report those deaths to us. We probably have one or two NDIS providers that regularly report deaths to us. Most commonly, we find out about a death when we contact a provider to visit the visitable place, and we are informed that that person is no longer there due to passing.

In that case, if we are aware of the passing, we would ask for information. If we have any concerns or worries, we would ask for things like incident reports and processes that have been followed and gone through—any documentation that might be available. If somebody has been in palliative and we are aware of that process, obviously, that is not something we would look into; it is an expected situation.

Mr Muir: In our past annual reports, we have advocated for a disability death review function and will continue to do so. Kim has very clearly articulated the problems. Our point in past annual reports has been that no-one is looking systemically at these issues, and we continue to advocate for a systemic response to reviewing these deaths.

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

On behalf of the committee, I thank all our witnesses who have assisted us through their experience and knowledge. We also thank broadcasting, Hansard and the secretariat for their support. If a member wishes to ask questions on notice, please upload them to the parliamentary portal as soon as possible, and no later than five business days from today. This meeting is now adjourned.

The committee adjourned at 9.52 am.